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A For the 2012 calendar year, or tax year beginning 01-01-2012

DLN: 93492130020003

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

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

Inspection

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

, and ending 12-31-2012

Inspection

| | | If applicable C Name of organization CONWAY HOSPITAL WOMEN'S AUXILIARY | C Name of organization CONWAY HOSPITAL WOMEN'S AUXILIARY | | | oloyer identification number | | |
|------------------------------|----------------------------|--|--|----------------|--|------------------------------|--|--|
| | | s change | | | | 416373 | | |
| | nitial re | | Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephor P O BOX 1881 | | | | | |
| _ | emına | | | | | | | |
| | mende | ded return City or town, state or country, and ZIP + 4 MONROE, LA 71210 | | | F Group | | tion | |
| Γ | pplicat | ation pending | | | Numb | er | • | |
| G A | ccoun | inting Method | | - Н | Check Frequired to attac (Form 990, 990 | h Sche | edule B | |
| ΙW | ebsit e | te: ► <u>N/A</u> | | - [| , | · | • | |
| J Tax | (-exen | mpt status(check only one)— 501(c)(3) 501(c)(4) ◄(insert no) 4 | 1947(a)(1) or 5 27 | 7 | | | | |
| norr inst L A d | nally ructio dd line | If the organization is not a section 509(a)(3) supporting orwine more than \$50,000 A Form 990-EZ or Form 990 return is it is sons). But if the organization chooses to file a return, be sure to fines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross in (B) below) are \$500,000 or more, file Form 990 instead of Form | not required thoug le a complete retu ; receipts are \$20 | gh Form Irn | 990-N (e-postcard | d) may | be required (see (Part II, line 25, | |
| Pa | art I | Check if the organization used Schedule O to respond to any | | | | | | |
| | | <u> </u> | | | | | | |
| | 1 | | | | | 1 | | |
| | 2 | Program service revenue including government fees and contr | acts | | | 2 | 232 | |
| | 3 | Membership dues and assessments | | | | 3 | | |
| | 4 | Investment income | | | | 4 | 508 | |
| | 5a | • | | . 5a | | | | |
| Ę | b | Less cost or other basis and sales expenses | | . 5b | | | | |
| Revenue | c | Gain or (loss) from sale of assets other than inventory (Subtra | ct line 5b from line | e 5a) | | 5с | | |
| ŭ | 6 | Gaming and fundraising events | | | | | | |
| | а | Gross income from gaming (attach Schedule G if greater than s | \$15,000) | · 6a | | | | |
| | b | Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G | | utions | | | | |
| | | sum of such gross income and contributions exceeds \$15,000 |)) | 6b | 2,77 | 5 | | |
| | c | Less direct expenses from gaming and fundraising events | | . 6с | | | | |
| | d | Net income or (loss) from gaming and fundraising events (add | lines 6a and 6b ar | nd subtr | act line 6c) | 6d | 2,775 | |
| | 7a | Gross sales of inventory, less returns and allowances | | . 7a | 85,15 | 9 | | |
| | b | Less cost of goods sold | | . 7b | 55,76 | 9 | | |
| | С | Gross profit or (loss) from sales of inventory (Subtract line 7 b | from line 7a) . | | | 7c | 29,390 | |
| | 8 | Other revenue (describe in Schedule O) | | | | 8 | | |
| | 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | | | 📂 | 9 | 32,905 | |
| | 10 | Grants and similar amounts paid (list in Schedule O) | | | | 10 | | |
| | 11 | Benefits paid to or for members | | | | 11 | | |
| | 12 | Salaries, other compensation, and employee benefits | | | | 12 | | |
| Š | 13 | Professional fees and other payments to independent contract | ors | | | 13 | | |
| Expenses | 14 | Occupancy, rent, utilities, and maintenance | | | | 14 | | |
| <u>ā</u> | 15 | Printing, publications, postage, and shipping | | | | 15 | | |
| | 16 | Other expenses (describe in Schedule O) | | | | 16 | 3,124 | |
| | 17 | Total expenses. Add lines 10 through 16 | | | 🕨 | 17 | 3,124 | |
| ~ | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | | | | 18 | 29,781 | |
| Şet | 19 | Net assets or fund balances at beginning of year (from line 27, | | | | | , | |
| NetAssets | | end-of-year figure reported on prior year's return) | | | | 19 | 97,823 | |
| ž | 20 | Other changes in net assets or fund balances (explain in Sche | dule O) | | | 20 | , | |
| | 21 | Net assets or fund balances at end of year Combine lines 18 to | | | | 21 | 127,604 | |
| | | | | | | 121 | 200 57 151 | |

