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Form .990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements. internal Revenue Service A For the 2012 calendar year, or tax year beginning 20 2012, and ending C Name of organization MEMORIAL HOSPITAL AUXILIARY, INC. D Employer identification number Doing Business As 64-0623715 Address change E Telephone number Number and street (or P O. box if mail is not delivered to street address) Room/suite Name change 500 13TH STREET (228)867-4117 Initial return City, town or post office, state, and ZIP code Terminated G Gross 343,789 GULFPORT MS 39501 Amended return receipts \$ Name and address of principal officer H(a) Is this a group return for affiliates? Yes Application pending H(b) Are all affiliates included? Yes Tax-exempt status. X 501(c)(3) 4947(a)(1) or 501(c)() (insert no) If "No," attach a list. (see instructions) Website: ► N/A H(c) Group exemption number ▶ L Year of formation 1988 M State of legal domicile MS K Form of organization X Corporation Part I **Summary** Briefly describe the organization's mission or most significant activities SEE ATTACHMENT #1 **ACTIVITIES** GOVERNANCE 2 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 ... 7a b Net unrelated business taxable income from Form 990-T, line 34 **Current Year Prior Year** REVENUE 8 Contributions and grants (Part VIII, line 1h) . . . 9 Program service revenue (Part VIII, line 2g) . 395 219 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 161,999 164,035 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . 11 164,430 162,218 12 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 14 Benefits paid to or for members (Part IX, column (A), line 4) EXPERSES Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) . 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 102,471 132,332 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 132,332 102,471 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) ... 18 59,747 32,098 Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year **End of Year** 1 2013 214,867 211,641 20 FUND 17,286 17,187 21 197,680 194,355 Net assets or fund balances Subtract line 21 from line 20 22 Part II Signature Block 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 Denelia Sian Signature of officer Date SAndra Rhode Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature Check X if Paid SCOTT NIOLET self-employed P01376509 Preparer Firm's name ▶ SCOTT NIOLET Firm's EIN ▶ **Use Only** Phone no Firm's address ▶ 920 BENT TREE (228)304-1505 PASS CHRISTIAN MS 39571

For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions) . . .

Form 990 (2012)

Yes 🛛 No

SCANNED OCT 2 1 2013

Form	990 (20		HOSPITAL AUXILIAR 64-0623715	Page 2
Par	t III	Statement of Program	Service Accomplishments	
		Check if Schedule O contains	a response to any question in this Part III	<u> </u>
1	Briefly	describe the organization's miss		
	SEE	ATTACHMENT #2		
2			inficant program services during the year which were not listed on	
	the pno	or Form 990 or 990-EZ?		Yes X No
	If "Yes,	" describe these new services of	n Schedule O.	
3	Did the	organization cease conducting	or make significant changes in how it conducts, any program	
	service	s?		Yes X No
	If "Yes,	" describe these changes on So	hedule O.	
4			rvice accomplishments for each of its three largest program services, as meas	sured by
			(4) organizations are required to report the amount of grants and allocations	
	the tota	al expenses, and revenue, if any	for each program service reported	
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
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				-
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
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	10	\ /-	\/-	
4C	(Code _) (Expenses \$	including grants of \$) (Revenue \$)
				
				
				
4d		program services (Describe in S		
	(Expen		including grants of \$) (Revenue \$	
_4e	Total p	rogram service expenses 🕨		

