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... 990

Department of the Treasury internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 Open to Public

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

A	or the	2012 calendar year, or tax year beginning JUL 1, 2012 and ending	JUN 30, 2013
B	Check if	C Name of organization	D Employer identification number
1		Auxiliary Volunteer Services of	
	Address change	McAlester Regional Health Center, Inc.	
	Name change	Doing Business As	45-5370974
	Initial	Number and street (or P.O. box if mall is not delivered to street address) Room/suite	E Telephone number
	Termin- ated	1 E Clark Bass Blvd.	918-421-8023
	Amende return	City, town, or post office, state, and ZIP code	G Gross receipts \$ 480,390.
	Applica-		H(a) is this a group return
	pending	F Name and address of principal officer.Burlene Wilson	for affiliates? Yes X No
		same as C above	H(b) Are all affiliates included? Yes No
		npt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 52	
		<pre>mrhcok.com/foundation/auxiliary_volunteers</pre>	
			r of formation: 2012 M State of legal domicile; OK
₹P;		Summary	
စ္က	1 E	nefly describe the organization's mission or most significant activities: The purpo	se of the Auxiliary is
ä	_	o provide McAlester Regional Health Center A	
둘	2 0	Check this box 🕨 📖 if the organization discontinued its operations or disposed of mo	
Š	3 1	lumber of voting members of the governing body (Part VI, line 1a)	3 9
ಷ		lumber of Independent voting members of the governing body (Part VI, line 1b)	4 9
<u>8</u>	5 1	otal number of individuals employed in calendar year 2012 (Part V, line 2a)	5 0
Activities & Governance	6 1	otal number of volunteers (estimate if necessary)	6 68
Ą		otal unrelated business revenue from Part VIII, column (C), line 12	7a 0.
	<u> b </u>	let unrelated business taxable income from Form 990-T, line 34	. 7ь 0.
	1	Contributions and grants (Part VIII. line 1b) RECEIVED -	Prior Year Current Year
Revenue		On and grants (Fart vin, and 11)	203,416.
	9 F	Program service revenue (Part VIII, line 2g)	810.
He.	10 1	nvestment income (Part VIII, column (A), lines 3 and 70 R 3 1 2014	310.
		ther revenue (Part VIII, column (A), lines 5, od (60, jec, 100, and 11e)	83,048.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line, 12)	287,584.
		Grants and similar amounts paid (Part IX, column (A), (ne 13)	51,623.
	1	Benefits paid to or for members (Part IX, column (A), tine 4)	0.
Expenses	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.
ĕ	108 1	Professional fundraising fees (Part IX, column (A), line 11e). Total fundraising expenses (Part IX, column (D), line 25)	
ᄍ] ;		45,610.
		Other expenses (Part IX, column (A), lines 11a 11d, 11f 24e)	97,233.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	190,351.
<u></u>		Revenue less expenses. Subtract line 18 from line 12	
sets or	20 7		Beginning of Current Year End of Year 215, 921.
ASS	21	otal assets (Part X, line 16) otal liabilities (Part X, line 26)	25,570.
Net As	22	Net assets or fund balances. Subtract line 21 from line 20	190,351.
		Signature Block	130,331.
_		ties of perjury, I declare that I have examined this return, including accompanying schedules and state	ments, and to the best of my knowledge and belief, it is
		, and complete. Declaration of preparer (other than officer) is based on all information of which prepar	
	,,,,,,,,	Marie Hales	3-26-14
Sig	.n	Signature of officer	Date
He	1	Nancy Gates, Treasurer	
	·	Type or print name and title	
		Print/Type preparer's name	Date Check PTIN
Pa		Carolyn Levings Carolyn Levings	03/26/14 self-employed P01083874
Pro		Firm's name EIDE BAILLY LLP	Firm's EIN \(\int \frac{45-0250958}{}
Us		Firm's address 1601 NW EXPRESSWAY, SUITE 1900	
		OKLAHOMA CITY, OK 73118	Phone no. 405-478-3334
Ma	y the iR	S discuss this return with the preparer shown above? (see instructions)	X Yes No
	001 12-10		Form 990 (2012)

See Schedule O for Organization Mission Statement Continuation

Auxiliary Volunteer Services of McAlester Regional Health Center, Inc.

