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### **Return of Private Foundation** or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

| F                          | or c                         | alend    | lar year 2012 or tax year beginning $02/01/12$ ,  | and ending $01/3$               | 31/13        |             |   |                               |
|----------------------------|------------------------------|----------|---|---------------------------------|--------------|-------------|---|-------------------------------|
|                            |                              |          | ndation   |                                 |              | A Emplo     | oyer identification number                                    |                               |
| ~                          |                              |          | unity Hospital Auxiliary  |                                 |              |             |   |                               |
| 2013                       | Scholarship Trust            |          |   |                                 |              | 35-6595973  |   |                               |
| 7                          |                              |          | street (or P O box number if mail is not delivered to street address)   | l R                             | oom/suite    |             | hone number (see instructions $9-836-1600$                    | 5)                            |
| <u>-</u>                   |                              |          | Mac Arthur Blvd.  |                                 |              | 21          | 3-930-IOOO  |                               |
| 0                          |                              | ins      |   |                                 |              | C If exer   | mption application is pending,                                | check here                    |
| <b>\$</b> ;                |                              |          |   | rn of a former public ch        | narity       | D 1 Fc      | oreign organizations, check he                                | ra <b>&gt;</b> 🗍              |
|                            |                              | iicon e  | Final return Amended  | ·                               | .u.n.y       |             |   |                               |
| Ö                          |                              |          | Address change Name cha   |                                 |              |             | preign organizations meeting to                               |                               |
| <u> </u>                   |                              |          |   |                                 |              | -           |   |                               |
| ANINED                     | C                            |          | ype of organization X Section 501(c)(3) exempt private  |                                 |              |             | ate foundation status was term<br>in 507(b)(1)(A), check here | ninated under                 |
| Ø.                         | _[_8                         |          |   | le private foundation           | <u></u>      | 1           |   | · L.                          |
| $oldsymbol{\widetilde{S}}$ |                              |          | ket value of all assets at J Accounting method  | X Cash Acc                      | rual         |             | foundation is in a 60-month ter                               | . [                           |
| • -                        |                              | -        | ear (from Part II, col (c), Uther (specify)   |                                 |              | under       | section 507(b)(1)(B), check h                                 | ere                           |
| -                          |                              | e 16) l  |   |                                 | T            | L           |   | (d) Disbursements             |
|                            | Pa                           | ŗţ J     | Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal | (a) Revenue and<br>expenses per | (b) Net inv  |             | (c) Adjusted net  | for charitable                |
|                            |                              |          | the amounts in column (a) (see instructions) )  | books                           | inco         | me          | income  | purposes<br>(cash basis only) |
| _                          |                              | 1        | Contributions, gifts, grants, etc., received (attach schedule)  | 41,703                          |              |             |   |                               |
|                            | - 1                          | _ · · 2  | Check ▶ if the foundation is <b>not</b> required to attach Sch B  | 3                               |              |             |   |                               |
|                            |                              | 3        | Interest on savings and temporary cash investments  |                                 |              |             |   |                               |
|                            |                              | 4        | Dividends and interest from securities  | 15,734                          |              | 15,734      |   | 4 4                           |
|                            |                              | 5a       | Gross rents   |                                 |              |             |   |                               |
|                            | e                            | b        | Net rental income or (loss)   |                                 | 3            |             |   |                               |
|                            | Revenue                      | 6a       | Net gain or (loss) from sale of assets not on line 10 Stmt 1  | 70,233                          |              |             |   |                               |
|                            | ve                           | b        | Gross sales price for all assets on line 6a 100 , 695   | 7.5                             | 1 4 21       | * 4         |   |                               |
|                            | Re                           | 7        | Capital gain net income (from Part IV, line 2)  | ٠.                              |              | 0           |   |                               |
|                            |                              | 8        | Net short-term capital gain   |                                 |              | ·           | 0   |                               |
|                            |                              | 9        | Income modifications  | •                               |              |             |   |                               |
|                            |                              | 10a      | Gross sales less returns and allowances   |                                 |              |             |   |                               |
|                            |                              | b        | Less Cost of goods sold   |                                 |              |             |   |                               |
|                            |                              | С        | Gross profit or (loss) (attach schedule)  |                                 |              |             |   |                               |
|                            |                              | 11       | Other income (attach schedule)  |                                 |              |             |   |                               |
| _                          |                              | 12       | Total. Add lines 1 through 11   | 127,670                         |              | 15,734      | 0   |                               |
|                            | Ś                            | 13       | Compensation of officers, directors, trustees, etc  | 0                               |              |             |   |                               |
|                            | penses                       | 14       | Other employee salaries and wages   |                                 | <b> </b>     |             |   | <del></del>                   |
|                            | Эeг                          | 15       | Pension plans, employee benefits  |                                 |              |             |   |                               |
|                            | Exi                          | 16a      | Legal fees (attach schedule)  |                                 |              |             | RE  | CEIVED                        |
| ,                          | e l                          | b        | Accounting fees (attach schedule)   |                                 |              |             | <del></del>   |                               |
|                            | Ę                            | С        | Other professional fees (attach schedule) Stmt 2  | 8,190                           |              | 8,190       | 12  | 2 1 2013                      |
|                            | itra                         | 17       | Interest  |                                 |              |             | SS JUN  | 2 1 2013                      |
|                            | ii s                         | 18       | Taxes (attach schedule) (see instructions)  |                                 |              |             | '   | 2 1 2013                      |
|                            | Ē                            | 19       | Depreciation (attach schedule) and depletion  |                                 | -            |             | OGI   | EN, UT                        |
|                            | Ad                           | 20       | Occupancy   |                                 |              |             |   | VEIV, UT                      |
|                            | g                            | 21       | Travel, conferences, and meetings   |                                 |              |             |   | <del>_</del>                  |
|                            | a                            | 22       | Printing and publications   |                                 | <del> </del> |             |   | <del></del>                   |
|                            | ng                           | 23       | Other expenses (att sch )   | -                               |              |             |   | <del></del>                   |
|                            | Operating and Administrative | 24       | Total operating and administrative expenses.  | 0 100                           |              | 0 100       | ا ا   | ^                             |
|                            | lec l                        | 25       | Add lines 13 through 23  Contributions, oifts, grants paid See Statement 3                                    | 8,190<br>46,500                 |              | 8,190       | 0   | 46 500                        |
|                            | ō∣                           | 25<br>26 | Contributions, gifts, grants paid See Statement 3  Total expenses and disbursements. Add lines 24 and 25      | 54,690                          |              | 8,190       | 0   | 46,500<br>46,500              |
| _                          |                              | 26<br>27 | Subtract line 26 from line 12   | 34,090                          | <del> </del> | 0,190       | 0.  | 40,500                        |
|                            |                              |          | Excess of revenue over expenses and disbursements   | 72,980                          |              |             |   |                               |
|                            |                              | a<br>b   | Net investment income (if negative, enter -0-)  | ,2,380                          | <del> </del> | 7,544       |   |                               |
|                            |                              | C        | Adjusted net income (if negative, enter -0-)  | <u> </u>                        |              | ,,,,,,,,,,, | 0   | <del></del>                   |
| _                          |                              | <u> </u> | Adjusted het income (ii negative, enter -u-)  | L                               | <u> </u>     |             | <u> </u>  |                               |

