



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





**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	23
22 Cash, savings, and investments . . . . .	59,867	22	62,659
23 Land and buildings . . . . .	0	23	0
24 Other assets (describe in Schedule O) . . . . .	0	24	0
<b>25 Total assets . . . . .</b>	<b>59,867</b>	<b>25</b>	<b>62,659</b>
<b>26 Total liabilities (describe in Schedule O) . . . . .</b>	<b>0</b>	<b>26</b>	<b>0</b>
<b>27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .</b>	<b>59,867</b>	<b>27</b>	<b>62,659</b>

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III . . .

**What is the organization's primary exempt purpose?**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 JR BOARD PROVIDES VOLUNTEER HOURS FOR THE LOCAL VNA'S CHILDHOOD IMMUNIZATION AND DENTAL CLINICS. IT ALSO HOLDS AN ANNUAL GALA FUNDRAISER TO PROVIDE FINANCIAL SUPPORT TO THE VNA.

**(Grants \$ 53,705 )** If this amount includes foreign grants, check here

Digitized by srujanika@gmail.com

29

**(Grants \$ ) If this amount includes foreign grants, check here**

29a

30

If this amount includes foreign grants, check here

30a

### 31 Other program services (describe in Schedule Q)

Other program services (describe in Schedule C) . . . . . If this amount includes foreign grants, check here

318

32 Total program service expenses (add lines 28a through 31a) **32** **53,705**

**Part IV. List of Officers, Directors, Trustees, and Key Employees** List each one even if not compensated (see the instructions for Part IV).

**List of Officers, Directors, Trustees, and Key Employees** List each one even if not compensated (see the instructions for Part IV).

(a) Name and title	(b) Average 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
CASSIE MCDONALD PRESIDENT	2 HR/WEEK	0	0	0
REGAN WOLBERS VICE PRESIDENT	1.5 HRS/WEEK	0	0	0
BETH HODEN 2ND VICE PRESIDENT	2 HRS/WEEK	0	0	0
AMY NEVINS 2ND VICE PRESIDENT	2 HRS/WEEK	0	0	0
SHERRY SPAHN TREASURER	1.5 HRS/WEEK	0	0	0
HEIDI KLOUSIA ASSISTANT TREASURER	1.5 HRS/WEEK	0	0	0
KIRSTEN WILLIAMS RECORDING SECRETARY	1.5 HRS/WEEK	0	0	0
ABBY STICKLEY CORRESPONDING SECRETARY	1.5 HRS/WEEK	0	0	0

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.

	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	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	X
35 a 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	X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .	35b	N A
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	X
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	X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0	37a	0
b Did the organization file Form 1120-POL for this year? . . . . .	37b	N A
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? . . . . .	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	38b	N/A
39 Section 501(c)(7) organizations. Enter:	39a	N/A
a Initiation fees and capital contributions included on line 9 . . . . .	39b	N/A
40 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	40b	X
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 . . . . .		
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 . . . . . ► 0		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ► 0		
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	X
41 List the states with which a copy of this return is filed ► IOWA		
42 a The organization's books are in care of ► HEIDI KLOUSIA Telephone no. ► 563-556-6200		
Located at ► 1454 IOWA ST; DUBUQUE, IA ZIP + 4 ► 52001-4825		
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)? If "Yes," enter the name of the foreign country: ► N/A	42b	X
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	X
If "Yes," enter the name of the foreign country: ► N/A		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here . . . . . ► <input type="checkbox"/>		
and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ► 43 N/A		
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 . . . . .	44a	X
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 . . . . .	44b	X
c Did the organization receive any payments for indoor tanning services during the year? . . . . .	44c	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 . . . . .	44d	N A
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	45a	X
45 b 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	X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .  Yes  No 46  X

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .  Yes  No 47  X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . 48  X

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . 49a  X

b If "Yes," was the related organization a section 527 organization? . . . . . 49b  N  A

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee paid more than \$100,000	(b) 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	(e) Estimated amount of other compensation
<b>NONE</b>				

f Total number of other employees paid over \$100,000 . . . . . ►  
 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
<b>NONE</b>		

d Total number of other independent contractors each receiving over \$100,000 . . . . . ►  
 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. . . . . ►  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	 Signature of officer  Type or print name and title		Date 5/13/13
-----------	--	--	--------------

Paid Preparer Use Only	Print/Type preparer's name <b>HOLLY N CUSHMAN, CPA</b>	Preparer's signature 	Date 5/9/13	Check <input type="checkbox"/> if self-employed	PTIN <b>P00527011</b>
	Firm's name ► <b>O'CONNOR &amp; THOMAS P.C.</b>	Firm's EIN ► <b>42-1230768</b>			
	Firm's address ► <b>700 LOCUST ST; SUITE 200</b> <b>DUBUQUE, IA 52001</b>	Phone no (563) 557-8400			

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ►  Yes  No

# 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

**2012**

Open to Public  
Inspection

Name of the organization

JUNIOR AUXILIARY OF THE DUBUQUE VISITING NURSES ASSOCIATION

Employer identification number

42-6062973

**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.)

1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  
 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)  
 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 name, city, and state:  
 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 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.)  
 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  
 9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts 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).  
 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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.  
 a  Type I    b  Type II    c  Type III-Functionally integrated    d  Type III-Non-functionally integrated  
 e  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).  
 f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.   
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?   
 (ii) A family member of a person described in (i) above?   
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(I)		
11g(II)		
11g(III)		

h Provide the following information about the supported organization(s).