Par	taily Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
•	The purpose of the Auxiliary is to provide McAlester Regional Health
	Center Authority (MRHC) with first class quality volunteer services
	for the best possible MRHC patient care and for the greatest physical
	well-being of the ill, injured or otherwise disabled MRHC patient,
2	Did the organization undertake any significant program services during the year which were not listed on
-	the prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code) (Expenses \$ 97,233 · including grants of \$ 51,623 ·) (Revenue \$ 83,858 ·)
74	Auxiliary Volunteer Services, in order to provide for and in support of
	its purpose and goal in common with MRHC, its objectives, its mission,
	its philosophy and for the utmost benefit of MRHC, shall from time to
	time conduct fundraising projects, events and activities together with
	other such mutually beneficial programs and functions that shall be
	considered essential and appropriate.
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
40	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
-,-	/ Copolisto 4 /
4d	Other program services (Describe in Schedule O.)
٧u	
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 97,233.
<u>4e</u>	Total program service expenses ► 97,233.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		163	
•	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			7.7
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	\$ 600	ار پرون	
	as applicable.		中	4.7
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	ĺ		
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 167 If "Yes," complete Schedule D, Part IX	11d		X
0	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	,			х
122	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111		<u>~</u>
120	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	Į		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	140	 	
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	!	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	ا		x
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17	-	^
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18	1	x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	<u> </u>	T	
	complete Schedule G, Part III	19_		Х
2 0a		20a		Х
<u>_</u> b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	1
		Form	990	(2012)

Auxiliary Volunteer Services of
Form 990 (2012) McAlester Regional Health Center, Inc.
Part IV | Checklist of Required Schedules (continued) 45-5370974 Page 4 Yes No

21 `	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	00		х
04-	• • • • • • • • • • • • • • • • • • • •	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		x
	Schedule K. If "No", go to line 25	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		├──
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		l
	any tax-exempt bonds?	24c		\vdash
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		, ,	
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
p	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			\vdash
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	33		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note. All Form 990 filers are required to complete Schedule O	38	х	
				(2012)