147ST 05/03/2013 1 31 PM 35-6595973 Community Hospital Auxiliary Form 990-PF\* (2012) Page 2 Beginning of year Balance Sheets Atlached schedules and amounts in the description column should be for end-of-year amounts only (See instructions) End of year Part II (a) Book Value (b) Book Value (c) Fair Market Value 37,108 42,742 1 Cash - non-interest-bearing 42,742 2 Savings and temporary cash investments 3 Accounts receivable ▶ Less allowance for doubtful accounts ▶ Pledges receivable ▶ Less allowance for doubtful accounts ▶ Grants receivable 5 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) 7 Other notes and loans receivable (att. schedule) Less allowance for doubtful accounts ▶ 0 Inventories for sale or use Assets Prepaid expenses and deferred charges 10a Investments – U.S. and state government obligations (attach schedule) See Stmt 4 511,842 571,705 Investments - corporate stock (attach schedule) 539,113 b See Stmt 5 С Investments - corporate bonds (attach schedule) 125,517 133,000 132,849 11 Investments - land, buildings, and equipment basis Less accumulated depreciation (attach sch.) 12 Investments - mortgage loans 13 Investments - other (attach schedule) 14 Land, buildings, and equipment basis Less accumulated depreciation (attach sch.) 15 Other assets (describe ▶

|                             | 4.0 | TALL CONTROL OF THE C |     |         |         |        |
|-----------------------------|-----|--|-----|---------|---------|--------|
|                             | 16  | Total assets (to be completed by all filers – see the  |     |         |         |        |
| _                           |     | instructions. Also, see page 1, item l)  |     | 674,467 | 747,447 |        |
|                             | 17  | Accounts payable and accrued expenses  |     |         |         | v.,%}} |
|                             | 18  | Grants payable   |     |         |         |        |
| ies                         | 19  | Deferred revenue   |     |         |         | ***    |
| Liabilities                 | 20  | Loans from officers, directors, trustees, and other disqualified persons   |     |         |         | ,      |
| iab                         | 21  | Mortgages and other notes payable (attach schedule)  |     |         |         |        |
| _                           | 22  | Other liabilities (describe ▶  | )   |         |         | \$     |
|                             | 23  | Total liabilities (add lines 17 through 22)  |     | 0       | 0       | `      |
| S                           |     | Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.   | ► X |         | ·       |        |
| nce                         | 24  | Unrestricted   |     | 674,467 | 747,447 |        |
| a                           | 25  | Temporarily restricted   |     |         |         |        |
| ã                           | 26  | Permanently restricted   |     |         | -       | ,      |
| Net Assets or Fund Balances |     | Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.  | ▶ □ |         |         | *      |
| ō                           | 27  | Capital stock, trust principal, or current funds   |     |         |         | *      |
| ets                         | 28  | Paid-in or capital surplus, or land, bldg, and equipment fund  |     |         |         |        |
| 155                         | 29  | Retained earnings, accumulated income, endowment, or other funds   |     |         |         |        |
| et/                         | 30  | Total net assets or fund balances (see instructions)   |     | 674,467 | 747,447 |        |
| ž                           | 31  | Total liabilities and net assets/fund balances (see  |     |         |         |        |
|                             |     | instructions)  |     | 674,467 | 747,447 |        |

Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Form 990-PF (2012)

2

3

4

5

6

674,467

747,447

747,447

72,980

Add lines 1, 2, and 3

2 Enter amount from Part I, line 27a

end-of-year figure reported on prior year's return)

Other increases not included in line 2 (itemize)

5 Decreases not included in line 2 (itemize) ▶

| Part IV Capital Gains a  | nd Losses for Tax on Investme  | ent Income                            |  |                          |                              |                                   |
|--|--|---------------------------------------|--|--------------------------|------------------------------|-----------------------------------|
|  | cribe the kind(s) of property sold (e.g., real estate, arehouse, or common stock, 200 shs MLC Co.) |                                       | (b) How acquired<br>P – Purchase<br>D – Donation | (c) Date ad<br>(mo , day |                              | (d) Date sold<br>(mo , day, yr )  |
| 1a Capital gain di   | stributions  |                                       |  |                          |                              |                                   |
| b  |  | · · · · · · · · · · · · · · · · · · · |  |                          |                              |                                   |
| С  |  | ··· · · · · · · · · · · · · · · ·     |  |                          |                              |                                   |
| d  |  |                                       | ļ  |                          |                              | <u> </u>                          |
| <u>e</u>   | <del></del>  |                                       |  |                          |                              |                                   |
| (e) Gross sales price  | (f) Depreciation allowed (or allowable)  |                                       | or other basis<br>ense of sale                   |                          | (h) Gain o<br>(e) plus (f) i | • •                               |
| <u>a</u>   |  |                                       |  |                          |                              |                                   |
| b  |  |                                       |  |                          |                              |                                   |
| <u> </u>   |  |                                       |  |                          | <del></del>                  | · · ·                             |
|  |  |                                       |  |                          |                              |                                   |
| Complete only for assets showin  | g gain in column (h) and owned by the fo   | undation on 12/31/6                   | :a   |                          | ·                            |                                   |
| Complete only for assets showin  | l i  | T                                     |  |                          |                              | h) gain minus<br>ess than -0-) or |
| (i) F M V as of 12/31/69   | (j) Adjusted basis<br>as of 12/31/69   |                                       | ss of col (i)<br>I (j), if any                   | COI                      | Losses (fror                 | •                                 |
| a  |  |                                       |  |                          |                              |                                   |
| <u>b</u>   |  |                                       |  |                          |                              |                                   |
| <u>C</u>   |  |                                       |  |                          |                              | <del> </del>                      |
| d  |  |                                       |  |                          |                              | <del> </del>                      |
| <u>e</u>   |  |                                       |  | <u> </u>                 |                              | <del></del>                       |
|  | If (loss), enter -0- in ss) as defined in sections 1222(5) and (6)                                 | Part I, line 7                        |  | 2                        |                              |                                   |
| If gain, also enter in Part I, line 8 Part I, line 8                       | , column (c) (see instructions) If (loss), er  | nter -0- in                           |  | 3                        |                              |                                   |
| Part V. Qualification U  | nder Section 4940(e) for Reduc   | ed Tax on Net                         | Investment Inco                                  | me                       |                              |                                   |
| (For optional use by domestic private                                      | foundations subject to the section 4940(   | a) tax on net investr                 | ment income)                                     |                          |                              |                                   |
| If section 4940(d)(2) applies, leave the                                   | nis part blank   |                                       |  |                          |                              |                                   |
| Mas the foundation liable for the see                                      | tion 4042 tay on the distributable amount  | of any year in the h                  | ana nariad?                                      |                          |                              | □ vaa ▼ Na                        |
|  | tion 4942 tax on the distributable amount  |                                       | ase period?                                      |                          |                              | Yes X No                          |
|  | lify under section 4940(e) Do not comple   |                                       |  |                          |                              |                                   |
| 1 Enter the appropriate amount in  | each column for each year, see the instru  | ictions before makin                  | ig any entries                                   |                          |                              | (d)                               |
| Base period years  | (b) Adjusted qualifying distributions  | Net valu                              | (c)<br>ie of noncharitable-use asset             |                          |                              | (d)<br>bution ratio               |
| Calendar year (or tax year beginning in                                    | <u> </u>   | ,939                                  | 645,   |                          | (col (b) div                 | 0.074238                          |
| 2011<br>2010   | 30   | ,000                                  | 623,   |                          |                              | 0.062565                          |
| 2009   |  | ,924                                  | 501,   |                          |                              | 0.071643                          |
| 2008   |  | ,347                                  | 613,   |                          | <del></del>                  | 0.056013                          |
| 2007   |  | ,849                                  | 556,   |                          |                              | 0.064385                          |
| 2007   |  | ,040                                  | 330,   | , , , _                  | <u> </u>                     | 0.004303                          |
| 2 Total of line 1, column (d)  | e  | O.b                                   |  | 2                        | -                            | 0.328844                          |
|  | 5-year base period – divide the total on linas been in existence if less than 5 years              | ne 2 by 5, or by the                  |  | 3                        |                              | 0.065769                          |
| 4 Enter the net value of noncharita  | ble-use assets for 2012 from Part X, line  | 5                                     |  | _4_                      |                              | 677,691                           |
| 5 Multiply line 4 by line 3  |  |                                       |  | 5                        | <u> </u>                     | 44,571                            |
| 6 Enter 1% of net investment incor   | ne (1% of Part I, line 27b)  |                                       |  | 6                        |                              | 75                                |
| 7 Add lines 5 and 6  |  |                                       |  | 7                        |                              | 44,646                            |
| 8 Enter qualifying distributions from If line 8 is equal to or greater tha | n Part XII, line 4<br>n line 7, check the box in Part VI, line 1b,                                 | and complete that of                  | part using a 1% tax rat                          | 8<br>e See the           |                              | 46,500                            |
| Part VI instructions   |  |                                       |  |                          |                              |                                   |