JVA

b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part VII	Par	t IV Checklist of Required Schedules		1	
2 is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 3 bit the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II 4 Section 301(c)(3) organizations. Did the organization engage in lobbying activities on hehalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II 5 Is the organization a section 501(d)(4), 801(c)(5), 670(c)(5), 670(c)(6), 67				Yes	No
2 Is the organization required to complete Schedule B, Schedule C Contributors (see instructions)? 3 Did the organization organization direct or indirect profiles clampage activities on behalf of or in opposition to candidates for public office? II "Yes," complete Schedule C, Part II 5 Section 501(c)(3) organization as period to the state of the state	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(c)(4). 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Reviewine Procedure 98-19? If "Yes," complete Schedule C, Part III. 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. 7 Did the organization receive or hold a conservation essement, including easements to preserve open space, the environment, histonic laid areas, or historic structures? If "Yes," complete Schedule D, Part III. 8 Did the organization report an amount in Part X, line 31, for escrow or custodial account lability, serve as a custodian for amounts not listed in Part X. or provide credit counseling, debt management, credit repair, or debt responsion services? If "Yes," complete Schedule D, Part IV. 10 Did the organization report an amount in Part X, line 31, for escrow or custodial account lability, serve as a custodian for amounts not listed in Part X. or provide credit counseling, debt management, credit repair, or debt responsion services? If "Yes," complete Schedule D, Part V. 10 Did the organization report an amount for lability of the part of the following questions is "Yes," then complete Schedule D, Part V. 11 If the organization report an amount for lability of the part of the part of the part of the following questions is "Yes," then complete Schedule D, Part V. 12 Did the organization report an amount for investments — other securities in Part X, line 19 If "Yes," complete Schedule D, Part X. 13 Did the organization report an amount f		complete Schedule A	1	X	
a Saction 501(50) organization p. Ciff to "Yes", complete Schedule C, Part I 4 Saction 501(50) organizations. Dut the organization engage in obbying activities, or have a section 501(b) 4 section in effect during the tax year? If "Yes," complete Schedule C, Part II 5 the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-18? If "Yes," complete Schedule C, Part II 5 the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 5 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 5 Did the organization describe or historic structures? If "Yes," complete Schedule D, Part II 6 Did the organization report an amount in Part X, line 21, for escrow or outstodal account liability, serve as a custodate or amounts of listed in Part X, or provide cred to countesfing, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V 7 Did the organization report an amount for Part X, line 21, for escrow or outstodal account liability, serve as a custodate or amounts of isteed in Part X, or provide cred documents[in], debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V 8 Did the organization or goust an amount for land, buildings, and equipment in Part X, line 10? His Ves," complete Schedule D, Part V 9 Did the organization report an amount for investments — other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 12? If "Yes," complete Schedule D, Part V 11b Did the organization report an amount for orivestments — program related in Part X, line 13 that is 5% or more of its total assets reported in P	2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
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election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(x)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III N/A, 10 the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part I N/A, 10 the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part I N/A, 11 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part I N/A, 12 Did the organization maintain destribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II N/A, 12 Did the organization and orecas, or historic structures? If "Yes," complete Schedule D, Part II N/A, 13 Did the organization for arrounts not Islaed in Part X, iline 21, for escrow or custodal account liability, serve as a custodate for amounts not Islaed in Part X, or provide cordic counseling, dold management, credit repair, or debt regonation services? If "Yes," complete Schedule D, Part V N/A, or X as applicable. 14 Did the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V N/A, or X as applicable. 15 Did the organization report an amount for investments—or other securities in Part X, line 10° If "Yes," complete Schedule D, Part V N/A, or X as applicable. 15 Did the organization report an amount for investments—or other securities in Part X, line 10° If Yes, complete Schedule D, Part V N/A, or X as applicable. 16 Did the organization report an amount for investments—or other securities in Part X, line 10° If Yes, complete Schedule D, Part V N/A, or X as applicable. 16 Did the organization report an amount for other liabilities in Part X, line 12° It has 15% or more of its total assets reported in Part X, line 16° If Yes,	4				
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10 Did the organization, directly or through a related organization, hold assets in temporanly restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII 2 Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 3 Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 4 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI. 2 Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X 3 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 4 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII. 2 Did the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII soptional 12a X 3 Did the organization maintain an office, employees, or agents outside the United States? 4 Did the organization and program service activities outside the United States? 5 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 5 Did the organization report on Part IX, column (A), line 3,		custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			1
10 Did the organization, directly or through a related organization, hold assets in temporanly restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII 2 Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 3 Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 4 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI. 2 Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X 3 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 4 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII. 2 Did the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII soptional 12a X 3 Did the organization maintain an office, employees, or agents outside the United States? 4 Did the organization and program service activities outside the United States? 5 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 5 Did the organization report on Part IX, column (A), line 3,			9		Х
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or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. f Did the organization's liability for uncertain tax positions under IFIN 44 (ASC 740)? If "Yes," complete Schedule D, Part X. 116	11				
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c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15° Mar is 5% or more of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part X	D		446		v
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d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part IX. 11d	С				,,
Part X, line 16? If "Yes," complete Schedule D, Part IX. e Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X. f Did the organization's separate or consolidated financial statements for the tax year long and a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII. b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 13		·	110		
Pid the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 1 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 1 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII	d		l		١
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		, , ,		ļ	
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII			11e	ļ	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	f		1		
Schedule D, Parts XI and XII			11f	ļ	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	[1	[
the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		Schedule D, Parts XI and XII	12a	<u> </u>	X
Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13	b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	1		
Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13		the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X 15 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,00 or more? If "Yes," complete Schedule F, Parts I and IV. 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV. 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV. 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions). 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 If "Yes," complete Schedule G, Part III. 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	13		13	T	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,00 or more? If "Yes," complete Schedule F, Parts I and IV					
business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,00 or more? If "Yes," complete Schedule F, Parts I and IV					
valued at \$100,00 or more? If "Yes," complete Schedule F, Parts I and IV	~				
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV			14b		×
or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	1E		···	1	
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	15		15	Į.	l v
to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		·	13	 	1
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	16		١		٠,
Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)			16	-	<u>^</u>
Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	17				1
tines 1c and 8a? If "Yes," complete Schedule G, Part II			17	-	 X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	18				
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
If "Yes," complete Schedule G, Part III	19		1	1	1
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			19	<u> </u>	X
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Part IV Checklist of Required Schedules (continued)