| Part II Balance Sheets (see the II Check If the organization used | | any question in t | hıs Part II | | | |
|--|---|---|--------------------------------|---|------------------|--|
| | | Ī | (A) Beginni | ng of year | | (B) End of year |
| 22 Cash, savings, and investments | | | (A) beginn | 84,298 | 22 | |
| | | | | 84,298 | 23 | 117,543 |
| | | | | 13,525 | _ | 10,061 |
| 24 Other assets (describe in Schedule O) 25 Total assets | | | | 97,823 | | |
| 26 Total liabilities (describe in Schedule (| | | | 97,023 | 26 | 127,604 |
| 27 Net assets or fund balances (line 27 of | , | th line 21) | | 97,823 | | 127,604 |
| 27 Net assets of Fund Datances (fine 27 of | Column (b) must agree w | | | 97,023 | 27 | 127,004 |
| Check if the organization used What is the organization's primary exempt if PROVIDE SERVICE TO HOSPITAL PATISCARE Describe the organization's program service measured by expenses. In a clear and concerns, and the concerns in the concerns of the concern | Schedule O to respond to ourpose? ENTS AND PROVIDE MUC e accomplishments for eac | any question in t CH NEEDED EQU th of its three larg | IPMENT FOF | R PATIENT | (c) org 49 | Expenses equired for section 501 (3) and 501(c)(4) ianizations and section 47(a)(1) trusts, cional for others) |
| 29 PORTRAIT SERVICES - ENHANCES TO FUNDS TO PROVIDE MUCH NEEDED EQU | ROVIDE SERVICE TO PAD EQUIPMENT FOR PATE amount includes foreign to the HOSPITAL STAY FOR JIPMENT FOR PATIENT | IENT CARE grants, check her EACH PATIENT CARE | e AND ALSO E | ►F | 28a | |
| 30 FALL FESTIVAL/TASTING LUNCHEON PATIENT CARE (Grants \$) If this | s amount includes foreign | OVIDE MUCH NE | EDED EQUIP | MENT FOR | 30a | |
| 31 O ther program services (describe in Sch (Grants \$) If this | redule O) s amount includes foreign | grants, check her | e | ► F | 31a | |
| 32 Total program service expenses (add line | s 28a through 31a) . | | | • | 32 | 3,124 |
| Part IV List of Officers, Directors, Trus Check If the organization used | | | | | | |
| (a) Name and title | (b) A verage hours per week devoted to position | (c)Reportabl compensatio (Forms W-2/10 MISC) (if not p enter -0-) | on co 199- emplo Daid, a | Health benefi ntributions to yee benefit p and deferred ompensation | o lans, | (e) Estimated amount of other compensation |
| See Additional Data Table | | | | | | |
| | | | | | | |

| | instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part | v | | <u>୮</u> |
|-----|--|------------|--------|-----------------|
| | | | Yes | No |
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | 33 | | No |
| 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 | | No |
| 35a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | | No |
| b | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule Co | 35b | | |
| 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 | 35c | | No |
| 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 | | No |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions 37a | | | |
| b | Did the organization file Form 1120-POL for this year? | 37b | | No |
| 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 tax year covered by this return? | 38a | | No |
| ь | If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b | | | |
| 39 | Section 501(c)(7) organizations Enter | | | |
| а | Initiation fees and capital contributions included on line 9 39a | | | |
| b | Gross receipts, included on line 9, for public use of club facilities 39b | | | |
| 40a | Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under | | | |
| | section 4911, section 4912, section 4955 | | | |
| 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 | 40ь | | No |
| 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 | | | |
| 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 shelter transaction? If "Yes," complete Form 8886-T | 40e | | No |
| 41 | List the states with which a copy of this return is filed 🕨 | | | |
| 42a | The organization's books are in care of ▶ SUSAN R HARWOOD CPA Telephone no | <u>(31</u> | 8) 325 | -6500 |
| | Located at 🕨 1900 ROSELAWN AVENUE MONROE, LA ZIP + 4 | <u>7:</u> | 1201 | |
| 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 | Yes | No No |
| | 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 the U S ? | 42c | | Νo |
| | 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 and enter the amount of tax-exempt interest received or accrued during the tax year | | | ►F |
| | | | Yes | No |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a | | No |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a 44b | | No. |
| , | Did the organization receive any payments for indoor tanning services during the year? | 44b | | No |
| | If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an</i> | -140 | | 1110 |
| u | explanation in Schedule O | 44d | | |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | Νο |
| 45b | 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) | 45b | | No |

