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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)

Sponsoring 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 this form

The organization may have to use a convet filts return to satisfy state recording requirements.

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

OMB No 1545-1150

2011

Open to Public

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normally not more than \$50,000 A Form 990-E2 or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. Lead times \$5, 6c, and 7b, to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets (Form 990 instead of Form 990 or See 500,000 or more, file form 990 instead of Form 990 or See the instructions for Part I.) Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule Sche	J	Tax-e	exempt status (ck only one) = [A] 501(c)(3)			
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L Add lines 5b. 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assestes (Part II, line 25, column (8) below) are \$500,000 or more, line Form 990 instead of Form 990-EZ 1. 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 I		norm	nally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-	N (e-pos	stcard) m	ay be required (see
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b Less cost of goods sold 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, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 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) 223, 768. 24 Other changes in net assets or fund balances (explain in Schedule O) 25 Net assets or fund balances at end of year Combine lines 18 through 20 275, 439.						
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, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 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 Other changes in net assets or fund balances (explain in Schedule O) 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 22 275, 439.		7 a			⊸ (
8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 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) 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 22 275, 439		b	Less cost of goods sold 76 76	0,820.		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 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) 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 21 275, 439		С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7с	72,073.
10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 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) 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 21 275, 439.		8	Other revenue (describe in Schedule O)		8	
10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 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) 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 21 275, 439.		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	•	9	74.853.
11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 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) 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 21 275, 439.		10			-	,
12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 13 Occupancy, rent, utilities, and maintenance 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 15	<u></u>		Benefits haid to or for members			·
21 Net assets or fund balances at end of year Combine lines 18 through 20 – 21 – 275, 439.	Ē					12 462
21 Net assets or fund balances at end of year Combine lines 18 through 20 – 21 – 275, 439.	X		الثقا		\vdash	13,463.
21 Net assets or fund balances at end of year Combine lines 18 through 20 – 21 – 275, 439.	E -N		Trolessional lees and other payments to independent contractors OCDEN LIT			
21 Net assets or fund balances at end of year Combine lines 18 through 20 – 21 – 275, 439.	ŝ				—	
21 Net assets or fund balances at end of year Combine lines 18 through 20 – 21 – 275, 439.	Ţ2 Σ₽	15	- · · · · · · · · · · · · · · · · · · ·		15	
21 Net assets or fund balances at end of year Combine lines 18 through 20 – 21 – 275, 439.	H	16		0	16	
21 Net assets or fund balances at end of year Combine lines 18 through 20 – 21 – 275, 439.	\bigcirc	17	Total expenses. Add lines 10 through 16		17	23,182.
21 Net assets or fund balances at end of year Combine lines 18 through 20 – 21 – 275, 439.		18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	51,671.
21 Net assets or fund balances at end of year Combine lines 18 through 20 – 21 – 275, 439.	A	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must acree with one	d.of.vec		
21 Net assets or fund balances at end of year Combine lines 18 through 20 – 21 – 275, 439.	N S	1.5		_{а-ог-уе} а		223,768.
21 Net assets or fund balances at end of year Combine lines 18 through 20 – 21 – 275, 439.	(T)E	20				
	e#∑s			•	-	275.439
	BA			-	<u> </u>	



Form 990-EZ (2011) Magnolia Regi		iliary	71-0	802210 Page
Part II Balance Sheets. (see the Check if the organization used S	instructions for Part II.) Schedule O to respond to any qui	estion in this Part II		X
1			A) Beginning of year	(B) End of year
22 Cash, savings, and investments		<u> </u>	220,154.	
		 		