| orm       | 990-PF(2012) Community Hospital Auxiliary 35-6595973   |     |   | P   | age 4        |
|-----------|--|-----|---|-----|--------------|
| <u>Pa</u> | irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)                     |     |   |     |              |
| 1a        | Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1                           |     |   |     |              |
|           | Date of ruling or determination letter (attach copy of letter if necessary—see instructions)                                     |     |   |     |              |
| b         | Domestic foundations that meet the section 4940(e) requirements in Part V, check   | 1   |   |     | 75           |
|           | here ▶ X and enter 1% of Part I, line 27b  |     |   |     |              |
| С         | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of                                     |     |   |     |              |
|           | Part I, line 12, col (b)   |     |   |     |              |
| 2         | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                        | 2   |   |     | 0            |
| 3         | Add lines 1 and 2  | 3   |   |     | _75          |
| 4         | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                      | 4   |   |     | 0            |
| 5         | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-   | 5   |   |     | 75           |
| 6         | Credits/Payments   |     |   |     |              |
| а         | 2012 estimated tax payments and 2011 overpayment credited to 2012 6a 6a  |     |   |     |              |
| b         | Exempt foreign organizations – tax withheld at source 6b   |     |   |     |              |
| С         | Tax paid with application for extension of time to file (Form 8868)  |     |   |     |              |
| d         | Backup withholding erroneously withheld 6d   |     |   |     |              |
| 7         | Total credits and payments Add lines 6a through 6d   | 7   |   |     |              |
| 8         | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached   | 8   |   |     |              |
| 9         | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed  | 9   |   |     | 75           |
| 10        | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  | 10  |   |     |              |
| 11        | Enter the amount of line 10 to be Credited to 2013 estimated tax ▶ Refunded ▶ 1  | 11  |   |     |              |
| Pa        | rt VII-A Statements Regarding Activities   |     |   |     |              |
| 1a        | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it                 |     |   | Yes | No           |
|           | participate or intervene in any political campaign?  |     | 1a  |     | X            |
| b         | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see                         |     |   |     |              |
|           | Instructions for the definition)?  |     | 1b  |     | X            |
|           | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials                  |     |   |     |              |
|           | published or distributed by the foundation in connection with the activities   |     |   |     |              |
| С         | Did the foundation file Form 1120-POL for this year?   |     | 1c  |     | X            |
| ď         | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year                                |     |   |     |              |
|           | (1) On the foundation ▶ \$ (2) On foundation managers ▶ \$   |     |   |     |              |
| е         | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed                    |     | İ   |     |              |
|           | on foundation managers > \$  |     |   |     |              |
| 2         | Has the foundation engaged in any activities that have not previously been reported to the IRS?                                  |     | 2   |     | x            |
|           | If "Yes," attach a detailed description of the activities  |     |   |     |              |
| 3         | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of                |     |   |     |              |
|           | incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes                         |     | 3   |     | $\mathbf{x}$ |
| 4a        | Did the foundation have unrelated business gross income of \$1,000 or more during the year?                                      |     | 4a  |     | х            |
| b         | If "Yes," has it filed a tax return on Form 990-T for this year?   | N/A | 4b  |     |              |
| 5         | Was there a liquidation, termination, dissolution, or substantial contraction during the year?                                   | •   | 5   |     | Х            |
|           | If "Yes," attach the statement required by General Instruction T   |     |   |     |              |
| 6         | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either                                 |     |   |     |              |
|           | By language in the governing instrument, or  |     |   |     |              |
|           | By state legislation that effectively amends the governing instrument so that no mandatory directions that                       |     |   |     |              |
|           | conflict with the state law remain in the governing instrument?  |     | 6   | X   |              |
| 7         | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV | ,   | 7   | X   |              |
| 8a        | Enter the states to which the foundation reports or with which it is registered (see instructions)                               |     |   | ·   |              |
|           | MA   |     |   |     |              |
| b         | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General                     |     |   |     |              |
| ~         | (or designate) of each state as required by General Instruction G? If "No," attach explanation                                   |     | 8b  | x   |              |
| 9         | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or                  |     | <u>                                    </u> |     |              |
| ٠         | 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes,"               |     |   |     |              |
|           | complete Part XIV  |     | 9   |     | х            |
| 10        | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their                   |     | Ť   |     | - <u>-</u>   |
|           | names and addresses  |     | 10  |     | х            |
|           |  |     | <del></del>                                 |     |              |