21 but the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 12 If "Yes," complete Schedule, I Parts I and II				Yes	No
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Part I and III	21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
column (A), line 27 II "Yes," complete Schedule I, Parts I and IIII 2 Did the organization answer "Yes" to Part VII, Section A, Ine 3, 4, or 5 about compensation of the organization's current and former officients, directors, invisees, key employees, and highest compensated employees? If "Yes," complete Schedule J 2 24a Did the organization have a tax-exempt bond size with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer here 24b inrough 24d and complete Schedule K. If "No." go to Inno 25		• • • • • • • • • • • • • • • • • • • •	21		X
23 Did the organization answer "Yes" to Part VII, Section A, Ine 3, 4, or 5 about compensated employees? If "Yes," complete Schedule J complete Schedule J via the last day of the year, that was issued affect become the last day of the year, that was issued affect become the last day of the year, that was issued affect become the 1st day of the year was represented to the last day of the year, that was issued affect become the 1st day of the year was represented to the last day of the year, that was issued affect become the 1st day of the year was represented to the last day of the year was represented to the 1st day of the year was represented to the 1st day of the organization maintain an escrow account other than a retunding escrow at any time during the year to defease any tax—exempt bonds? N/A 24d Did the organization maintain an escrow account other than a retunding escrow at any time during the year? N/A 24d Did the organization and so the year? If "Nes," complete Schedule L, Part I 25s Section 591(c)(3) and 591(c)(4) organizations. Did the organization engage in an excess benefit transaction with a dequalified person of any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b X 20 Was a loan to or by a current or former officer, director, frustee, key employee, highly compensated employee, or dequalified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 X 20 Under organization provide a grant or other assistance to an officer, director, frustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity member of any of these persones? If "Yes," complete Schedule L, Part IV 26b A army framework or complete Schedule L, Part IV 27b A larmy femmer of a current or former officer, director, frustee, or key employee? If "Yes," complete	22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J and Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		column (A), line 2? If "Yes," complete Schedule I, Parts I and IIII	22		X
23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 24b Did the organization maintain an escrew account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 35c Section \$01(C)(3) and \$01(C)(4) organizations. Did the organization engage in an excess benefit transaction with a dequalified person during the year? If "No," complete Schedule L, Part I. 35c Section \$01(C)(3) and \$01(C)(4) organizations. Did the organization engage in an excess benefit transaction with a dequalified person during the year? If "No," complete Schedule L, Part I. 35c Section \$01(C)(3) and \$01(C)(4) organizations. Did the organization engage in an excess benefit transaction with a dequalified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part I. 36c Was a learn to or by a current of former officer, director, trustee, key employee, highly compensated employee, or dequalified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II. 37c Vibra the organization apart to a business transaction with one of the following parties (see Schedule L, Part II. 38c Was the organization or applicable filing thresholds, conditions, and exceptions) 39c Animaly of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 39c An entry of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 39c An entry of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule II. 39d Part II. 39d A current or form	23				
24a Dd the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the least day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25			[
the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K, Il "No," go to line 25		·	23		<u> X</u>
Schedule K. II "No," go to line 25	24a				ļ
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N/A Did the organization maintain an escrow account other than a refunding escrow at any time during the year to delease any tax-exempt bonds? N/A Did the organization act as an "on behalf of sissue for bonds outstanding at any time during the year? N/A Did the organization act as an "on behalf of sissue for bonds outstanding at any time during the year? N/A Did the organization act as an "on behalf of sissue for bonds outstanding at any time during the year? N/A Did the organization act as an "on behalf of sissue for bonds outstanding at any time during the year? N/A Did the organization act as an "on behalf of sissue for bonds outstanding at any time during the year? N/A Did the organization act as an "on behalf of sissue for bonds outstanding at any time during the year? N/A Did the organization act as an "on behalf of sissue for bonds outstanding any time the year? N/A Did the organization are that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization is poor former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV. A tamily immeber of a current or former officer, director, trustee, or key employee? II "Yes," complete Schedule L, Part IV. Did the organization receive more than \$25,000 in non-cash controlutions? If "Yes," complete Schedule					
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? N/A 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? N/A 24d 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? N/A 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I 25b X 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or dequalified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 27 Did the organization or vide a grant or other assistance to an officer, director, trustee, expenptoyee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV 28 Was the organization of a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 A family of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule R, Part I, III 30 Did the organization fluguidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule R, Pa		· ·			X
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No. 41 5 200 5 14. 20			37	ļ	X
Note. All Form 990 filers are required to complete Schedule O	38		İ	[ĺ
		Note. All Form 990 filers are required to complete Schedule O	38	LX_	L