23 Land and buildings	-			23
24 Other assets (describe in Schedule	O) See Schedule	<u> </u>		24 6,098
25 Total assets			223,768.	25 275,439
26 Total liabilities (describe in Schedul	e ())			26 0
	•	lino 21)		27 275,439
27 Net assets or fund balances (line 27				
Part III Statement of Program S				Expenses
	Schedule O to respond to any o			Required for section
What is the organization's primary exempt purpose? Describe the organization's program servi measured by expenses. In a clear and con	See Schedule O			11(c)(3) and 501(c)(4)
Describe the organization's program servi	ce accomplishments for each of i	its three largest progra	m services, as	ganizations and section 947(a)(1) trusts, optional
measured by expenses. In a clear and con	cise manner, describe the service	ces provided, the numb	er of persons	r others)
benefited, and other relevant information				- Ciricis /
28 PROVIDING A GIFT SHOP		FOR THE BENEFT	T_OF_THE	
PATIENTS AT THE MAGNOL	IA CITY HOSPITAL.			
			1	
70				_
	If this amount includes foreign gi	rants, check here		8 a
29				
	-	,,,		_
(Grants \$)	If this amount includes foreign gi	rants, check here	P 29	9 a
30				
(Grants \$	If this amount includes foreign gi	rants, check here	<u>► 30</u>	0a
31 Other program services (describe in	Schedule O)			
• . •	If this amount includes foreign gi	rants check here	▶ □ 2*	1 a
<u> </u>		ants, theth here		
32 Total program service expenses (ac			▶ 32	
Part IV List of Officers, Directo	rs, Trustees, and Key Emp	loyees. List each one ev	en if not compensated (see	e the instructions for Part IV.)
Check if the organization use	d Schedule O to respond to any o	guestion in this Part IV		
<u>-</u>	(b) Title and average	(c) Reportable compensation		(e) Estimated amount of
(a) Name and address	hours per week	(Form W-2/1099-MISC)	contributions to employe	
	devoted to position	(If not paid, enter -0-)	benefit plans, and	İ
			deferred compensation	
Mike Epley	Director			
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Magnolia, AR 71753		,	1	/·
			<u> </u>	
Steve Nipper	Director			
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Magnolia, AR 71753			_	- 1
			 	
Tommy Fallin	Director			
) 0'	0.		0. 0
Magnolia, AR 71753	-7			
Norma Hayes	D:		 	
	Director			
1320 Columbia 24	0!	0.	1 0	0. 0
Magnolia, AR 71753	- 7		1	
Norma Deloach	Director	· · ·	 -	
MOTING DETOGCH	priector			.
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Magnolia, AR 71753				
Lucy Ray	Executive Direc		 	
nack war	Precentive Direct		_	.
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Magnolia, AR 71753	<u> </u>			1
Margaret West	Director		T	
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Magnolia, AR 71753		<u></u>	<u> </u>	<u> </u>
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	TEE A08121 0			Form 990 F7 (201)

ori	n 990-EZ (2011) Magnolia Regional Medical Ctr Auxiliary 71-080221	0	P	age 3
Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements in See Sch	iedu]	.e 0	ਚ
	the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V		Yes	X No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	33	165	X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).	34		Х
35	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities	25.0		v
	(such as those reported on lines 2, 6a, and 7a, among others)? b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule Q	35a 35b	<u> </u>	X
	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		
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		Х
	a 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?	37 b		Χ_
38	a 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 tax year covered by this return?	38 a		X
	b If 'Yes,' complete Schedule L, Part II and enter the total	36 a		
	amount involved 38b N/A			
	Section 501(c)(7) organizations. Enter			
	a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39b N/A	4		
	a 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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		 X
	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization	405		
		-		
	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax	<u> </u>		
41	shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed None	40 e		X
42	a The organization's books are in care of ► Lucy Ray Telephone no ► 870-2	35-3	000	
	Located at ► 101 Hospital Drive, Magnolia, AR ZIP + 4 ► 71753	<u> </u>		
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
	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			
	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			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	ı	- □	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
			Yes	No
44	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a		- X
	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed			
	instead of Form 990-EZ	44b		X
	Did the organization receive any payments for indoor tanning services during the year?	44 c		X
•	d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44 d	-	-
	a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45a		Х
ı	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45 b		X
		m 990	- EZ (2011)