| _  | 1000-11 (2012)   |      |      |                                       | age v  |
|----|--|------|------|---------------------------------------|--|
| Pa | art VII-A Statements Regarding Activities (continued)  |      |      |                                       |  |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the                                |      |      |                                       |  |
|    | meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)  | -    | 11_  |                                       | X  |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified                                 |      |      |                                       | l  |
|    | person had advisory privileges? If "Yes," attach statement (see instructions)  | -    | 12   |                                       | X  |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?  Website address   N/A | L    | 13   | <u>X</u>                              |  |
| 14 | The books are in care of ▶ Daisy Merich Telephone no ▶ 21  | 9-83 | 36-  | 160                                   | 0  |
|    | 901 Mac Arthur Blvd.,  |      |      |                                       |  |
|    | Located at ▶ Munster IN ZIP+4 ▶ 46   | 321  |      |                                       |  |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – Check here  |      |      |                                       | ▶ [  |
|    | and enter the amount of tax-exempt interest received or accrued during the year  |      |      |                                       | •  |
| 16 | At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority                            |      |      | Yes                                   | No   |
|    | over a bank, securities, or other financial account in a foreign country?  | - 1  | 16   |                                       | X  |
|    | See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If "Yes," enter the name of                             | Γ    |      |                                       |  |
|    | the foreign country  |      |      |                                       |  |
| Pa | art VII-B Statements Regarding Activities for Which Form 4720 May Be Required  |      |      |                                       |  |
|    | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.  |      |      | Yes                                   | No   |
| 1a | During the year did the foundation (either directly or indirectly)   | [*   | ż    |                                       |  |
|    | (1) Engage in the sale or exchange, or leasing of property with a disqualified person?   | No   |      |                                       |  |
|    | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a  | ŀ    | ·    |                                       |  |
|    |  | No   |      | ž.                                    |  |
|    | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X I   | No [ |      | Š                                     |  |
|    | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  Yes X  | No - |      | 33                                    | DESIGNATION OF THE PARTY OF THE |
|    | (5) Transfer any income or assets to a disqualified person (or make any of either available for  | ŀ    |      | 11z                                   |  |
|    | the benefit or use of a disqualified person)?  | No   | . 3  | 113                                   | × }  |
|    | (6) Agree to pay money or property to a government official? (Exception. Check "No" if the   |      |      | 7.3                                   |  |
|    | foundation agreed to make a grant to or to employ the official for a period after  |      |      | ٠                                     | 3 *  |
|    | termination of government service, if terminating within 90 days )   | No   |      |                                       |  |
| b  | If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations                     | *    | ·    | N- 4                                  |  |
|    | section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?  | /A   | 1b   |                                       |  |
|    | Organizations relying on a current notice regarding disaster assistance check here   | *    | 3,   |                                       | l 1  |
| С  | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that                               |      |      | ,5                                    | * 1  |
|    | were not corrected before the first day of the tax year beginning in 2012?   | /A   | 1c   |                                       | <u> </u>   |
| 2  | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private                                |      | ,    |                                       |  |
|    | operating foundation defined in section 4942(j)(3) or 4942(j)(5))  | ,    |      |                                       |  |
| а  | At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and  |      | *83  | , , , , , , , , , , , , , , , , , , , |  |
|    |  | No   | 5,7, | 7: à                                  | ۷.   |
|    | If "Yes," list the years ▶ 20 , 20 , 20 , 20   |      |      | ,                                     | W.   |
| b  | Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)                      |      |      |                                       | , 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,   |
|    | (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to                         | ,_   |      | ~                                     | -  |
|    | ·  | /A   | 2b   |                                       |  |
| С  | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here                            |      |      |                                       |  |
|    | ▶ 20 , 20 , 20 , 20  |      |      |                                       |  |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise  |      | 1    |                                       |  |
|    |  | No   |      |                                       |  |
| b  | If "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or                                |      |      |                                       |  |
|    | disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the                              |      |      |                                       |  |
|    | Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of                             |      |      |                                       |  |
|    | the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the                                       | ,_   |      |                                       |  |
|    | ·  | /A   | 3b   |                                       |  |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                            | -    | 4a   |                                       | X  |
| b  | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its                             |      |      |                                       |  |
|    | charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?                         | 1    | 4b   | 1                                     | X  |

DAA

| Form       | 990-PF (2012) Community Hospital Auxiliary   | 35-6                                  | 5595973                     |  |               | Р                   | age 6  |
|------------|--|---------------------------------------|-----------------------------|--|---------------|---------------------|--------|
| Pa         | art VII-B Statements Regarding Activities for Which Form                               | 4720 May Be R                         | Required (conf              | inued)                                   |               |                     |        |
| 5a         | During the year did the foundation pay or incur any amount to                          |                                       |                             |  |               |                     |        |
|            | (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4)     | 945(e))?                              | □,                          | res X No                                 |               |                     |        |
|            | (2) Influence the outcome of any specific public election (see section 4955), or to    |                                       |                             |  |               |                     |        |
|            | directly or indirectly, any voter registration drive?                                  | -                                     | Π,                          | res X No                                 |               |                     |        |
|            | (3) Provide a grant to an individual for travel, study, or other similar purposes?     |                                       |                             | res 🗓 No                                 |               |                     |        |
|            | (4) Provide a grant to an organization other than a charitable, etc., organization of  | described in                          |                             |  |               |                     |        |
|            | section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)              |                                       |                             | res 🗓 No                                 |               |                     |        |
|            | (5) Provide for any purpose other than religious, charitable, scientific, literary, or | educational                           |                             |  |               |                     |        |
|            | purposes, or for the prevention of cruelty to children or animals?                     |                                       | Π,                          | res X No                                 |               |                     |        |
| b          | If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unde  | r the exceptions de                   | scribed in                  |  |               |                     |        |
|            | Regulations section 53 4945 or in a current notice regarding disaster assistance       | (see instructions)?                   |                             | N/A                                      | 5b            |                     |        |
|            | Organizations relying on a current notice regarding disaster assistance check her      |                                       |                             | ▶ □                                      |               |                     |        |
| C          | If the answer is "Yes" to question 5a(4), does the foundation claim exemption from     | n the tax                             |                             |  |               |                     |        |
|            | because it maintained expenditure responsibility for the grant?                        |                                       | N/A 🗌 🔻                     | res No                                   |               |                     |        |
|            | If "Yes," attach the statement required by Regulations section 53 4945-5(d)            |                                       |                             | <u></u>                                  |               |                     | ,      |
| 6a         | Did the foundation, during the year, receive any funds, directly or indirectly, to pay | y premiums                            |                             |  |               |                     |        |
|            | on a personal benefit contract?  |                                       |                             | res X No                                 |               |                     |        |
| b          | Did the foundation, during the year, pay premiums, directly or indirectly, on a pers   | sonal benefit contra                  | ict?                        |  | 6b            |                     | X      |
|            | If "Yes" to 6b, file Form 8870   |                                       |                             |  |               |                     |        |
| 7a         | At any time during the tax year, was the foundation a party to a prohibited tax she    | lter transaction?                     |                             | res 🛚 X No                               | ]             |                     |        |
| b          | If "Yes," did the foundation receive any proceeds or have any net income attributa     | able to the transact                  | ion?                        | N/A                                      | 7b            |                     |        |
| Pa         | art VIII Information About Officers, Directors, Trustees, Fo                           | undation Man                          | agers, Highly               | Paid Employ                              | ees,          |                     |        |
|            | and Contractors  |                                       |                             |  |               |                     |        |
| <u>1 l</u> | ist all officers, directors, trustees, foundation managers and their compens           | ation (see instruc                    | tions).                     | 1  |               |                     |        |
|            |  | (b) Title, and average                | (c) Compensation            | (d) Contributions to<br>employee benefit | (e) Evr       | oense ad            | count  |
|            | (a) Name and address   | hours per week<br>devoted to position | (If not paid,<br>enter -0-) | plans and deferred                       |               | r allowa            |        |
|            |  | <u> </u>                              | <u>'</u>                    | compensation                             |               |                     |        |
| Se         | ee Statement 6   |                                       |                             |  |               |                     |        |
| -          |  |                                       |                             |  | <del> </del>  |                     |        |
|            |  |                                       |                             | }  |               |                     |        |
|            |  |                                       |                             |  |               |                     |        |
|            |  |                                       |                             |  |               |                     |        |
|            |  |                                       |                             |  |               |                     |        |
|            |  |                                       |                             |  |               |                     |        |
| 2          | Compensation of five highest-paid employees (other than those included of              | on line 1 – see ins                   | tructions). If non          | e. enter                                 | 1             |                     |        |
|            | "NONE."  |                                       | ,                           | •  |               |                     |        |
|            |  | (b) Title, and average                |                             | (d) Contributions to                     |               |                     |        |
|            | (a) Name and address of each employee paid more than \$50,000                          | hours per week                        | (c) Compensation            | employee benefit plans and deferred      |               | ense ad<br>r allowa |        |
|            |  | devoted to position                   |                             | compensation                             | 00.0          | anowa               |        |
| NC         | ONE  |                                       |                             |  |               |                     |        |
|            |  |                                       |                             |  | <u> </u>      |                     |        |
|            |  |                                       |                             |  |               |                     |        |
|            |  |                                       | _                           |  | <u> </u>      |                     |        |
|            |  |                                       |                             |  |               |                     |        |
|            |  |                                       |                             |  | ļ             |                     |        |
|            |  |                                       |                             |  |               |                     |        |
|            |  |                                       |                             |  | -             |                     |        |
|            |  |                                       |                             |  |               |                     |        |
| Tota       | I number of other employees paid over \$50,000   | 1                                     | <u> </u>                    | 1  | <u> </u>      | 1 -                 | 0      |
| 1014       | il Hamber of other employees paid over \$50,000  |                                       |                             |  | orm <b>99</b> | 0-PF                |        |
|            |  |                                       |                             |  |               |                     | (2012) |