Form 9	90 (2012) MEMORIAL HOSPITAL AUXILIAR 64-0623715		Pi	age :							
Part	V Statements Regarding Other IRS Filings and Tax Compliance										
•	Check if Schedule O contains a response to any question in this Part V		<u>.</u>	\Box							
			Yes	No							
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a0										
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b										
¢	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	[
	gaming (gambling) winnings to prize winners?	1c		X							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		ļ ·								
	Statements, filed for the calendar year ending with or within the year covered by this return 2a										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? N/A	2b	1								
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		ļ								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X							
b											
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	3b									
-	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	İ	Х							
b	If "Yes," enter the name of the foreign country.		<u> </u>								
-	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.										
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	İ	X							
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? N/A	5c									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization		 								
- Ju	solicit any contributions that were not tax deductible as chantable contributions?	6a		Х							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		 	 ``							
~	gifts were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c).										
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	ļ		1							
•	and services provided to the payor?	7a	1	X							
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided? $\mathbb{N}./\mathbb{A}$	7b	1								
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	- 	<u> </u>								
·	required to file Form 8282?	7c	1	X							
d	If "Yes," indicate the number of Forms 8282 filed during the year	· •									
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	1	X							
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	 	X							
9 h	If the organization received a contribution of qualified intellectual property, and the organization file a Form 1098–C?	7h	<u> </u>	X							
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.	711	 	$\frac{\Lambda}{\Lambda}$							
	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess		1								
	business holdings at any time during the year?	8		X							
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>	1	1							
	Did the organization make any taxable distributions under section 4966?	9a	1	X							
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	X							
10	Section 501(c)(7) organizations. Enter:	55	1	 							
a	Initiation fees and capital contributions included on Part VIII, line 12										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1	1								
11	Section 501(c)(12) organizations. Enter.	1									
a	Gross income from members or shareholders										
b	Gross income from other sources (Do not net amounts due or paid to other sources	1									
U	against amounts due or received from them.)										
12-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	128	1	x							
12a	1 1	120	 	\vdash							
12		1		ļ							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	+	X							
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	+-	┼≏							
	· · · · · · · · · · · · · · · · · · ·										
b	Enter the amount of reserves the organization is required to maintain by the states in which	1		1							
	the organization is licensed to issue qualified health plans	1		1							
C	Enter the amount of reserves on hand	14a	+	x							
140	LIID THE OFGENIZETION FORMAGENY DEVIDENTS TOT INDOMESTABLE SERVICES CUITING THE TAY VERTY	, 144									

14b

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2012) MEMORIAL HOSPITAL AUXILIAR 64-0623715 Part Vi Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year. 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?. ..., 2 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body?..... 8a Each committee with authority to act on behalf of the governing body? . 8b Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the 9 organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a 10a Did the organization have local chapters, branches, or affiliates? ... b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? N/A 10b 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?...... $A \setminus N$. 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done N/A 12c 13 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official . 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed NONE
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)
	available for public inspection. Indicate how you made these available. Check all that apply.
	Own website Another's website X Upon request Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest
	policy, and financial statements available to the public during the tax year

State the name, physical address, and telephone number of the person who possesses the books and records of the

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees; officers, key employees; highest compensated employees, and former such persons.

(A) Name and Title	(B) Average hours per	Average (do not check more that box, unless person is be officer and a director/fire						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of
	(list any hours for related organiza- tions below)	TRUSTEE OR	- RUの下出日 - CZの FUF - CZ4-	OH F - CER	KEY LOYEE	# <u>₹</u> ₽	F O A MER	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
SANDRA RHODES										
PRESIDENT PETER PSIKOGIOS			i	Х						
/ICE PRESIDENT LINDA WOSIEWICZ				Х						
rreasurer Aurelia Hagin				Х						
RECORDING SECRETAR KAYE PERRETT				Х						
CORR SECRETARY BARBARA MARTIN				Х						ı
CORR SECRETARY RENA KROL				Х						
PARLIAMENTARIAN			ļ	Х						
									:	
			<u> </u>							
				[