Yes No Enter the number reported in Box 3 of form 1096. Enter 0- if not applicable Enter the number of Porms W-2G included in Ine 1a. Enter 0- if not applicable Coll the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, idea for the calendar year ending with or within the year covered by this return It at least one is reported on line 2a, fidd the organization file all required federal employment tax returns? Note. If the sun of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) B. If the organization have unrelated business gress income of \$1,000 or more during the year? B. If Y-yes, it as the dia Form 950 of for this year? If No, Provide an application in Schedule O B. If Y-yes, a set the all Form 950 of for this year? If No, Provide an application on Schedule O B. If Y-yes, and the thie and foreign country; Ies See instructions for filing requirements for Form 10 F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form 8886-17 B. Did any taxable party nority the granization has bentier transaction at any time during the tax year? B. Did any taxable party nority the granization that was or as party to a prohibeted tax shelter transaction of any time during the tax year? B. Did any taxable party nority the granization file Form 8886-17 B. Did any taxable party nority the granization file Form 8886-17 B. Did the organization and gross excepts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible ornibitions under section 170(c). B. If Y-yes, 'did the organization and gross excepts that are normally greater than \$100,000, and did the organization solid to the organization nortify the donor of the value of the goods or services provided? D. If the organization rece		Check if Schedule O contains a response to any question in this Part V			للا
Enter the number of Forms W.2G included in line 1s. Enter of India applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 28. Enter the number of employees exported on Form W.3, Transmittal of Wage and Tax Statements, field of the caleridary ear enting with or within the year covered by this return 5 bit at least one is reported on line 2a, cild the organization file ell required federal employment tax returns? 5 bit of the caleridary ear enting with or within the year covered by this return 5 bit of the organization have unrelisted business gross income of \$1,000 or more during the year? 5 bit of the organization have unrelisted business gross income of \$1,000 or more during the year? 5 bit 1 'Yes, has filed a Form \$90 for for this year? 'W.6, *Provide an explanation in Schedule O 5 bit 1 'Yes, has filed a Form \$90 for for this year? 'W.6, *Provide an explanation in Schedule O 5 bit 1 'Yes, a filed a Form \$90 for for this year? 'W.6, *Provide an explanation in Schedule O 5 bit 1 'Yes, a cale and the organization that was or is a party to a prohibited tax sheller transaction at any time during the tax year? 5 bit 1 'Yes, 1 to line 5 a or 50, did the organization that was or is a party to a prohibited tax sheller transaction? 6 bit 1 'Yes, 2 did the organization has the sor is a party to a prohibited tax sheller transaction? 6 bit 1 'Yes, 2 did the organization has been sorted that a sheller transaction? 7 bit 1 'Yes, 2 did the organization has been sorted that a sheller transaction? 8 bit 1 'Yes, 2 did the organization has excess of \$5's nada party as contributions and party for gods and services provided? 9 bit 1 'Yes, 2 did the organization sell, without the organization sell, without the cases of \$5's nada party as contributions and party for gods and services provided? 9 bit the organization sell, without the cases of \$5's nada party as contributions and party for gods and services p				Yes	No
Continuing to prize with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year anding with or within the year covered by this return 1 It at least one is reported on line 2, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 A X If year, has it filed a Form 990°T for this year? If 'No.', provide an explanation in Schedule O 5 If 'Yes, 'has it filed a Form 990°T for this year? If 'No.' provide an explanation in Schedule O 6 If Yes, 'has it filed a Form 990°T for this year? If 'No.' provide an explanation in Schedule O 8 If Yes, 'has it filed a Form 990°T for this year? If 'No.' provide an explanation in Schedule O 9 If Yes, 'has it filed a Form 990°T for this year? If 'No.' provide an explanation in Schedule O 9 If Yes, 'has it filed a Form 990°T for this year? If 'No.' provide an explanation in Schedule O 9 If Yes, 'to file 5 a or 50, dot the organization that It was or is a party to a prohibited tax shelter transaction? 9 If Yes, 'to file 5 as or 50, dot the organization file Form 8888-17 9 Des the organization have entual gross receive that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible as charitable contributions and party for goods and services provided to the payor? 9 If Yes, 'do the organization receive a northy the donor of the value of the goods or services provided? 10 If the organization that may receive deductible contributions under section 170(c). 10 If the organization that may receive deductible contributions or an explanation and party for goods and services provided? 10 If the organization the organization se	`1a				
(gambling) winnings to prax winners? 2			4 1		į
28 Enter the number of employees reported on Form W.S. Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 19 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 30 In the organization have unrelated business gross income of \$1,000 or more during the year? 31 If Yes, 1 has filed a Form 990-T for this year? If Yivo, *provide an explanation in Schedule O 32 A tany time during the calendary and, did the organization have an interest in, or a spanature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts)? 32 Was the organization and the foreign country. 33 End A tany time of the name of the foreign country. 34 Explanation of the financial accounts of the foreign country. 35 If Yes, 1 to line 5a or 55, dod the organization that it was or se a party to a prohibete tax shefter transaction? 36 Des the organization have amount gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 38 If Yes, 2 did the organization mice of \$15 made party as a contribution and party for goods and services provided? 39 If Yes, 3 did the organization mice of \$15 made party as a contribution and party for goods and services provided to the payor? 39 If Yes, 4 did the organization miceoles and \$15 made party as a contribution and party for goods and services provided to the payor? 39 If Yes, 4 did the organization miceoles and young the year of the value of the goods or services provided? 30 If the organization seleves any funds, directly or indirectly, to pay premiums on a personal benefit contract? 30 If Yes, 1 and 1 the organization received a contribution or care, boats, aphanes, or other vehicle, d	С				jJ
field for the calendar year ending with or within the year covered by this return If all fast one is reported on line 2 a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 a and 2 a is greater than 250, you may be required to e-file (see Instructions) 3.0 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3.1 If Yeas, 1 and 1 filed a form 809 Trif or this year If I'Mo, provide an explanation or Schedule O 4.2 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 4.3 If Yeas, 1 enter the name of the foreign country; I'Mo, provide an explanation of schedule O 5.4 If Yeas, 1 the time of the foreign country; I'Mo, provide an explanation and financial Accounts. 5.5 Was the organization a party to a prohibited tax shelter transaction? 5.6 If Yeas, 1 to line 5 a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5. If Yeas, 1 to line 5 a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5. If Yeas, 1 to line 5 a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5. If Yeas, 1 to line 5 a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6. If Yeas, 1 to line 5 a or 5b, did the organization that was or is a party to a prohibited tax shelter transaction? 6. If Yeas, 1 to line 5 a or 5b, did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization shell any receive deductible on this organization shell any receive deductible as charable contributions? 6. If Yeas, 1 did the organization shell was yeas organization an express statement that such contributions or gifts were not tax deductible as charable contributions. 6. If Yeas, 1 and the propagation shell was a second party organization property for the			1c		—
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3	2a				,
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation an Schedule O And A tarry time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly? A tarry time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly? A tarry time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly? A tarry time during the tax year? See instructions for filing requirements for Form 70 F 90/22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? B to darny time for the organization that it was or is a party to a prohibited tax shelter transaction? B observe organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charatable contributions? B if 'Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charatable contributions? C requirizations that may receive deductible contributions under section 170(c). B if 'Yes, 'indicate the number of Forms 8282 filed during the year D if the organization and party in organization and party for goods and services provided to the payor? To bill the organization under section of the value of the goods or services provided? D if the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If 'Yes,' indicate the number of Forms 8282 filed during the year D id the organization freely and the year, pay premiu		and for the dustrial year straining that of the man are year sections by the following	∤		لا
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organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14b 14b 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			140		x
		- · · · · · · · · · · · · · · · · · · ·	-		
		provide an explanation in contours of		990	(2012)