Old the	Z (2011) Magnolia Regiona	i medical Ctr Aux	ıııary	/1-0802	<u> </u>	Yes	age N
	、 e organization engage, directly or in	directly, in political campai	on activities on behalf	of or in opposition to	1.3	res	"
candid t VI``	Section 501(c)(3) organization 501(c)(3) organizations and 47-49b and 52, and complete	olete Schedule C, Part I ons and section 4947 section 4947(a)(1) no	(a)(1) nonexempt on nexempt of the contraction of t	charitable trusts only	. All sec question	tion	<u> </u>
	Check if the organization used Sch	edule O to respond to any	question in this Part VI	<u> </u>	s only. All secs swer question r? If 'Yes,' 48 49a 49b rustees and key other 'None' (e) Estimated other components of X Yes and belief, it is		_
Did the	e organization engage in lobbying ad lete Schedule C, Part II	ctivities or have a section 5	501(h) election in effect	during the tax year? If 'Ye	es, ' 47	Yes	
Is the Did the	organization a school as described in e organization make any transfers to	o an exempt non-charitable	•	edule E	49a		
Compl	s,' was the related organization a sec lete this table for the organization's oyees) who each received more than	five highest compensated of	employees (other than from the organization	officers, directors, trustees If there is none, enter 'No	and key		L
(a	a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W 2/1099 MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation			
ie							
					_		_
	·						
compe	lete this table for the organization's ensation from the organization. If the ame and address of each independent contractor	ere is none, enter 'None'	T	s who each received more			
ie							
							_
							_
		. – – – – – – – – – – – – – – – – – – –					_
Total r	number of other independent contract	ctors each receiving over \$	100,000	>			
Did the	e organization complete Schedule A able trusts must attach a completed of periury. I declare that I have examined this re	Schedule A	dules and statements, and to the	ne hest of my knowledge and helief			
charita penalties	d complete. Declaration of preparer (other than	officer) is based on all information of	if which preparer has any know	rledge		-	_
charita penalties	\		7	Date			
charita penalties	Signature of officer Sully Ray	LUCY ROW DIRECTOR	of volunteer	- 3.20-12			_
charita penalties orrect, and	Signature of officer Frint/Type preparer's name Robert L Edstrom	Preparis signature	of volunteer SCAN 2.23	Check I of PTIN	0235833	3	_
charita penalties orrect, and e arer	Signature of officer Signature of officer Print/Type or print name and title Print/Type preparer's name	Preparis signature		Check if PTIN self-employed PO	0235833 1-06240		_
charita	of perjury, I declare that I have examined this reid complete. Declaration of preparer (other than o	turn, including accompanying scheo officer) is based on all information of	dules and statements, and to the first which preparer has any known	vledge	, it is		

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

Open to Public Inspection

Employer identification number Name of the organization 71-0802210 Magnolia Regional Medical Ctr Auxiliary 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) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts 9 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 Type III - Functionally integrated Type III - Other 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) If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) X below, the governing body of the supported organization? 11 g (i) A family member of a person described in (i) above? Х 11 g (ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Х h Provide the following information about the supported organization(s) (v) Did you notify the organization in column (i) of your support? (i) Name of supported (ii) EIN (III) Type of organization (iv) Is the (VII) Amount of support (vi) Is the (described on lines 1-9 above or IRC section (see instructions)) organization in column (i) listed in your governing document? organization in column (i) organized in the US? organization Yes No Yes No Yes Magnolia Regional Medical Center 71-6014562 (A) Hospital 0. (B) (C) (D) (E) Total 0.