(I) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(IV) Is the organization in col (I) listed in your governing document?		(V) Did you notify the organization in col (I) of your support?		(VI) Is the organization in col (I) organized in the U S ?		(VII) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2012

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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. . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 activities, etc. (see instructions) . . . . .					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	0.0000%
15 Public support percentage from 2011 Schedule A, Part II, line 14 . . . . .	15	%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ► <input type="checkbox"/>		

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	3,292	3,494	1,698	1,532	2,235	12,251
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 . . . . .	77,807	68,484	62,578	69,924	71,229	350,022
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .	0	0	0	0	0	
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0	0	0	
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0	0	0	
6 Total. Add lines 1 through 5 . . . . .	81,099	71,978	64,276	71,456	73,464	362,273
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .	0	0	0	0	0	
b 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	0	0	0	0	0	
c Add lines 7a and 7b. . . . .						
8 Public support (Subtract line 7c from line 6.) . . . . .						362,273

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6. . . . .	81,099	71,978	64,276	71,456	73,464	362,273
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	40	294	184	150	114	782
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .	0	0	0	0	0	
c Add lines 10a and 10b . . . . .	40	294	184	150	114	782
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .	0	0	0	0	0	
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	0	0	0	0	0	
13 Total support. (Add lines 9, 10c, 11, and 12.) . . . . .	81,139	72,272	64,460	71,606	73,578	363,055
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	99.7846 %
16 Public support percentage from 2011 Schedule A, Part III, line 15 . . . . .	16	99.7859 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	0.2154 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17 . . . . .	18	0.2141 %
19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

## Part IV

**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)

**NONE**

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Department of the Treasury  
Internal Revenue Service**

**Name of the organization**

## **Supplemental Information Regarding Fundraising or Gaming Activities**

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

2012

Open to Public  
Inspection

**Name of the organization**

**Employer identification number**

JUNIOR AUXILIARY OF THE DUBUQUE VISITING NURSES ASSOCIATION

42-6062973

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a  Mail solicitations      e  Solicitation of non-government grants  
b  Internet and email solicitations      f  Solicitation of government grants  
c  Phone solicitations      g  Special fundraising events  
d  In-person solicitations

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(I) Name and address of individual or entity (fundraiser)		(II) Activity		(III) Did fundraiser have custody or control of contributions?	(IV) Gross receipts from activity	(V) Amount paid to (or retained by) fundraiser listed in col (I)	(VI) Amount paid to (or retained by) organization
				Yes	No		
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b>							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 <b>GALA</b> (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	<b>1 Gross receipts . . . . .</b>	<b>65,191</b>		<b>65,191</b>
	<b>2 Less: Contributions . . . . .</b>	<b>0</b>		
	<b>3 Gross income (line 1 minus line 2) . . . . .</b>	<b>65,191</b>		<b>65,191</b>
Direct Expenses	<b>4 Cash prizes . . . . .</b>	<b>0</b>		
	<b>5 Noncash prizes . . . . .</b>	<b>0</b>		
	<b>6 Rent/facility costs . . . . .</b>	<b>0</b>		
	<b>7 Food and beverages . . . . .</b>	<b>10,282</b>		<b>10,282</b>
	<b>8 Entertainment . . . . .</b>	<b>560</b>		<b>560</b>
	<b>9 Other direct expenses . . . . .</b>	<b>2,131</b>		<b>2,131</b>
	<b>10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .</b>			<b>( 12,973 )</b>
	<b>11 Net income summary. Combine line 3, column (d), and line 10 . . . . .</b>			<b>52,218</b>

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1 Gross revenue . . . . .</b>		<b>6,038</b>	<b>6,038</b>
Direct Expenses	<b>2 Cash prizes . . . . .</b>		<b>2,250</b>	<b>2,250</b>
	<b>3 Noncash prizes . . . . .</b>			
	<b>4 Rent/facility costs . . . . .</b>			
	<b>5 Other direct expenses . . . . .</b>		<b>521</b>	<b>521</b>
	<b>6 Volunteer labor . . . . .</b>	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	<input checked="" type="checkbox"/> Yes <b>000.0000</b> % <input type="checkbox"/> No _____ %
	<b>7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . .</b>			<b>( 2,771 )</b>
	<b>8 Net gaming income summary. Combine line 1, column d, and line 7 . . . . .</b>			<b>3,267</b>

9 Enter the state(s) in which the organization operates gaming activities. **IOWA**

a Is the organization licensed to operate gaming activities in each of these states? . . . . .  Yes  No  
b If "No," explain: \_\_\_\_\_

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No  
b If "Yes," explain: \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	0.0000%
b An outside facility	13b	100.0000%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► HEIDI KLOUSIA

Address ► 1454 IOWA ST, DUBUQUE, IA 52001

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ N/A and the amount of gaming revenue retained by the third party ► \$ N/A

c If "Yes," enter name and address of the third party.

Name ► N/A

Address ►

16 Gaming manager information:

Name ► REGAN WOLBERS &amp; KIRSTEN WILLIAMS

Gaming manager compensation ► \$NONE

Description of services provided ► OVERALL MANAGEMENT &amp; COLLECTION OF RAFFLE PROCEEDS

 Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ 5,825

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

-----

-----

-----

-----

-----

-----

-----

-----

-----

**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.

**Name of the organization**

**Employer identification number**

JUNIOR AUXILIARY OF THE DUBUQUE VISITING NURSES ASSOCIATION

42-6062973

**FORM 990-EZ PART I LINE 10 "GRANTS & SIMILAR AMOUNTS PAID"**

**GRANTEE: DUBUQUE VISITING NURSES ASSOCIATION, 1454 IOWA ST, DUBUQUE, IA 52001**

AMOUNT GIVEN: \$53,705

**RELATIONSHIP: NONE**

**PURPOSE: CHARITABLE**

Name of the organization

**Employer identification number**