| form 990-PF(2012) Community Hospital Auxiliary 35-65   | 95973                | Page <b>7</b>    |
|--|----------------------|------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Manag  | ers, Highly Paid Emp | loyees,          |
| and Contractors (continued)  |                      |                  |
| 3 Five highest-paid independent contractors for professional services (see instructions). If none  | enter "NONE."        |                  |
| (a) Name and address of each person paid more than \$50,000  | (b) Type of service  | (c) Compensation |
| NONE   |                      |                  |
|  |                      |                  |
|  |                      |                  |
|  |                      |                  |
|  |                      |                  |
|  |                      |                  |
|  |                      |                  |
|  |                      | ·                |
|  |                      |                  |
|  |                      |                  |
| Total number of others receiving over \$50,000 for professional services   |                      | <u> </u>         |
| Part IX-A Summary of Direct Charitable Activities  |                      |                  |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. |                      | Expenses         |
| 1 See Statement 7  |                      |                  |
|  |                      |                  |
|  |                      |                  |
| 2  |                      |                  |
|  |                      | -                |
|  |                      |                  |
| 3  |                      |                  |
|  |                      |                  |
|  |                      |                  |
| 4  |                      |                  |
|  |                      |                  |
|  | <u></u>              | <del></del> .    |
| Part IX-B Summary of Program-Related Investments (see instructions)  | <del></del>          | ····             |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2   |                      | Amount           |
| 1 N/A  |                      |                  |
|  |                      |                  |
|  |                      |                  |
| 2  |                      |                  |
|  |                      |                  |
|  |                      |                  |
| All other program-related investments. See instructions  |                      |                  |
| 3  |                      |                  |
|  |                      |                  |

Total. Add lines 1 through 3

Form 990-PF (2012)

46,500

3b

4

5

Cash distribution test (attach the required schedule)

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

Enter 1% of Part I, line 27b (see instructions)

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income

| Pa | rt XIII Undistributed Income                 | e (see instructions) |        |                     | <u>-</u>                     |                                       |
|----|--|----------------------|--------|---------------------|------------------------------|---------------------------------------|
|    |  |                      | (a)    | (b)                 | (c)                          | (d)                                   |
| 1  | Distributable amount for 2012 from Part      | XI,                  | Corpus | Years prior to 2011 | 2011                         | 2012                                  |
|    | line 7                                       |                      |        |                     |                              | 33,810                                |
| 2  | Undistributed income, if any, as of the er   | nd of 2012           |        |                     |                              |                                       |
| а  | Enter amount for 2011 only                   |                      |        |                     |                              |                                       |
| b  | Total for prior years 20 , 20                | , 20                 |        |                     |                              |                                       |
| 3  | Excess distributions carryover, if any, to   |                      |        |                     |                              |                                       |
| а  | From 2007                                    | 8,311                |        |                     |                              |                                       |
| b  | From 2008                                    | 3,993                |        |                     |                              |                                       |
| С  | From 2009                                    | 10,928               |        |                     |                              |                                       |
| d  | From 2010                                    | 7,933                |        |                     |                              |                                       |
| е  | From 2011                                    | 15,773               |        |                     |                              |                                       |
| f  | Total of lines 3a through e                  |                      | 46,938 |                     |                              |                                       |
| 4  | Qualifying distributions for 2012 from Pai   | rt XII,              |        |                     |                              |                                       |
|    | line 4 ▶ \$ 46,500                           |                      |        |                     |                              |                                       |
| а  | Applied to 2011, but not more than line 2    | ?a                   |        |                     | And the second second second |                                       |
|    | Applied to undistributed income of prior y   | i i                  |        |                     | 4                            |                                       |
|    | (Election required – see instructions)       |                      |        |                     | . `                          |                                       |
| С  | Treated as distributions out of corpus (El   | lection              |        |                     |                              |                                       |
|    | required – see instructions)                 |                      |        |                     | ,                            |                                       |
| d  | Applied to 2012 distributable amount         |                      |        |                     |                              | 33,810                                |
|    | Remaining amount distributed out of corp     | pus                  | 12,690 | *                   |                              |                                       |
| 5  | Excess distributions carryover applied to    |                      |        |                     |                              | · · · · · · · · · · · · · · · · · · · |
|    | (If an amount appears in column (d), the     | ľ                    |        | * .                 |                              |                                       |
|    | amount must be shown in column (a) )         |                      |        | , ,                 |                              |                                       |
| 6  | Enter the net total of each column as        |                      |        |                     | *,                           |                                       |
| _  | indicated below:                             |                      |        | ,                   | , ,                          |                                       |
| а  | Corpus Add lines 3f, 4c, and 4e Subtrac      | ct line 5            | 59,628 | ٠                   |                              |                                       |
|    | Prior years' undistributed income. Subtra    |                      |        |                     | ,                            |                                       |
| _  | line 4b from line 2b                         |                      |        |                     | ,                            |                                       |
| c  | Enter the amount of prior years' undistrib   | outed                |        | ··                  | ŧ                            |                                       |
| _  | income for which a notice of deficiency h    |                      |        |                     |                              | •                                     |
|    | been issued, or on which the section 494     |                      |        |                     |                              | Ì                                     |
|    | tax has been previously assessed             | (,                   |        |                     |                              | •                                     |
| d  | Subtract line 6c from line 6b Taxable        |                      |        |                     |                              |                                       |
|    | amount – see instructions                    |                      |        |                     |                              |                                       |
| е  | Undistributed income for 2011 Subtract       | line                 |        |                     |                              |                                       |
|    | 4a from line 2a Taxable amount – see         |                      | •      |                     |                              |                                       |
|    | instructions                                 |                      |        |                     |                              |                                       |
| f  | Undistributed income for 2012 Subtract       | lines                |        |                     |                              |                                       |
|    | 4d and 5 from line 1. This amount must be    | pe                   |        |                     |                              |                                       |
|    | distributed in 2013                          |                      |        |                     |                              | l o                                   |
| 7  | Amounts treated as distributions out of co   | orpus                |        |                     |                              |                                       |
|    | to satisfy requirements imposed by section   | on                   |        |                     |                              | ļ                                     |
|    | 170(b)(1)(F) or 4942(g)(3) (see instruction  | ons)                 |        |                     |                              |                                       |
| 8  | Excess distributions carryover from 2007     | ' not                |        |                     |                              |                                       |
|    | applied on line 5 or line 7 (see instruction | ns)                  | 8,311  |                     |                              |                                       |
| 9  | Excess distributions carryover to 201        | · ·                  |        |                     |                              |                                       |
|    | Subtract lines 7 and 8 from line 6a          |                      | 51,317 |                     |                              |                                       |
| 10 | Analysis of line 9                           | ļ                    |        |                     |                              |                                       |
| а  | Excess from 2008                             | 3,993                |        |                     |                              |                                       |
| b  | Excess from 2009                             | 10,928               |        |                     |                              |                                       |
| С  | Excess from 2010                             | 7,933                |        |                     |                              |                                       |
| d  | Excess from 2011                             | 15,773               |        |                     |                              |                                       |
| e  | Excess from 2012                             | 12,690               |        |                     |                              |                                       |