Auxiliary Volunteer Services of

Form 990 (2012)

McAlester Regional Health Center, Inc.

45-5370974

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X

Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI				X
Sec	tion A. Governing Body and Management			_	
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	9Г			
	If there are material differences in voting rights among members of the governing body, or if the governing		- 1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b		او			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
_	officer, director, trustee, or key employee?	-	2		X
2	Did the organization delegate control over management duties customarily performed by or under the direct supervision.	eion	-		
3	of officers, directors, or trustees, or key employees to a management company or other person?	31011	3		Х
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	-	4		X
4	, , , , , , , , , , , , , , , , , , , ,	-	<u> </u>		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?	-	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		_		7.7
	more members of the governing body?	Ļ	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
	persons other than the governing body?	L	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	: _			
а	The governing body?	L	8a	X	
b	Each committee with authority to act on behalf of the governing body?	L	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
<u>Sec</u>	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)				
		_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	L	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliate	s,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	Ĺ	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	ne form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Γ			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	Ī			
	ın Schedule O how this was done	ļ	12c	X	
13	Did the organization have a written whistleblower policy?	ľ	13		X
14	Did the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and approval by independe	_{int}			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official	-	15a		X
b	Other officers or key employees of the organization		15b		X
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	 			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	}			
_	taxable entity during the year?	-	16a		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participati) -	100		
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	···			•
	exempt status with respect to such arrangements?	}-	16b		
Sec	etion C. Disclosure		100		L
17	List the states with which a copy of this Form 990 is required to be filed ▶OK				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c	1(3)e ooks	طمادور	lo.	
.5	for public inspection. Indicate how you made these available. Check all that apply.	nota ombi ar	andU	.0	
	Own website Another's website W Upon request Other (explain in Schedule O)				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest		£	امرما	
. 3	statements available to the public during the tax year.	t policy, and	unar	icial	
20					
20	State the name, physical address, and telephone number of the person who possesses the books and records of the David H Mak MRHC - 918-421-6653	ie organizati	ол: 🏴	_	
	1 E Clark Bass Blvd, McAlester, OK 74501		_		_

Auxiliary Volunteer Services of

McAlester Regional Health Center,

45-5370974

Part VII	Compensation of Officers,	Directors, Trustees	, Key Employees,	Highest Compensated	
•	Employees, and Independe	ent Contractors			

