

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

∱ 1∕2

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

Open to Public Department of the Treasury Internal Revenue Service Inspection The organization may have to use a copy of this return to satisfy state reporting requirements For the 2011 calendar year, or tax year beginning 12/01 2011, and ending 11/30 2012 Check if applicable D Employer identification number Address change Jennings American Legion Hospital 27-1713013 Foundation, Inc. Name change Telephone number Initial return 1634 Elton Road Terminated Jennings, LA 70546 Amended return Group Exemption Number Application pending X Accrual Cash Accounting Method Other (specify) if the organization is not Check ▶ required to attach Schedule B (Form 990, 990-EZ, or 990-PF) Website: ► N/A Tax-exempt status (ck only one) -X 501(c)(3) 501(c) ((insert no) 4947(a)(1) or Check ► If the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000 A 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 file a return, be sure to file a complete return 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 (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 59,629. 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 59,384. Contributions, gifts, grants, and similar amounts received 2 2 Program service revenue including government fees and contracts 3 3 Membership dues and assessments 4 245. 4 Investment income 5a Gross amount from sale of assets other than inventor 0 1 2014 5a 5b b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract 5 c 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) of contributions **b** Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b 6с c Less direct expenses from gaming and fundraising events **d** Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7 a 7a Gross sales of inventory, less returns and allowances 7b b Less cost of goods sold 7 c c Gross profit or (loss) from sales of inventory (Subtraction RECEIVED 8 Other revenue (describe in Schedule O) 59,629 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 IRS-OSK 10 Grants and similar amounts paid (list in Schedule 10 NOV 17 2014 11 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefit 12 13 Professional fees and other payments to independent control in the 13 14 14 Occupancy, rent, utilities, and maintenance 15 15 Printing, publications, postage, and shipping See Schedule O 123. Other expenses (describe in Schedule O) 16 16 123. 17 Total expenses. Add lines 10 through 16 18 59,506. 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 19 53,658. figure reported on prior year's return). 20 Other changes in net assets or fund balances (explain in Schedule O) 20

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Net assets or fund balances at end of year Combine lines 18 through 20

Form 990-EZ (2011)

113,164.

21

Form	990-EZ (2011) Jennings American Legion Hospital 27						-1713013 Page 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 (A) Beginning of year (B) End of year								
22	Cash, savings, and investments		ŀ	53, 6					
23	Land and buildings				30	23			
24	Other assets (describe in Schedule O)		ŀ			24			
25	Total assets			53,6	58				
26	Total liabilities (describe in Schedule O)		Ì		0				
	Net assets or fund balances (line 27 of c	olumn (B) must agree with I	ıne 21)	53,6	58				
	t III Statement of Program Servi						Expenses		
	Check if the organization used Schedule O to respond to any question in this Part III						quired for section		
What	is the organization's primary exempt purpose? See	Schedule 0					(c)(3) and 501(c)(4) Inizations and section		
Desc mea	the organization's primary exempt purpose? See Schedule 0 The the organization's program service accomplishments for each of its three largest program services, as ured by expenses. In a clear and concise manner, describe the services provided, the number of persons ited, and other relevant information for each program title.					4947	7(a)(1) trusts, optional		
	fited, and other relevant information for ea	ach program title				for c	others)		
28									
			· - , , - - , -		$\overline{\Box}$	-			
-00	(Grants \$) If the	s amount includes foreign gr	ants, check here		Ш	28 a	1		
29					— -				
	(Grants \$) If thi	s amount includes foreign gr	ants check here		П	29 a			
30	(Grants 2) II till	s amount includes loreigh gr	ants, theth here		Ш	236	<u> </u>		
30									
						1			
	(Grants \$) If thi	s amount includes foreign gr	ants, check here		П	30 a	<u>, </u>		
31	Other program services (describe in Scho								
•		s amount includes foreign gi	ants, check here	•	\Box	31 a	3		
32	Total program service expenses (add lin	nes 28a through 31a)	<u> </u>		-	32			
Pa	rt IV List of Officers, Directors, 7				ated.	(see	the instructions for Part IV		
Check if the organization used Schedule O to respond to any question in this Part IV									
	(a) Name and address	(b) Title and average hours per week	(c) Reportable compensa (Form W-2/1099 MISO (If not paid, enter -0-	ation (d) Health b			(e) Estimated amount of other compensation		
) schent pla								
	el Oustalet	Secretary		deferred com	pensa	ation			
	9 N. Main Street	Secretary		0.		0.	.) 0.		
	nnings, LA 70546	0		٠.١		0.	. *.		
	R. Daigle	President							
	1 Granger Street	0		0.		0.			
	nnings, LA 70546	· ·							
	rry J. Terrebonne	CEO							
	24 Evergreen Avenue	20		0.		0	. 0.		
La	ke Charles, LA 70546			İ			l		
			ŀ						
							<u> </u>		
									
			-	-		_	 		
				ŀ					
									
		<u> </u>	<u> </u>				<u> </u>		
BA	A	TEEA0812L	02/14/12				Form 990-EZ (2011)		