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Form 990-EZ

## Short Form

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)  
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

2012

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

<b>A For the 2012 calendar year, or tax year beginning 01-01-2012, and ending 12-31-2012</b>		
<b>B</b> Check if applicable	<b>C</b> Name of organization MEMORIAL HOSPITAL AUXILIARY	<b>D</b> Employer identification number 83-6003928
Address change	Number and street (or P O box, if mail is not delivered to street address) PO BOX 108	Room/suite
Name change	E Telephone number	
Initial return	F Group Exemption Number ►	
Terminated		
Amended return		
Application pending		

**G Accounting Method**  Cash  Accrual Other (specify) ► \_\_\_\_\_**H** Check ►  if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**I Website:** ► N/A**J Tax-exempt status** (check only one) —  501(c)(3)  501(c)(4) (insert no)  4947(a)(1) or  527**K** Check ►  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 94,875**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I . . . . . 

Revenue	1 Contributions, gifts, grants, and similar amounts received . . . . .	1	6,892
	2 Program service revenue including government fees and contracts . . . . .	2	
	3 Membership dues and assessments . . . . .	3	
	4 Investment income . . . . .	4	11
	5a Gross amount from sale of assets other than inventory . . . . .	5a	
	b Less cost or other basis and sales expenses . . . . .	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b	
Expenses	c Less direct expenses from gaming and fundraising events . . . . .	6c	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	
	7a Gross sales of inventory, less returns and allowances . . . . .	7a	87,972
	b Less cost of goods sold . . . . .	7b	48,271
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	39,701
	8 Other revenue (describe in Schedule O) . . . . .	8	
	<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	46,604
	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10	25,000
	11 Benefits paid to or for members . . . . .	11	
	12 Salaries, other compensation, and employee benefits . . . . .	12	
Net Assets	13 Professional fees and other payments to independent contractors . . . . .	13	2,000
	14 Occupancy, rent, utilities, and maintenance . . . . .	14	
	15 Printing, publications, postage, and shipping . . . . .	15	3,856
	16 Other expenses (describe in Schedule O) . . . . .	16	4,056
	<b>17 Total expenses.</b> Add lines 10 through 16 ►	17	34,912
	<b>18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .</b>	18	11,692
Net Assets	<b>19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .</b>	19	51,362
	<b>20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .</b>	20	
	<b>21 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .</b>	21	63,054

**Part II Balance Sheets** (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II 

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments . . . . .	36,082	22	46,817
23 Land and buildings . . . . .		23	
24 Other assets (describe in Schedule O) . . . . .	15,964	24	17,076
<b>25 Total assets</b> . . . . .	52,046	<b>25</b>	63,893
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .	684	<b>26</b>	839
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	51,362	<b>27</b>	63,054

**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?

PROVIDE FINANCIAL SUPPORT TO SHERIDAN COUNTY MEMORIAL HOSPITAL, A TAX EXEMPT 501(C)(3) ORGANIZATION, IN FURTHERANCE OF ITS MEDICAL PROGRAMS

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 DIRECT FINANCIAL SUPPORT OF SHERIDAN COUNTY MEMORIAL HOSPITAL (Grants \$ 25,000)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	32,883
29  (Grants \$ )	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	
30  (Grants \$ )	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$ )	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .	► <input type="checkbox"/>	32	32,883

**Part IV List of Officers, Directors, Trustees, and Key Employees** List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV. . . . . ► 

(a) Name and 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
See Additional Data Table				

**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	No
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b If "Yes," to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b Did the organization file <b>Form 1120-POL</b> for this year?	37b	No
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter	39a	
a Initiation fees and capital contributions included on line 9	39b	
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ►, section 4912 ►, section 4955 ►	40b	No
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 ►		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ►		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41 List the states with which a copy of this return is filed ►		
42a The organization's books are in care of ► MOHATT RINALDO JOHNSON & GODWIN Telephone no ► (307) 672-6494 Located at ► 2 NORTH MAIN SUITE 301 SHERIDAN, WY ZIP + 4 ► 82801		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	No
If "Yes," enter the name of the foreign country ►		
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	42c	No
c At any time during the calendar year, did the organization maintain an office outside the U.S.?		
If "Yes," enter the name of the foreign country ►		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ►	43	
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	No

**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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>46</b>		No

**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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>47</b>		
<b>48</b>		
<b>49a</b>		
<b>49b</b>		

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

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

**b** If "Yes," was the related organization a section 527 organization?

**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

**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

**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.

<b>Sign Here</b>	***** Signature of officer SANDY PILCH PRESIDENT Type or print name and title	2013-08-15 Date
------------------	--	--------------------