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if neither the organization ne	or any related	orga	ıniza	tion	cor	mper	nsat	ed any current officer, o	lirector, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average	(do	not c	Posi	rtion	than	one	Reportable	Reportable	Estimated
	hours per	box	, unie	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	┝	112	- 20		7,005		from	from related	other
	(list any hours for	Individual trustee or director						the	organizations (W-2/1099-MISC)	compensation from the
	related	10 GC	ste e			satec		organization (W-2/1099-MISC)	(***271099*****100)	organization
	organizations	trust	Institutional trustee)ee	imper		(** = *********************************		and related
	below	lan	E E	 	Key employee	est co oyee	ē			organizations
	line)	μģ	Inst	Officer	Key	Highest compensated employee	Form			
(1) Burlene Wilson	0.90							_	_	
Chairman		X		X	_			0.	0.	0.
(2) Paula Lewis	0.90								_	
President		X		X		Щ		0.	0.	0.
(3) Randy Tidmore	0.90	l			l		l			
Vice President		X	_	X		L		0.	0.	0.
(4) Beth Pullum	0.90								•	•
Secretary	0 50	X	<u> </u>	X		L	<u> </u>	0.	0.	0.
(5) Nancy Gates	9.50								0	0
Treasurer & AVS Coordinator	0 00	X	_	X		<u> </u>	_	0.	0.	0.
(6) Melvin Jones	0.90	.,								0
Director of Volunteers	0.90	X	-		<u> </u>		_	0.	0.	0.
(7) LeeAnn Ellison	0.90	x				ŀ		0.	0.	0
(8) David Keith	0.90	^	_			┝	_	<u> </u>		0.
Director	0.30	X			ł	 		0.	0.	0.
(9) Harold Dunlap	0.90	-	-		\vdash	╁	┢		- 0.	
Director	- 0.30	x				1		0.	0.	0.
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Form 990 (2012)

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Form 990 (2012) McAleste					_					45-5	<u> 5370</u>	974	Р	age
Part VII Section A. Officers, Directors, Tru		ploy	/ees	_		ighe	st C			es (continued)				
(A)	(B)		(C) Position				(0		(E)			(F)		
Name and title	Average hours per		to not check more than one ox, unless person is both an				Repor		Reportab			stimate		
	week		oox, unless person is both an officer and a director/trustee)					comper	compensat		ar	nount other		
	(list any	ctor						th		organizatio		соп	ipensa	
	hours for	r dare	l _			2		organi	zation	(W-2/1099-M			rom th	
	related	stee o	raste		_	Sensa	l	(W-2/109	9-MISC)				janızat	
	organizations below	la tr	Ē		oloyee	E S							d relat	
	line)	Individual trustee or director	Institutional trustee	Officer	ey em	sahgu molov	Former					org	anızatı	ons
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1b Sub-total								ļ	0.		0.			0
c Total from continuation sheets to Part \	II, Section A							<u> </u>	0.		0.	<u> </u>		0
d Total (add lines 1b and 1c) 2 Total number of individuals (including but	not limited to th		licte		bov	2) 14	ho r	occured more		O OOO of remarks		l		
compensation from the organization	not innited to ti	1036	iiste	cu a	DOV	6) W	11011	eceived inor	e ulali a lo	o,000 or reporta	DIE			
<u></u>													Yes	No
3 Did the organization list any former office	, director, or tn	uste	e, ke	эу өг	mplo	yee	, or	highest com	pensated e	employee on				
line 1a? If "Yes," complete Schedule J for	such individual	1										3		X
4 For any individual listed on line 1a, is the s	um of reportab	le co	omp	ens	atior	n an	d otl	her compens	sation from	the organization	n			
and related organizations greater than \$15												4		X
5 Did any person listed on line 1a receive or							relat	ed organizat	ion or indiv	ridual for service	es	ļ <u>.</u>	ļ	
rendered to the organization? If "Yes," con Section B. Independent Contractors	npiete Schedu	e J i	or s	uch	pers	son				 .		5	<u> </u>	X
Complete this table for your five highest c	ompensated in	done	on de	ont o	ont	raat	om t	hat racewad	more then	\$100,000 of on		-4!	· · · · · ·	
the organization. Report compensation for											mpens	sation	irom	
(A)		-				<u> </u>		r trio organiz	(B)	your.	T		 -	
Name and busines	s address	N	INC	E				Desc	caption of	services			nsatıo	n
-								·						
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							寸				 			
]				1			
2 Total number of independent contractors	(including but r	not lu	mite	d to	tho	se li	sted	above) who	received r	nore than				