JVA

Part	VII Section A. Officers	, Directors	s, Truste	ees, K	ey En	nploye	es, and	Highe	est Compensated E	mployees (continu	ıed)		
	(A)	(B)			(C	ition			(D)	(E)		(F)	
	Name and title	Average		(do no	tcheck	more th	an one both an		Reportable compensation	Reportable compensation		imated	
		hours per week	I T D	officer I T	and a d	lirector	H C E	F	from	from related	•	ount o	•
		(list any hours for	NRI DUR I SE VIET	NST I	O F F	K E E M Y P	IOM	0	the	organizations	1 '	oensati	on
		related	VIC	1 ¥	I C E	0	GMP HPO SNSE T	ER	organization	(W-2/1099-MISC)	' I	m the	
		organiza-		ΨĒ	Ř	E	TSE	''	(W-2/1099-MISC)		_	anızatic I relate	
		tions below)	Y P	Ņ			E D				1	nızatıo	
		 		£		_	ט .				 		
		1			1						İ		
					J	j	ļ						
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		,											
							:				1		
											1		
				Ì		ļ	·						
1h	Sub-total			<u> </u>	1	ŀ	<u> </u>						
1b c	Total from continuation sh	eets to Pa	rt VII. S	ection	 า A	·		•					
d	Total (add lines 1b and 1c)						•	<u>.</u> Þ					
2	Total number of individuals (including t	out not li	mited	to tho	se liste	d above) who	received more than	\$100,000 of reporta	ible comp	ensati	on
	from the organization ▶						_		·			1.2	
•	Did the organization list any	former of	icar dire	actor (or true	too ka	w emnlo	vee 0	r higheet compensat	ed employee		Yes	No
3	on line 1a? If "Yes," complet										. 3		Х
4	For any individual listed on li									rom the			
	organization and related org	anızatıons	greater t	than \$	150,00	0? If "	Yes," co	mplete	e Schedule J for sucl	nındıvıdual	4	<u> </u>	X
5	Did any person listed on line										T .		
041 -	services rendered to the org		If "Yes,"	comp	lete S	chedul	e J fo <u>r</u> s	uch p	erson		. 5	L	X
1	n B. Independent Contracto Complete this table for your		t compe	nesto	d inde	nende	nt contra	ctors	that received more that	an \$100 000 of			_
•	compensation from the orga	-	-								tax year.		
		(A)							(B)			C)	
	Name and	business	address						Description of se	ervices	Compe	ensatio	n _
					_						_ 		
								<u> </u>	<u> </u>				
2	Total number of independen	t contracto	rs (ınclu	ding t	ut not	limited	d to thos	e liste	d above) who receive	ed more than			
	\$100,000 of compensation fr	om the org	anızatıo	<u>n</u> 🕨									

Part VIII

Stat	eme	∍nt	of	Rev	/enue

		Check if Schedule O contains a re	sponse	e to any question in t	this Part VIII			П
		U		and description	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
G O	1a	Federated campaigns	1a			101020		
G O C I T O F H	l	Membership dues	1b	•••	1			
NTE		Fundraising events	1c		1			
	1	Related organizations	1d		1			
RGS IRM BAM	1	Government grants (contributions)	1e]	İ		
	1	All other contributions, gifts, grants, &	<u> </u>		j	ļ		
TSR	•	similar amounts not included above.	1f					
O A A N N M S D T	g	Noncash contributions included in lines 1a-1f	\$]	:		
SUT	h	Total. Add lines 1a-1f						
Р				Business Code				
R os	2a							
GΕ	ь							
RRR								
MIV	d							
CE	е							ļ
U	f	All other program service revenue			_			
E		Total. Add lines 2a-2f						
	3	Investment income (including dividends,			219	219		
		other similar amounts)			223			
	4	·	iona pi	oceeds			· · ·	
	5	Royalties		(II) Personal				
	6a	Gross Rents		(II) I CISOTIAI				
		Less rental expenses			1			
	l .	Rental income or (loss)			1			
		Net rental income or (loss)			1			
		(ı) Secunti		(II) Other				
	7a	Gross amount from sales of assets other than inventory		.,				
	ь	Less. cost or other basis						
		and sales expenses						-
0	С	Gain or (loss)						
T H	d	Net gain or (loss)		<u></u>				
Ë	8a	Gross income from fundraising						
R		events (not including \$						
_		of contributions reported on line 1c)						
R E		See Part IV, line 18	а		1			
v	b	Less direct expenses	b]			
E	C	Net income or (loss) from fundraising even	ents	<u></u>				
N	9a	Gross income from gaming activities Sei						
E		Part IV, line 19			_			
		Less: direct expenses				ļ		-
		Net income or (loss) from gaming activities	es	······				
	10a	Gross sales of inventory, less		242 670	,			
	١.	returns and allowances			-1			
		Less: cost of goods sold		L	161,999	161,999		
	<u>c</u>	Net income or (loss) from sales of invent	ory		101,333	101,333	 	+
	440	Miscellaneous Revenue		Business Code				
	11a b				 		· · · · · ·	-
	C				 			
	d	All other revenue					_	-
		Total. Add lines 11a-11d				-		
	12	Total revenue. See instructions			162,218	162,218		
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Part IX Statement of Functional Expenses