<b>Paid Preparer Use Only</b>	Print/Type preparer's name ANNETTE M RINALDO	Preparer's signature ANNETTE M RINALDO	Date 2013-08-12	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	Firm's name ► MOHATT RINALDO JOHNSON & GODWIN LLP	Firm's EIN ►			
	Firm's address ► PO BOX 603 SHERIDAN, WY 828010603	Phone no (307) 672-6494			

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

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 83-6003928  
**Name:** MEMORIAL HOSPITAL AUXILIARY

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

(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
JAN FELKER TRUSTEE	2 00	0		
SALLY CARROLL TRUSTEE	1 00	0		
MARABEL GATES TRUSTEE	4 00	0		
FRAN FALL TRUSTEE	000 00	0		
WANDA HANEBRINK TRUSTEE	6 00	0		
JEANNIE HALL TRUSTEE	000 00	0		
MAEDEAN REED TRUSTEE	4 00	0		
JOAN KALASINSKY TRUSTEE	2 00	0		
TERESA STEVENSON TRUSTEE	1 00	0		
ANN KILPATRICK TRUSTEE	2 00	0		
ROSE MARIE MADIA TRUSTEE	3 00	0		
MAURITA MEEHAN TRUSTEE	1 00	0		
MARY MCGLOTHLIN TRUSTEE	2 00	0		
JILL MITCHELL VICE PRES	2 00	0		
JANICE NIELSEN TREASURER	1 00	0		

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

<b>(a) Name and title</b>	<b>(b) Average hours per week devoted to position</b>	<b>(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)</b>	<b>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</b>	<b>(e) Estimated amount of other compensation</b>
BARBARA NINER TRUSTEE	6 00	0		
SANDY PILCH PRESIDENT	4 00	0		
PATTY SCHULTZ TRUSTEE	6 00	0		
ETHELYN ST JOHN TRUSTEE	2 00	0		
GALEN TIPTON TRUSTEE	1 00	0		
SHIRLEE TYNAN SECRETARY	2 00	0		
VICKI WASHUT TRUSTEE	1 00	0		

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
► Attach to Form 990 or 990-EZ.

**2012****Open to Public  
Inspection**Name of the organization  
MEMORIAL HOSPITAL AUXILIARY**Employer identification number**

83-6003928

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMTS PAID TO ORGANIZATIONS	FORM 990-EZ, PART I, LINE 10	SHERIDAN COUNTY MEMORIAL HOSPITAL FOUNDATION 1401 WEST 5TH ST 25,000 0 SHERIDAN, WY 82801 0
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	HOSPITAL GIFT SHOP BANK FEES 1,143 SUPPLIES 869 FINANCE CHARGES 15 EXPENSES LUNCHEON MEETINGS 60 FUND RAISING SUPPLIES 251 FUND RAISING POSTAGE 228 AUXILIARY SUPPLIES 1,336 AUXILIARY POSTAGE 154 TOTAL 4,056
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 1,502 1,895 INVENTORIES FOR SALE OR USE 14,462 15,181 TOTAL 15,964 17,076
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	SALES TAX PAYABLE 684 839
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	PROVIDE FINANCIAL SUPPORT TO SHERIDAN COUNTY MEMORIAL HOSPITAL, A TAX EXEMPT 501 (C)(3) ORGANIZATION, IN FURTHERANCE OF ITS MEDICAL PROGRAMS
UNFILED OR UNREPORTED INCOME ON FORM 990-T	FORM 990-EZ, PART V, LINE 35B	THE ORGANIZATION OPERATES A SMALL GIFT SHOP ON THE PREMISES OF SHERIDAN COUNTY MEMORIAL HOSPITAL FOR THE SOLE PURPOSE OF PROVIDING FINANCIAL RESOURCES TO CARRY OUT ITS EXEMPT PURPOSE. THIS INCOME IS NOT REPORTED ON FORM 990-T BECAUSE THE ACTIVITY DOES NOT CONSTITUTE AN UNRELATED TRADE OR BUSINESS SINCE ALL THE WORK IN CARRYING ON THE ACTIVITY IS PERFORMED FOR THE ORGANIZATION BY VOLUNTEER LABOR

## TY 2012 Compensation Explanation

**Name:** MEMORIAL HOSPITAL AUXILIARY

**EIN:** 83-6003928

Person Name	Explanation
JAN FELKER	
SALLY CARROLL	
MARABEL GATES	
FRAN FALL	
WANDA HANEBRINK	
JEANNIE HALL	
MAEDEAN REED	
JOAN KALASINSKY	
TERESA STEVENSON	
ANN KILPATRICK	
ROSE MARIE MADIA	
MAURITA MEEHAN	
MARY MCGLOTHLIN	
JILL MITCHELL	
JANICE NIELSEN	
BARBARA NINER	
SANDY PILCH	
PATTY SCHULTZ	
ETHELYN ST JOHN	
GALEN TIPTON	
SHIRLEE TYNAN	
VICKI WASHUT	