\$100,000 of compensation from the organization

McAlester Regional Health Center, Inc. Form 990 (2012) Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (D)
Revenue excluded from tax under sections 512, 513, or 514 (B) Unrelated Related or Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a b Membership dues 1b 1c c Fundraising events 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 203,416. similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 203,416 h Total. Add lines 1a-1f **Business Code** Program Service Revenue 900099 810. 810 f All other program service revenue 810. Total. Add lines 2a-2f Investment income (including dividends, interest, and 310 310. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents b Less, rental expenses c Rental income or (loss) d Net rental income or (loss) (II) Other 7 a Gross amount from sales of (i) Securities assets other than inventory b Less. cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV. line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 275,854 and allowances 192,806. b Less: cost of goods sold 83,048. 83,048 c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d Ali other revenue e Total. Add lines 11a-11d

Total revenue. See instructions.

287,584.

83,858.

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response to any question in this Part IX Do not include amounts reported on lines 6b, Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII expenses general expenses expenses Grants and other assistance to governments and 46,123. 46,123 organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in 5,500 5,500 the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States, See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes 10 Fees for services (non-employees): a Management Legal c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 f Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 3,500 3,500 column (A) amount, list line 11g expenses on Sch O.) 564. 564. 12 Advertising and promotion 7,101. 7,101. 13 Office expenses Information technology 14 Royalties 15 Occupancy 16 5,577. 5,577. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization 22 23 Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Sales Tax Expense 21,076. 21,076. Wellness Membership 4,362. 4,362. 2,031. 2,031. Miscellaneous 1,349Volunteer Expense 349. 50. 50. All other expenses 97,233 97,233 O. 0. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

educational campaign and fundraising solicitation.

Check here if tollowing SOP 98-2 (ASC 958-720)

McAlester Regional Health Center, Inc.

45-5370974 Page 11

Part X | Balance Sheet Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year 192,372. 1 Cash - non-interest-bearing 1 Savings and temporary cash investments 2 2 Pledges and grants receivable, net 3 6,671. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instr). Complete Part II of Sch L Notes and loans receivable, net 7 16,878. 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b 10c b Less accumulated depreciation 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 Investments · program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 0. 215,921 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 25,570 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 -iabilities Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 0. 25,570. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 Temporarily restricted net assets 28 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 0. Capital stock or trust principal, or current funds 30 Ō. 0. 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Ō. 190,351. 32 Retained earnings, endowment, accumulated income, or other funds 32 190,351. 0. 33 Total net assets or fund balances 33 215,921. Total liabilities and net assets/fund balances 34

Form 990 (2012)

Form 990 (2012)

Auxiliary Volunteer Services of McAlester Regional Health Center, Inc. 45-5370974 Form 990 (2012) Part XI Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI 287,584 Total revenue (must equal Part VIII, column (A), line 12) 97,233 Total expenses (must equal Part IX, column (A), line 25) 2 190,351. 3 Revenue less expenses. Subtract line 2 from line 1 3 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 5 5 Net unrealized gains (losses) on investments Donated services and use of facilities 6 7 Investment expenses 7 Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, 190,351. column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Yes No 1 Accounting method used to prepare the Form 990: X Cash Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis Consolidated basis Х b Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit X Act and OMB Circular A-133? За b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2012)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Auxiliary Volunteer Services of McAlester Regional Health Center