	include amounts reported on lines 6b, 9b, and 10b of Part VIII. Grants and other assistance to governments and organizations in the United States. See Part IV, line 21. Grants and other assistance to individuals in the United States See Part IV, line 22. Grants and other assistance to governments,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 2 3	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 . Grants and other assistance to individuals in the United States See Part IV, line 22		expenses	general expenses	expenses
2 3	organizations in the United States. See Part IV, line 21				
3	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	the United States See Part IV, line 22				
4	·			[
4	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
5	Benefits paid to or for members				
•	Compensation of current officers, directors,				
	trustees, and key employees				 -
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	1			
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section				
	401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroli taxes				
11	Fees for services (non-employees).			ĺ	
а	Management				
b	Legal				
C	Accounting	3,000		3,000	
đ	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees		*		
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	3,677		3,677	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10,798		10,798	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above				
	(List miscellaneous expenses in line 24e. If line 24e				
	amount exceeds 10% of line 25, column (A) amount,				
	list line 24e expenses on Schedule O)				
а	PROGRAMSERVICES	77,531	77,531		
b	MERCHANT DISCOUNTS	5,253		5,253	
c	TAXES AND LICENSES	1,236		1,236	
d	STORAGE RENTAL	900		900	
e	All other expenses	76		76	
25	Total functional expenses. Add lines 1 through 24e	102,471	77,531	24,940	
26	Joint costs. Complete this line only if the organization			 	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here ► if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year 97,021 107,160 1 42,945 44,455 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958 (f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501 (cX9) voluntary employees' beneficiary ASSETS organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net ... 7 61,536 73,391 Inventories for sale or use . 8 9 Prepaid expenses and deferred charges . . . 9 10a Land, buildings, and equipment: cost or other 10a 10b 10c 11 Investments -- publicly traded securities 11 12 13 14 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 211,641 214,867 16 17,286 17,187 17 Accounts payable and accrued expenses 17 18 19 20 Tax-exempt bond liabilities 20 A B I 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, LIT trustees, key employees, highest compensated employees, and 22 disqualified persons. Complete Part II of Schedule L. . . 23 Secured mortgages and notes payable to unrelated third parties 23 E 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D...... 25 17,286 17,187 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here▶ | and complete lines 27 through 29, and lines 33 and 34. N E T 27 Unrestricted net assets 27 UND 28 Temporarily restricted net assets 28 29 Permanently restricted net assets ASSETS 29 В Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🏻 and Ā complete lines 30 through 34. A N C 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund O R Ε 194,355 197,680 32 Retained earnings, endowment, accumulated income, or other funds . . . 32 194,355 197,680 33 214,867 211,641 34 34 Total liabilities and net assets/fund balances

om	990 (2012)			Pag	e 12
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>			Ш
1	Total revenue (must equal Part VIII, column (A), line 12)	1			218
2	Total expenses (must equal Part IX, column (A), line 25)	2			471
3	Revenue less expenses Subtract line 2 from line 1.	3	59,74		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		194,	355
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-56,	422
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		197,	680
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII	<u> </u>			
				Yes	No
1	Accounting method used to prepare the Form 990 🔲 Cash 🔀 Accrual 📗 Other				İ
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				ł
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			İ	
	reviewed on a separate basis, consolidated basis, or both				ļ
	Separate basis Consolidated basis Both consolidated and separate basis				į
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				İ
	separate basis, consolidated basis, or both:				į
	Separate basis Consolidated basis Both consolidated and separate basis		ļ	}	İ
C	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight				l
	of the audit, review, or compilation of its financial statements and selection of an independent accountant? .		2c		<u>X</u>
	If the organization changed either its oversight process or selection process during the tax year, explain in		l		!
	Schedule O				l
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133? · · · · · · · · · · · · · · · · · ·		3a		<u>X</u>
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	N/A	3b	<u> </u>	<u></u>
VA	12 99012 TWF 990 Copyright Forms (Software Only) - 2012 TW		Form	990 (2012)

SCHEDULE A

(Form 990 or 990-EZ)

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

Yes

11g(i)

No

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 64-0623715 MEMORIAL HOSPITAL AUXILIARY, INC. 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 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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 q 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) An organization organized and operated exclusively to test for public safety See section 509(a)(4). 10 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 c Type III-Functionally integrated d Type III-Non-functionally integrated b Type II 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 it is a Type I, Type II, or Type III supporting f

(ii) A family mem	ber of a person of	described in (i) above?						1	1g(ii)	X
(iii) A 35% contro	lled entity of a pe	erson described in (i) or (ii)) above?						1g(iii)	Х
h Provide the follow	ring information a	bout the supported organ	ization(s)		r				т	
(I) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in cot (i) li	-	(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 supp	
			Yes	No	Yes_	No	Yes	No		
Total										

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

Schedule A (Form 990 or 990-EZ) 2012

g

following persons?

Since August 17, 2006, has the organization accepted any gift or contribution from any of the

and (iii) below, the governing body of the supported organization?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii)

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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.

OMB No 1545-0047

2012

Open to Public

Inspection.

Department of the Treasury Internal Revenue Service Name of the organization

MEMORIAL HOSPITAL AUXILIARY,

INC.