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

Part II Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support						
Cale beg	endar year (or fiscal year inning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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				T-1		
Sec	tion B. Total Support					<u> </u>	
	endar year (or fiscal year inning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10	, , , , , , , , , , , , , , , , , , ,	,		* *		
12	Gross receipts from related activ	ities, etc (see inst	tructions)			12	
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	or fifth tax year as	a section 501(c)(3)	▶ □
	tion C. Computation of Pul						
	Public support percentage for 20			ne 11, column (f))		14	<u>%</u>
	Public support percentage from 2	•	,			15	%_
16	a 33-1/3% support test – 2011. If to and stop here. The organization	he organization d qualifies as a pub	id not check the l licly supported o	box on line 13, ar rganization	nd the line 14 is 3	3-1/3% or more, che	eck this box
ı	33-1/3% support test – 2010. If t and stop here. The organization	he organization d qualifies as a pub	ld not check a bo licly supported o	ox on line 13 or 16 rganization	5a, and line 15 is	33-1/3% or more, cl	heck this box
17 a	a 10%-facts-and-circumstances te or more, and if the organization in the organization meets the 'facts	meets the 'facts-a	nd-circumstance:	s' test, check this	box and stop her	re. Explain in Part I\	√ how
	o 10%-facts-and-circumstances te or more, and if the organization i organization meets the 'facts-and	meets the 'facts-a d-circumstances' t	nd-circumstances est The organiza	s' test, check this ation qualifies as a	box and stop he a publicly support	re. Explain in Part I\ ed organization	V how the ►
18 3AA	Private foundation. If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 17a		is box and see instr hedule A (Form 990	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support			· /				
	dar year (or fiscal yr beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 201	1 T	(f) Total
1			(3) 2000	(3, 2003	3, 2010	(-) 231		.,,,,,,,,,,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
	Total. Add lines 1 through 5 a Amounts included on lines 1, 2, and 3 received from disqualified persons							
ŀ	Amounts 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							
•	Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6)							
	tion B. Total Support		T					
	dar year (or fiscal yr beginning ın)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 201	1	(f) Total
10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
13	Total support. (Add Ins 9, 10c, 11, and 12)							
14	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	or fifth tax year as	a section 5	01(c)(3)	▶ □
	tion C. Computation of Pul				<u> </u>			
	Public support percentage for 20	•	• • •	ie 13, column (f)))		15	<u></u>
	Public support percentage from 2						16	<u> </u>
	tion D. Computation of Inv							
	Investment income percentage for				ımn (f))		17	%
	Investment income percentage fi						18	%
	33-1/3% support tests — 2011. If is not more than 33-1/3%, check	this box and stop	p here. The organ	ization qualifies a	as a publicly supp	orted organ	ızatıon	▶ 📋
	33-1/3% support tests – 2010. If line 18 is not more than 33-1/3%	, check this box a	and stop here. The	e organization qu	ialifies as a public	ly supported	d organiz	/3%, and ation ►
20	Private foundation. If the organiz	zation did not che	ck a box on line	14, 19a, or 19b, c	check this box and	see instruc	tions	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Openito Public

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

	71-0802210
Form 990-EZ, Part III - Organization's Primary Exempt Purpose	
THE AUXILIARY RUNS THE GIFT SHOP AND VENDING MACHINES FOR THE P	ATIENTS AT THE
MAGNOLIA CITY HOSPITAL. ALL FUNDS RAISED ARE USED FOR THE BENE	FIT OF THE MAGNOLIA
CITY HOSPITAL.	
Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Co	ntracts
(a) _ Did the organization, during the year, receive any funds,	directly or
indirectly, to pay premiums on a personal benefit contract?	No
(b) Did the organization, during the year, pay premiums, direc	tly_or
indirectly, on a personal benefit contract?	No
, 	

.011 . Sc	hedule O - Supplemental Information	Page :
lient 11236	Magnolia Regional Medical Ctr Auxiliary	71-080221
2/23/12		09 43A
Form 990-EZ, Part I, Line 16 Other Expenses		
Membership Expenses Office Expenses Projects	\$	4,521. 1,921. 3,277. 9,719.
riojects	Total §	9,719.
Form 990-EZ, Part II, Line 24 Other Assets		
	Beginning	Ending
Inventories	\$ 3,614. Total \$ 3,614.	6,098 6,098