Employer identification number 45-5370974

			CI REGIONAL				<u> </u>			3 3370	<u> </u>			
Part I	Reason	for Public Char	ity Status (Ali organiz	ations mu	st complet	te this part	.) See inst	ructions.						
The organ	ization is not a	private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)					_		
1 🗀	A church, cor	nvention of churche	s, or association of chur	ches desc	nbed in se	ction 170	(b)(1)(A)(i)							
2	A school des	cnbed in section 17	'0(b)(1)(A)(ii). (Attach So	hedule E.)										
з 🗀	A hospital or	a cooperative hospi	tal service organization	described	in section	170(b)(1)	(A)(iii).							
4 🔲	A medical res	search organization	operated in conjunction	with a hos	pital desc	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter	the hospital	's nan	ne,		
	city, and stat	_							-	•				
5 🗀	An organizati	on operated for the	benefit of a college or u	niversity or	wned or or	perated by	a governi	nental uni	t describ	ed in				
	-	(b)(1)(A)(iv). (Comple	=	•	•	•	J							
6			ent or governmental un	t describe	d in sectio	n 170(b)(1	D(Δ)(ν).							
7 🛣		•	-					r from the	general	nublic desc	ribed i	in		
	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)													
8 🗀	•		•	(Complete	Dart II \									
9 🗀	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from													
9	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment													
	income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.													
40 [See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4).													
10	-	-			-									
11 📖	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that													
					•		2). See se c	euc nois:	a)(3). On	eck the box	тлат			
	describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type II c Type III · Functionally integrated d Type III · Non-functionally integrated													
	a ☐ Type I		• •		•	•						_		
e L			at the organization is no		-									
_			han one or more public		_				9(a)(1) or	section 505)(a)(2).			
f	-		tten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III						
		rganization, check tl										Ļ		
g	_		organization accepted a			-					Yes			
		i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below,												
	_		upported organization?							11g(i)	Ь			
	(ii) A famıly	member of a person	n described in (i) above?	?						11g(ii)	<u> </u>	L		
	(iii) A 35% (controlled entity of a	person described in (i)	or (ii) abov	e?					11g(iii)	<u> </u>	<u> </u>		
h	Provide the following information about the supported organization(s).													
		····												
(i) Name	of supported	(ii) EIN	(iii) Type of organization		organization		u notify the	(vi) ls organizatio	the	(vii) Amoun	t of mo	netary		
org	anızatıon		(described on lines 1-9		sted in your		ion in col.	l (i) organiz	ed in the	sup	port			
			above or IRC section (see instructions))		document?	(i) oi you	r support?	U.S	.7					
			(000 1001.007)	Yes	No	Yes	No	Yes	No	<u> </u>				
						İ								
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								<u> </u>	<u> </u>	<u> </u>				
Total		{	1	1	1	-	1	1	\	\				

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

Schedule A (Form 990 or 990-EZ) 2012

Auxiliary Volunteer Services of

Schedule A (Form 990 or 990-EZ) 2012 McAlester Regional Health Center, Inc. 45-53709 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) 45-5370974 Page 2

(Complete only if you checked the box on line 5, 7, or 8 of Part I or If the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			l		203,416.	203,416.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to			ļ		Į į	
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to			ļ	Į.		
	the organization without charge						
4	Total. Add lines 1 through 3					203,416.	203,416.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included	ļ					
	on line 1 that exceeds 2% of the	ļ					
	amount shown on line 11,	!]			
	column (f)			ł			
6	Public support. Subtract line 5 from line 4						203,416.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total 203,416.
7	Amounts from line 4			<u> </u>	<u> </u>	203,416.	203,416.
8	Gross income from interest,		ļ	į			
	dividends, payments received on						
	securities loans, rents, royalties	•					
	and income from similar sources		L			310.	310.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain]			1	
	or loss from the sale of capital	ļ	Ì				
	assets (Explain in Part IV.)			ļ <u></u>			
11	Total support. Add lines 7 through 10		<u></u>	<u> </u>			203,726.
	Gross receipts from related activities,	•	•			12	276,664.
13	First five years. If the Form 990 is for	=	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	-
<u> </u>	organization, check this box and stor		roontogo				<u>▶</u> [X]
	ction C. Computation of Publ					Tan U	
	Public support percentage for 2012 (• •	column (f))		14	%
	Public support percentage from 2011			. 40	441 00 4/00/	15	%
168	33 1/3% support test - 2012. If the	-		· ·	14 IS 33 1/3% or	more, check this bo	ox and
	stop here. The organization qualifies		_		d line 15 is 00 1 10	K ou more abantal	
C	33 1/3% support test - 2011. If the cand stop here. The organization qual	-		•	u iii le 15 IS 33 1/35	o or more, check ti	IIS DOX
174	•		• • •		. 12 160 or 16b	and inc 14 is 100/	
1/8	 10% -facts-and-circumstances tes and if the organization meets the "fac 						
	-			•	•	art iv now the organ	nization _
L	meets the "facts-and-circumstances"	-			-	170 and line 15 :-	1004 or
C,	10% -facts-and-circumstances tes						
	more, and if the organization meets the organization meets the facts-and-circ						_
12	Private foundation. If the organization						
-10	Tivate journation. It the organization	an did not check a	DOX OUT MINE TO, TO	Ja, 100, 174, 01 17		edule A (Form 990	
					301	22212 7 11 01111 225	. J. JJU-LL/ 2012