Employer identification number

64-0623715

PART VI, LINE 11A. FORM 990 IS REVIEWED INTERNALLY BY ACCOUNTANT. PART VI, LINE 19. FORM 990 IS AVAILABLE FOR PUBLIC INSPECTION BY REQUEST PART XI, LINE 5. PROPERLY ACCOUNT FOR ACCRUAL CHANGE TO RETAIL CUSTOMER RECEIVABLES FROM COMMISSION SPECIAL SALES, ADJUSTING PRIOR YEAR AMOUNTS TO EQUAL CURRENT BALANCE.

990 PRIMARY EXEMPT PURPOSE

MEMORIAL HOSPITAL AUXILIARY, INC.

64-0623715

Primary Purpose

THE CORPORATION IS ORGANIZED AND SHALL BE OPERATED EXCLUSIVELY FOR CHAR-ITABLE AND EDUCATIONAL PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. MORE SPECIFICALLY, THE CORPORATION IS ORGANIZED AND SHALL BE OPERATED SOLELY FOR THE BENEFIT OF, TO PERFORM THE FUNCTIONS OF, OR TO CARRY OUT THE PURPOSES OF MEMORIAL HOSPITAL AT GULFPORT, MISSISSIPPI, AND THE SURROUNDING COMMUNITY.

990 PRIMARY EXEMPT PURPOSE

ATTACHMENT 2: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC
INSPECTION For calendar year 2012 or tax period beginning , and ending

Name of Organization Employer Identification Number

MEMORIAL HOSPITAL AUXILIARY, INC.

64-0623715

Primary Purpose

THE CORPORATION IS ORGANIZED AND SHALL BE OPERATED EXCLUSIVELY FOR CHAR-ITABLE AND EDUCATIONAL PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. MORE SPECIFICALLY, THE CORPORATION IS ORGANIZED AND SHALL BE OPERATED SOLELY FOR THE BENEFIT OF, TO PERFORM THE FUNCTIONS OF, OR TO CARRY OUT THE PURPOSES OF MEMORIAL HOSPITAL AT GULFPORT, MISSISSIPPI, AND THE SURROUNDING COMMUNITY.

990 BOOKS ARE IN CARE OF

ATTACHMENT 3: FORM 990	PAGE 6, PART VI,	SECTION C, LINE	20
OPEN TO PUBLIC			
INSPECTION For calendar year 2012	or tax period beginning	, and ending	
Name of Organization			Employer Identification Number
MEMORIAL HOSPITAL AUXII	LIARY, INC.		64-0623715
Part VI - Line 20			
		SCOTT NIOLET	
or .			
Business Name			
Street Address		920 BENT TREE C	CIRCLE
			, , ,
U.S. Address.			
20571	DAGG GUDTGET	7. 3. T	W.G
Zip code <u>39571</u>	City PASS CHRISTIA	AN Sta	te <u>MS</u>
Or Farana Addresa			
Foreign Address			
City	• • • •		
Province or State	· · ·		
Country			· · · · · · · · · · · · · · · · · · ·
5			
Postal code	• • • • • • •		· · · <u></u>
Phone Number			
THORE NUMBER,			
Fax Number			

990 PAGE 10, OTHER EXPENSES
ATTACHMENT 4: FORM 990 PAGE 10, LINE 24 - OTHER EXPENSES
OPEN TO PUBLIC

INSPECTION For calendar year 2012 or tax period beginning , and ending

Name of Organization		, and end	Employer Identi	fication Number
MEMORIAL HOSPITAL AUXILIARY	, INC.		64-06237	15
Other Expenses	(A) Total	Services		(D) Fundraising
		(B) Program Services 77,531	64-06237 (C) Management and General 5,253 1,236 900 76	
Total:	84,996	77,531	7,465	

2012 DETAIL STATEMENTS

MEMORIAL HOSPITAL AUXILIARY, I 64-0623715

PAGE 1

STATEMENT #1 - ACCT. PAYABLE AND EXP. BEG YR	BEGINNING ENDING	
SALES TAX PAYABLEACCRUED GIFT CERTIFICATES OUTSTANDING	4,709 1975 12,577 5,212	
TOTAL CARRIED TO 990-EO PG 11 LINE 17A	17,286 17,187	7

990 BOOKS ARE IN CARE OF

ATTAC	<u>CHMENT 3: FORM 990 PAGE 6, PART VI, S</u>	SECTION C, LINE 20
OPEN T	TO PUBLIC	
INSPEC	CTION For calendar year 2012 or tax period beginning	, and ending
Name of C	Organization	Employer Identification Number
<u>MEMOR</u>	RIAL HOSPITAL AUXILIARY, INC.	64-0623715
Part VI - I	Line 20	
Individual or Business i		SCOTT NIOLET
Street Ado	idress	920 BENT TREE CIRCLE
U.S. Addre	dress:	
Zi _l or Foreign Ad		State <u>MS</u>
Cı	City	
Pr	Province or State	
Co	Country	<u></u>
Po	Postal code	
Pł	Phone Number	····· · · · · · · · · · · · · · · · ·
Fa	Fax Number	