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

factors N/A

DAA

| Recipient  Name and address (home or business)  a Pad dumg the year  See Statement 9  Afe, 5  Afe, 5  Afe, 5  Afe, 5 | Part XV Supplementary Information (c<br>3 Grants and Contributions Paid During th | ontinued)<br>e Year or Approved for I                   | Future Payment |              |           |
|--|---|---|----------------|--------------|-----------|
| Name and address (home or business)  a Paid during the year  See Statement 9  46,5                                   |   | If recipient is an individual, show any relationship to | Foundation     |              | Amount    |
| a Pad during the year See Statement 9  46,5  1otal  Total  b Approved for future payment N/A                         | Name and address (home or business)   |   |                | contribution | 73.100.11 |
| b Approved for future payment N/A  | a Paid during the year  |   |                |              | 46,50     |
| b Approved for future payment N/A  |   |   |                |              |           |
| b Approved for future payment N/A  |   |   |                |              |           |
| b Approved for future payment N/A  |   |   |                |              |           |
| b Approved for future payment N/A  | Total   |   |                |              | 46 500    |
| N/A  |   |   |                | <u> </u>     | 40,500    |
| Total > 3h   | N/A   |   |                |              |           |
|  | Total   | <u> </u>  | <u> </u>       | <b>▶</b> 3b  |           |

|                  | art XVI-A  |  |  |   | Contrator   | 11   |                                      |
|------------------|--|--|--|---|---|--|--------------------------------------|
| Ent              | er gross amo   | ounts unless otherwise indicated   | Unrelate   | d business income   | Excluded  | 1 by section 512, 513, or 514                                      | (e)                                  |
|                  |  |  | (a)<br>Business code   | (b)<br>Amount   | (c)<br>Exclusion  | (d)<br>Amount  | Related or exempt<br>function income |
| 1                | Program ser  | rvice revenue  | Business code  | Anount  | code  | Amount   | (See instructions)                   |
| •                | _  |  |  |   | 1   |  |                                      |
|                  |  |  |  |   |   |  |                                      |
|                  |  |  |  |   |   |  |                                      |
|                  |  |  |  |   |   |  |                                      |
|                  |  |  |  |   |   |  |                                      |
|                  | f  |  |  |   |   |  |                                      |
|                  | g Fees an  | d contracts from government agencies   |  |   |   |  |                                      |
| 2                | Membership   | dues and assessments   |  |   |   |  |                                      |
| 3                | Interest on s  | avings and temporary cash investments  |  |   | 14  |  |                                      |
| 4                | Dividends ar   | nd interest from securities  |  |   | 14  | 15,734   |                                      |
| 5                | Net rental in  | come or (loss) from real estate  |  |   |   |  |                                      |
|                  | a Debt-fina  | anced property   |  |   |   |  |                                      |
|                  | b Not debt   | t-financed property  |  |   |   |  |                                      |
| 6                | Net rental in  | come or (loss) from personal property  |  |   |   |  |                                      |
| 7                | Other invest   | ment income  |  | · - · · · · · · · · · · · · · · · · · ·   |   |  |                                      |
| 8                | Gain or (loss  | s) from sales of assets other than inventory   |  |   | 14  |  | 70,233                               |
| 9                | Net income   | or (loss) from special events  |  |   |   |  |                                      |
| 10               | Gross profit   | or (loss) from sales of inventory  |  |   |   |  |                                      |
| 11               | Other revenu   |  |  |   |   |  |                                      |
|                  | b Retur  | rned scholarship funds   |  |   | 14  |  |                                      |
|                  | c  |  |  |   |   |  |                                      |
|                  | d  |  |  |   |   |  | <u> </u>                             |
|                  | e  |  |  |   |   |  |                                      |
| 42               | Cubtotal Ad  | d columns (b), (d), and (e)  | 1 1  | (   | )} > *  | 15,734   | 70,233                               |
|                  |  |  |  |   | 1   |  |                                      |
| 13               | Total. Add li  | ne 12, columns (b), (d), and (e)   |  |   | 1   | 13   | 85,967                               |
| <b>13</b><br>(Se | Total. Add li<br>e worksheet                           | ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations)  | ············   |   |   | 13   |                                      |
| 13<br>(Se        | Total. Add li<br>e worksheet<br>art XVI-B              | ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations ) Relationship of Activities to the A   |  | ent of Exempt P   | urpose  | 13<br>s  |                                      |
| 13<br>(Se        | Total. Add li<br>e worksheet<br>art XVI-B<br>Line No.  | ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations )  Relationship of Activities to the A  Explain below how each activity for which income  | is reported in co  | ent of Exempt P   | urpose  | ss   | 85,967                               |
| 13<br>(Se        | Total. Add li<br>e worksheet<br>art XVI-B<br>Line No.  | ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations )  Relationship of Activities to the A  Explain below how each activity for which income accomplishment of the foundation's exempt purport  | is reported in cooses (other than t  | ent of Exempt P<br>lumn (e) of Part XVI-A<br>by providing funds for   | urpose  | S ted importantly to the poses) (See instruction                   | 85,967                               |
| 13<br>(Se        | Total. Add li<br>e worksheet<br>Part XVI-B<br>Line No. | ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations )  Relationship of Activities to the A  Explain below how each activity for which income accomplishment of the foundation's exempt purport provide financial ass  | is reported in cooses (other than the istance                              | ent of Exempt P<br>lumn (e) of Part XVI-A<br>by providing funds for<br>by way of                                  | urpose contribu   | s ted importantly to the poses) (See instruction                   | 85,967                               |
| 13<br>(Se        | Total. Add life worksheet Part XVI-B                   | ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations)  Relationship of Activities to the A  Explain below how each activity for which income accomplishment of the foundation's exempt purport provide financial assembly scholarships to serve st   | is reported in cooses (other than listance udents w                        | ent of Exempt P<br>lumn (e) of Part XVI-A<br>by providing funds for<br>by way of the                              | urpose A contribu such pur tuiti gible                    | s ted importantly to the poses) (See instruction on                | 85,967                               |
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| 13<br>(Se        | Total. Add life worksheet Part XVI-B Line No.  3 4 8   | ne 12, columns (b), (d), and (e) In line 13 instructions to verify calculations )  Relationship of Activities to the A  Explain below how each activity for which income accomplishment of the foundation's exempt purp.  To provide financial ass scholarships to serve st dependents of qualified  Foundation, Inc., d/b/a | is reported in cooses (other than beistance udents we employee Communit    | ent of Exempt P  lumn (e) of Part XVI-A  by providing funds for  by way of  ho are elic  s of Munster  y Hospital | urpose<br>Contribu<br>such pur<br>tuiti<br>gible<br>er Me | s ted importantly to the poses) (See instruction on dical ualified | 85,967                               |
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| 13<br>(Se        | Total. Add life worksheet Part XVI-B Line No.  3 4 8   | ne 12, columns (b), (d), and (e) In line 13 instructions to verify calculations )  Relationship of Activities to the A  Explain below how each activity for which income accomplishment of the foundation's exempt purp.  To provide financial ass scholarships to serve st dependents of qualified  Foundation, Inc., d/b/a | is reported in cooses (other than beistance udents we employee Communit    | ent of Exempt P  lumn (e) of Part XVI-A  by providing funds for  by way of  ho are elic  s of Munster  y Hospital | urpose<br>Contribu<br>such pur<br>tuiti<br>gible<br>er Me | s ted importantly to the poses) (See instruction on dical ualified | 85,967                               |
| 13<br>(Se        | Total. Add life worksheet Part XVI-B Line No.  3 4     | ne 12, columns (b), (d), and (e) In line 13 instructions to verify calculations )  Relationship of Activities to the A  Explain below how each activity for which income accomplishment of the foundation's exempt purp.  To provide financial ass scholarships to serve st dependents of qualified  Foundation, Inc., d/b/a | is reported in cooses (other than beistance udents we employee Communit    | ent of Exempt P  lumn (e) of Part XVI-A  by providing funds for  by way of  ho are elic  s of Munster  y Hospital | urpose<br>Contribu<br>such pur<br>tuiti<br>gible<br>er Me | s ted importantly to the poses) (See instruction on dical ualified | 85,967                               |
| 13<br>(Se        | Total. Add life worksheet Part XVI-B Line No.  3 4     | ne 12, columns (b), (d), and (e) In line 13 instructions to verify calculations )  Relationship of Activities to the A  Explain below how each activity for which income accomplishment of the foundation's exempt purp.  To provide financial ass scholarships to serve st dependents of qualified  Foundation, Inc., d/b/a | is reported in cooses (other than beistance udents we employee Communit    | ent of Exempt P  lumn (e) of Part XVI-A  by providing funds for  by way of  ho are elic  s of Munster  y Hospital | urpose<br>Contribu<br>such pur<br>tuiti<br>gible<br>er Me | s ted importantly to the poses) (See instruction on dical ualified | 85,967                               |
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Page 13 Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Did the organization directly or indirectly engage in any of the following with any other organization described Yes No in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political a Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cash 1a(1) (2) Other assets 1a(2) **b** Other transactions (1) Sales of assets to a noncharitable exempt organization 1b(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) 1b(3) (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements 1b(4) (5) Loans or loan guarantees 1b(5) (6) Performance of services or membership or fundraising solicitations 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations X Yes described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? **b** If "Yes," complete the following schedule (b) Type of organization (c) Description of relationship (a) Name of organization Community Hospital Aux 501 (c) 3 Same Board of Directors Under penalties of penjury. 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 taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss this return with the preparer shown Sign (see instructions)? Here President Preparer's signature Date Print/Type preparer's name Check self-employed Paid 05/03/13 Marısa M. Smoljan, CPA Preparer McMahon & Associates P01246233 PTIN Firm's name ▶ Use Only 10010 Calumet Ave 35-1438231 Firm's EIN Firm's address ▶