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

| orm 990-EZ (| 2012) | | | | | | | Page |
|--|--|--|---|--------------------------|--|----------|--------------------|--------|
| | | | | | | | Yes | No |
| | rganization engage, directly | | | | | | | |
| | es for public office? If "Yes," | | rt | • • | | 46 | | Νο |
| | Section 501(c)(3) orga Ill section 501(c)(3) orga | | questions 47-49h an | nd 52 | and complete the | table | for lir | oc 50 |
| a | nd 51 | | • | | • | | 3 101 111 | _ |
| С | heck if the organization used | d Schedule O to respond t | o any question in this P | art V I | <u> </u> | | <u></u> | |
| | | | | | | | Yes | No |
| | rganızatıon engage ın lobbyıı | | | | | | | |
| If "Yes," | complete Schedule C, Part I | I | | | | . 47 | | |
| 8 Is the org | ganızatıon a school as descr | ibed in section 170(b)(1) | (A)(II)? If "Yes," comple | ete Sch | edule E . | . 48 | | |
| 9a Did the o | rganızatıon make any transfe | ers to an exempt non-cha | ritable related organizat | ion? | | . 49a | | |
| b If "Yes," | was the related organization | a section 527 organizati | on? | | | . 49b | | |
| 0 Complete | e this table for the organization | on's five highest compens | ated employees (other | than of | ficers, directors, tru | ıstees a | and key | |
| | es) who each received more t | | T | | | | | |
| | title of each employee paid e than \$100,000 | (b) A verage hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099- MISC) | emplo | Health benefits, ontributions to byee benefit plans, and deferred compensation | 1 ' ' | timated r compe | |
| | | | | | | | | |
| | | | | 1 | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | l | | |
| | | | | | | | | |
| 1 Complete | umber of other employees pa e this table for the organization | on's five highest compens | | actors | who each received | ▶more th | an \$10 | 0,000 |
| 1 Complete of compe | | on's five highest compens n If there is none, enter " | None " | | · · · · · · · · who each received | | an \$10 Compen | |
| L Complete of compe | e this table for the organization | on's five highest compens n If there is none, enter " | None " | | | | • | |
| 1 Complete of compe | e this table for the organization | on's five highest compens n If there is none, enter " | None " | | | | • | |
| Complete of compe (a) Name d Total no | e this table for the organization | on's five highest compens If there is none, enter " Indent contractor paid mone on the contractor paid mone contractors each receiving | None " Te than \$100,000 g over \$100,000 n 501(c)(3) organizatio | (b) | Type of service ▶ 4947(a)(1) | | Compen | sation |
| d Total notations of compete 1 and 1 | e this table for the organizations from the organization and address of each independent of organization organization from the organization organization complete Sche | on's five highest compens If there is none, enter " Indent contractor paid mon contractors each receiving edule A? NOTE: All Section attach a completed Sched | over \$100,000 10 501(c)(3) organization ule A | (b) | Type of service | (c) (| Compen Yes | sation |
| d Total not 2 Did the nonexe owledge and I owledge. | umber of other independent of organization complete Schempt charitable trusts must a of perjury, I declare that I have belief, it is true, correct, and complete is the correct. | on's five highest compens If there is none, enter " Indent contractor paid mon contractors each receiving edule A? NOTE: All Section attach a completed Sched | over \$100,000 10 501(c)(3) organization ule A | (b) | Type of service | (c) (| Compen Yes | sation |
| d Total not nonexed der penalties by by ledge and I by wiedge. | umber of other independent organization organization should be a complete. So the complete should be a complete should be a complete should be complete. So the complete should be complete. So the complete should be complete. So the complete should be complete. | on's five highest compens If there is none, enter " Indent contractor paid mon contractors each receiving edule A? NOTE: All Section attach a completed Sched | over \$100,000 10 501(c)(3) organization ule A | (b) | Type of service | (c) (| Compen Yes | sation |
| d Total not 2 Did the nonexe owledge and I owledge. | umber of other independent of organization from the organization and address of each independent of organization complete. So the empt charitable trusts must at of perjury, I declare that I have belief, it is true, correct, and contains the empt of officer. ******* Signature of officer KAREN WESTFALL TREASURER | on's five highest compens If there is none, enter " Indent contractor paid mon contractors each receiving edule A? NOTE: All Section attach a completed Sched | over \$100,000 10 501(c)(3) organization ule A | (b) | Type of service | (c) (| Compen Yes | sation |
| d Total not 2 Did the nonexe owledge and I owledge. | umber of other independent of organization and address of each independent of organization complete. Scheen charitable trusts must a of perjury, I declare that I have belief, it is true, correct, and contains the contains a contain | on's five highest compens If there is none, enter " Indent contractor paid more contractors each receiving edule A? NOTE: All Section attach a completed Sched | none " g over \$100,000 g over \$100,000 n 501(c)(3) organization ule A uding accompanying scheoarer (other than officer) | ns and | Type of service 4947(a)(1) nd statements, and to all information of the control | (c) (| Compen Yes | sation |
| d Total notal nota | umber of other independent of organization from the organization and address of each independent of organization complete. So the empt charitable trusts must at of perjury, I declare that I have belief, it is true, correct, and contains the empt of officer. ******* Signature of officer KAREN WESTFALL TREASURER | on's five highest compens If there is none, enter " Indent contractor paid mon contractors each receiving edule A? NOTE: All Section attach a completed Sched | over \$100,000 over \$100,00 | ns and | Type of service 4947(a)(1) nd statements, and ton all information of the control of the contro | (c) (| Compen Yes | sation |
| d Total notal nota | umber of other independent of organization and address of each independent of organization complete. Scheen charitable trusts must a of perjury, I declare that I have belief, it is true, correct, and contains the contains a contain | on's five highest compens If there is none, enter " Indent contractor paid more contractors each receiving edule A? NOTE: All Section attach a completed Sched complete. Declaration of prepare of the pr | over \$100,000 over \$100,00 | ns and edules a is based | Type of service 4947(a)(1) nd statements, and ton all information of the control of the contro | (c) (| Compen Yes | sation |
| d Total notation of compete to the c | umber of other independent of organization from the organization and address of each independent of the organization complete. Scheen from the organization complete scheen from the org | on's five highest compens If there is none, enter " Indent contractor paid more contractors each receiving edule A? NOTE: All Section attach a completed Sched complete. Declaration of preparer's signatur SUSAN R HARWOO | over \$100,000 over \$100,00 | ns and edules a is based | Type of service 4947(a)(1) nd statements, and ton all information of the control of the contro | (c) (| Compen Yes | sation |