Form .8868

(Rev. January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

OMB No. 1545-1709

 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box . . . If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension -- check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Employer identification number (EIN) or Name of exempt organization or other filer, see instructions. Type or MEMORIAL HOSPITAL AUXILIARY, INC. 図 64-0623715 print Social security number (SSN) Number, street, and room or suite no. If a P.O box, see instructions File by the due date for 4500 13TH STREET filing your City, town or post office, state, and ZIP code For a foreign address, see instructions return. See GULFPORT MS 39501 instructions **Application** Return Return **Application** Code Is For Code Is For Form 990-T (corporation) Form 990 of Form 990-EZ Form 1041-A Form 990-BL 02 Form 4720 09 Form 4720 (individual) Form 5227 10 04 Form 990-PF 11 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 12 Form 990-T (trust other than above) 06 Form 8870 • The books are in the care of ▶ SEE ATTACHMENT #3 FAX No. ▶ Telephone No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) for the whole group, check this box ▶ ☐ If it is for part of the group, check this box . . . a list with the names and EINs of all members the extension is for I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 20 13, to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year 20 12 or , 20 , and ending tax year beginning Final return | Change in accounting period If the tax year entered in line 1 is for less than 12 months, check reason. 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax. less any nonrefundable credits. See instructions. За b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0 estimated tax payments made. Include any pnor year overpayment allowed as a credit. c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Part II	filing for an Additional (Not Automatic) 3 mplete Part II if you have already been gra filing for an Automatic 3-Month Extensi	anted an automatic 3-				Page ▶
	Additional (Not Automatic) 3-M	onth Extension	of Time. Only file the original (ne			e instructi
Type or	Name of exempt organization or other file	er see instructions	2.110. 110. 0 14			number (EIN)
print MEMORIAL HOSPITAL AU					X 64-0623715	
File by the	Number, street, and room or suite no. If			Social security number (SSN)		
due date for filing the return. See	4500 13TH STREET					
Instructions	GULFPORT MS 39501					
Enter the Retu	rn code for the return that this application	is for (file a separate	application for each return)		••	•
Application		Return	Application			Retu
is For		Code	Is For			Cod
Form 990 or F	orm 990-EZ	01	<u> </u>			
Form 990-BL		02	Form 1041-A			08
Form 4720 (In	dividual)	03	Form 4720			09
Form 990-PF		04	Form 5227			10
	ec 401(a) or 408(a) trust) rust other than above)	05 06	Form 6069 Form 8870			11
If this is for for the whole o	arguer and the state of the state of the state of a Group Return, enter the organization's force of the state		ption Number (GEN)		If to	his is
	t an additional 3-month extension of time	until	NOVEMBER 15,2			
5 For cale6 If the tax7 State in	ndar year $\frac{2012}{}$, or other tax year be year entered in line 5 is for less than 12 r detail why you need the extension $\frac{ADD}{}$ RATE FORM 990 FOR 20	nonths, check reason ITIONAL TIM	, 20, and ending	Chang	e ın accoun	ting penod
5 For cale 6 If the tax 7 State in ACCU	ndar year 2012 , or other tax year be x year entered in line 5 is for less than 12 r detail why you need the extension \underline{ADD}	nonths, check reason ITIONAL TIM 13.	, 20, and endingInitial return Final return E NEEDED IN ORDER	Chang	e ın accoun	ting penod
For cale f the tax State in ACCU Ba If this ap nonreful tax payr	ndar year 2012 , or other tax year be a year entered in line 5 is for less than 12 r detail why you need the extension ADD RATE FORM 990 FOR 20 replication is for Form 990-BL, 990-PF, 990 and able credits. See instructions replication is for Form 990-PF, 990-T, 4720 reents made. Include any prior year overpage	nonths, check reason ITIONAL TIM 13. 0-T, 4720, or 6069, end, or 6069, enter any results.	, 20, and ending Initial return	Chang TO F	e in accoun PILE AN	ting penod
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For cale for the tax for State in ACCU Ba If this ap nonreful b If this ap tax payr previous c Balance (Electron	ndar year 2012, or other tax year be a year entered in line 5 is for less than 12 r detail why you need the extension ADD. RATE FORM 990 FOR 20 polication is for Form 990-BL, 990-PF, 990-ndable credits. See instructions application is for Form 990-PF, 990-T, 4720 nents made. Include any prior year overpassly with Form 8868. In due, Subtract line 8b from line 8a. Including Federal Tax Payment System). See instructions.	nonths, check reason ITIONAL TIM 13. 0-T, 4720, or 6069, end ayment allowed as a context of the context of the context of this form, including the context of this form, including	, 20, and ending Initial return	Chang TO F 8a 8b S 8c nly.	e in accoun TILE At	ting penod