IN

Munster,

46321-3976

219-924-3450

Phone no

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

2012

Name of the organization

Community Hospital Auxiliary Scholarship Trust

Employer identification number

35-6595973

Organization type (check one)

| Filers of:   | Section:   |  |  |  |  |  |
|--|--|--|--|--|--|--|
| Form 990 or 990-EZ   | 501(c)( ) (enter number) organization  |  |  |  |  |  |
|  | 4947(a)(1) nonexempt charitable trust not treated as a private foundation  |  |  |  |  |  |
|  | 527 political organization   |  |  |  |  |  |
| Form 990-PF  | X 501(c)(3) exempt private foundation  |  |  |  |  |  |
|  | 4947(a)(1) nonexempt charitable trust treated as a private foundation  |  |  |  |  |  |
|  | 501(c)(3) taxable private foundation   |  |  |  |  |  |
|  |  |  |  |  |  |  |
| • •  | vered by the <b>General Rule</b> or a <b>Special Rule.</b> (8), or (10) organization can check boxes for both the General Rule and a Special Rule See  |  |  |  |  |  |
| General Rule   |  |  |  |  |  |  |
|  | g Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or contributor. Complete Parts I and II  |  |  |  |  |  |
| Special Rules  |  |  |  |  |  |  |
| under sections 509(a)(1  | organization filing Form 990 or 990-EZ that met the 33 <sup>1</sup> / <sub>3</sub> % support test of the regulations ) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of 0 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1   |  |  |  |  |  |
| during the year, total co  | For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III  |  |  |  |  |  |
| during the year, contribution of total to more than \$1 year for an exclusively re | For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. |  |  |  |  |  |
| · · · · · · · · · · · · · · · · · · ·  | not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, answer "No" on Part IV. line 2 of its Form 990, or check the box on line H of its Form 990-F7 or on   |  |  |  |  |  |

Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Page 1 of 1 of Part I

Name of organization

Community Hospital Auxiliary

Employer identification number 35-6595973

| Part I     | Contributors (see instructions). Use duplicate copies             | s of Part I if additional space is ne | eded   |
|------------|---|---------------------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                 | (c)<br>Total contributions            | (d) Type of contribution   |
| 1          | Community Hospital Auxiliary 901 MacArthur Blvd. Munster IN 46321 | s <b>41</b> ,703                      | Person X Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a)<br>No. | (b) Name, address, and ZIP + 4                                    | (c) Total contributions               | (d)  |
|            | Name, address, and 2n 14  | \$                                    | Person Payroll Noncash (Complete Part II if there is a noncash contribution)   |
| (a)<br>No. | (b) Name, address, and ZIP + 4                                    | (c) Total contributions               | (d) Type of contribution   |
|            |   | \$                                    | Person Payroll Noncash (Complete Part II if there is a noncash contribution)   |
| (a)<br>No. | (b) Name, address, and ZIP + 4                                    | (c) Total contributions               | (d)  |
|            | Name, address, and Zir +4   | \$                                    | Person Payroll Noncash (Complete Part II if there is a noncash contribution)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                 | (c) Total contributions               | (d)<br>Type of contribution  |
|            |   | \$                                    | Person Payroll Noncash (Complete Part II if there is a noncash contribution)   |
| (a)<br>No. | (b) Name, address, and ZIP + 4                                    | (c)                                   | (d)  |
| NO.        | Hame, audiess, and ZIF + 4  | Total contributions \$                | Person Payroll Noncash (Complete Part II if there is a noncash contribution)   |

147ST Community Hospital Auxiliary
Federal Statements

5/3/2013 1:31 PM

FYE: 1/31/2013

## Statement 3 - Form 990-PF, Part I, Line 25 - Noncash Contributions, Gifts, Grants

|   | A              | Noncash     | FMV         | Book Value | Book Value   | 5 .                |
|---|----------------|-------------|-------------|------------|--------------|--------------------|
| _ | Amount         | Description | Explanation | Amount     | _Explanation | Date               |
|   | 1,500          |             |             |            |              | 6/12/12            |
|   | 1,500          |             |             |            |              | 6/12/12            |
|   | 1,500          |             |             |            |              | 6/12/12            |
|   | 1,500          |             |             |            |              | 6/12/12            |
|   | 1,500          |             |             |            |              | 6/12/12            |
|   | 1,500          |             |             |            |              | 6/12/12            |
|   | 1,500          |             |             |            |              | 6/12/12            |
|   | 1,500          |             |             |            |              | 6/12/12            |
|   | 1,500          |             |             |            |              | 6/12/12            |
|   | 1,500          |             |             |            |              | 6/12/12            |
|   | 1,500          |             |             |            |              | 6/12/12            |
|   | 1,500          |             |             |            |              | 6/12/12            |
|   | 1,500          |             |             |            |              | 6/12/12            |
|   | 1,500          |             |             |            |              | 6/12/12            |
|   | 1,500          |             |             |            |              | 6/12/12            |
|   | 1,500          |             |             | -          |              | 6/12/12            |
|   | 1,500          |             |             |            |              | 6/12/12            |
|   | 1,500          |             |             |            |              | 6/12/12            |
|   | 1,500<br>1,500 |             |             |            |              | 6/12/12            |
|   | 1,500          |             |             |            |              | 6/12/12<br>6/12/12 |
|   | 1,500          |             |             |            |              | 6/12/12            |
|   | 1,500          |             |             |            |              | 6/12/12            |
|   | 1,500          |             |             |            |              | 6/12/12            |
|   | 1,500          |             |             |            |              | 6/12/12            |
|   | 1,500          |             |             |            |              | 6/12/12            |
|   | 1,500          |             |             |            |              | 6/12/12            |
|   | 1,500          |             |             |            |              | 6/12/12            |
|   | 1,500          |             |             |            |              | 6/12/12            |
|   | 1,500          |             |             |            |              | 6/12/12            |
|   | 1,500          |             |             |            |              | 6/12/12            |
|   |                |             |             |            |              | ••                 |