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As Filed Data -

DLN: 93492130020003

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization
CONWAY HOSPITAL WOMEN'S AUXILIARY

Employer identification number

23-7416373

| ldentifier | Return Reference | Explanation |
|---------------------------|----------------------------------|---|
| OTHER EXPENSES | FORM 990-EZ, PART I, LINE 16 | EXPENSES OFFICE EXPALLOC TO GIFT SHOP 2,834 OFFICE EXPALLOC TO PORTRAIT 22 OFFICE EXPALLOC TO FALL FEST 268 TOTAL 3,124 |
| OTHER ASSETS | FORM 990-EZ, PART II, LINE 24 | INVENTORIES FOR SALE OR USE 13,525 10,061 TOTAL 13,525 10,061 |
| PRIMARY EXEMPT PURPOSE | FORM 990-EZ, PART III | PROVIDE SERVICE TO HOSPITAL PATIENTS AND PROVIDE MUCH NEEDED EQUIPMENT FOR PATIENT CARE |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93492130020003 |
|--------------------------------------|-----------------|---------------------|
|--------------------------------------|-----------------|---------------------|

TY 2012 Compensation Explanation

Name: CONWAY HOSPITAL WOMEN'S AUXILIARY

EIN: 23-7416373

| Person Name | Explanation |
|-------------------|-------------|
| FLOYCE JACKSON | |
| LIZ WHITTINGTON | |
| KAREN WESTFALL | |
| JAMIE PATTERSON | |
| CAROLYN HOLTZCLAW | |
| HELEN MCTURNER | |
| FLOY CE JACKSON | |

Software ID: Software Version:

EIN: 23-7416373

Name: CONWAY HOSPITAL WOMEN'S AUXILIARY

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

| (a) Name and title | (b) A verage hours per week devoted to position | (c)Reportable compensation (Forms W-2/1099- MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--|---|--|---|---|
| FLOYCE JACKSON TO PRESIDENT | 16 00 | 0 | | |
| LIZ WHITTINGTON VICE PRESIDE | 6 00 | 0 | | |
| KAREN WESTFALL TREASURER | 16 00 | 0 | | |
| JAMIE PATTERSON S RECORDING SE | 6 00 | 0 | | |
| CAROLYN HOLTZCLAW CORR SECRETA | 6 0 0 | 0 | | |
| HELEN MCTURNER PARLIAMENTAR | 6 00 | 0 | | |
| FLOYCE JACKSON 🕏 GIFT SHOP CH | 16 00 | 0 | | |