| 147ST Community Hospital Auxiliary<br>35-6595973<br>FYE: 1/31/2013 | Federal Statements   | ements                    |                               | 5/3/2013 1:31 PM                             |
|--|--|---------------------------|-------------------------------|--|
| <u>Statement 4 - Fo</u>  | Statement 4 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments | 10b - Corporate Stock     | Investments                   | •  |
| Description<br>511842<br>Total                                     | Beginning of Year \$ 511,842 \$ 511,842                                    | End of Year \$ 571,705    | Basis of Valuation            | Fair Market  Value  \$ 539, 113  \$ 539, 113 |
| Statement 5 - Fc   | Statement 5 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments  | 10c - Corporate Bond I    | Investments                   |  |
| Description  | Beginning of Year \$ 125,517 \$ 125,517                                    | End of Year \$ 133,000 \$ | Basis of<br>Valuation<br>Cost | Fair Market  Value  \$ 132,849  \$ 132,849   |
|  |  |                           |                               |  |
|  |  |                           |                               |  |
|  |  |                           |                               |  |
|  |  |                           |                               |  |
|  |  |                           |                               |  |
|  |  |                           |                               | 4-5  |

| F. Part VIII, Line 1-List of Officers, Directors, Trustees, Etc.   Average  |                                 |
|---|---------------------------------|
| Hours         Compensation         Benefits         Expenses           ent         1.00         0         0           reside         1.00         0         0           ing Se         1.00         0         0           pondin         1.00         0         0 | Statement 6 - Form 990-PF, Part |
| $ \begin{array}{cccccccccccccccccccccccccccccccccccc$   | F                               |
| 1.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  | President                       |
| 1.00 0 0 0 1.00 0 0 0 0 0 0 0 0 0 0 0 0   | Vice                            |
| 1.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  | Record                          |
| 1.00 0 0  | Treasurer                       |
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147ST Community Hospital Auxiliary

Federal Statements

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## Statement 7 - Form 990-PF, Part IX-A, Line 1 - Summary of Direct Charitable Activities

### Description

The organization distributes scholarships to eligible qualifying students that are dependents of employees of Munster's Community Hospital and are seeking to enter the healhcare field or further their education in healthcare.

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| Statement 8 - Form 990-PF | Part X, Line 4 - C | Cash Deemed Held - | Greater Amount Explanation |
|---------------------------|--------------------|--------------------|----------------------------|
|                           |                    |                    |                            |

| Description   | Amount |
|---|--------|
| Cash balances necessary to meet the needs of the foundation's expenses and charitable disbursements |        |
| Total   | 0      |

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|         | Amount              |                     | 000 1                | 1,500           | 1 500                            |                  | 1,500       | ,<br>1           | 1, 500                           | 1,500                                |                 | 1,500            |                  | 1,500       |                     | 006,1                            | 1,500            |                | 1,500            |                   | 1,500                   | 1,500            |                      | 1,500           |                      | 000 1             | 1,500            |                 | 1,500           |
|---------|---------------------|---------------------|----------------------|-----------------|----------------------------------|------------------|-------------|------------------|----------------------------------|--------------------------------------|-----------------|------------------|------------------|-------------|---------------------|----------------------------------|------------------|----------------|------------------|-------------------|-------------------------|------------------|----------------------|-----------------|----------------------|-------------------|------------------|-----------------|-----------------|
|         | Purpose             |                     |                      |                 |                                  |                  |             |                  |                                  |                                      |                 |                  |                  |             |                     |                                  |                  |                |                  |                   |                         |                  |                      |                 |                      |                   |                  |                 |                 |
|         |                     | رطرم<br>مر<br>ترطوم |                      |                 | Scholarshin                      | 7                | Scholarship |                  | scholarship                      | Scholarship                          | •               | Scholarship      |                  | Scholarship | - 4<br>- 4<br>- 4   | SCHOLAFSHIP                      | Scholarship      |                | Scholarship      |                   | Scholarship             | Scholarship      | •                    | Scholarship     | ָרְ<br>קּרְ<br>נְיִּ | SCHOLAL SHIP      | Scholarship      |                 | Scholarship     |
| Address | Relationship Status | 9203 Fairbanks St   | 18761 Chestnut Court | (               | 8350 Oakwood Ave                 | 2331 Divac Drive |             | 2423 Flatrock Rd | 6315 17:0+02:1 2:10              |                                      | 8586 Bell Lane  |                  | 319 Holton Ridge |             | 10306 Hilltop Drive | 6186 Brie Ave                    | )                | 542 South St   |                  | 9160 Mallard Cove | 18248 Dionior Ligardian |                  | 17058 Parrish Avenue | (               | 2221 Corbin Court    | 1844 Poplar Court | 1<br>5<br>1<br>5 | 1670 Ruby Court |                 |
|         |                     | 7029<br>7029        |                      | None            | or<br>CN                         |                  | 46375 None  |                  | None                             | None                                 |                 | 46307 None       |                  | 46307 None  |                     |                                  | None             |                | None             |                   | None                    | None             |                      | None            | 31631                |                   | None             |                 | None            |
| Name    | Address             | Ian Bartlett        | Lauren Bowker        | Morena IL 60488 | Hanna Collas<br>Muneter IN 46321 |                  | ville IN    | Emily Eaton      | Dyer IN 46311<br>Storbanio Fline | Scepiante Ervins<br>Portage IN 46368 | Alyssa Grkinich | Crown Point IN 4 |                  | nt IN       |                     | Oriand Fark in 8<br>Matthew Hill | Portage IN 46368 | Jillian Homans | Munster IN 46321 | Alyssa Ippolito   | St John IN 463/3        | Lansing IL 60438 | Emily Klotz          | Lowell IN 46356 | Alexander Matushek   | Michael Mavity    | Munster IN 46321 |                 | Hobart IN 46342 |

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| ement 9 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the | Year (continued) |
|--|------------------|
| Statement 9  |                  |

| Relationship Statu 8049 Jefferson Ave   |
|---|
| Al                                      |
| S236 Wirth Rd<br>None<br>3236 Wirth Rd  |
| None<br>109 Lexington Dr<br>None        |
| 11470 Jay St<br>None<br>555 Cedar Court |
| None<br>18325 Oakwood Ave<br>None       |
| 11 Wa                                   |
| None 3531 Condit St                     |
| None<br>9216 W Springhill               |
| Bradle                                  |
| o449 castle Dr<br>None                  |
|   |