Schedule A (Form 990 or 990-EZ) 2012 | Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and		-				
	membership fees received. (Do not				\		
	include any "unusual grants.")		_		1		
2	Gross receipts from admissions,			-			
	merchandise sold or services per-				1		
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-				i		
	iness under section 513				ļ	Į į	
1	Tax revenues levied for the organ-	-					
7	ızation's benefit and either paid to						
	or expended on its behalf				ļ	į	
-	·				 		
Ð	The value of services or facilities						
	furnished by a governmental unit to			1			
	the organization without charge				 	 	
	Total. Add lines 1 through 5				ļ		
7a	Amounts included on lines 1, 2, and				1		
	3 received from disqualified persons				ļ	ļ	
t	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year				ļ	ļ	ļ
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)		<u>,* </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
	ction B. Total Support			,			,
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
-	Amounts from line 6				ļ	ļ	
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties	,		ľ	l		
	and income from similar sources					<u> </u>	
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses				1		
	acquired after June 30, 1975			_		<u> </u>	<u> </u>
c	Add lines 10a and 10b				<u> </u>	<u> </u>	
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on	'					
12	Other income. Do not include gain		i -				
	or loss from the sale of capital assets (Explain in Part IV.)	 					
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is fo	r the organization's	s first, second, the	rd, fourth, or fifth t	ax vear as a section	on 501(c)(3) organiz	zation.
	check this box and stop here				,	(-)(-)	▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2012 (line 8, column (f) d	livided by line 13,	column (f))		15	%
	Public support percentage from 2011	• • • • • • • • • • • • • • • • • • • •	•	***		16	%
_	ction D. Computation of Inve						
17	Investment income percentage for 20	012 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	
	Investment income percentage from	•			• •	18	<u> </u>
	33 1/3% support tests - 2012. If the		•	on line 14. and lin	e 15 is more than		
	more than 33 1/3%, check this box a						▶□
ŧ	33 1/3% support tests - 2011. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization			•		•	
		3.2 onoon a		<u>_, _, _, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	DON WING SOO II		

2 | Schedule I (Form 990) (2012) Employer identification number 45-5370974 Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant urniture Assistance or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, 0 (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ► Attach to Form 990. recipient that received more than \$5,000 Part II can be duplicated if additional space is needed. Inc. (d) Amount of 46,123. cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table McAlester Regional Health Center, Auxiliary Volunteer Services of (c) IRC section LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. if applicable Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance 73-0992978 (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization MRHC-Van Buren Assisted Living or government 1500 E Van Buren Ave Name of the organization McAlester, OK 74501 Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Parti Part

232101 12-18-12

16

45-5370974

Auxiliary Volunteer Services of McAlester Regional Health Center,

Schedule I (Form 990) (2012) MCAlester Regional Health Center, Inc.

[Parklill] Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Scholarships	8	5,500.	.0		
Parily Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	le the information	required in Part I, I	ine 2, Part III, colum	(b), and any other additional inf	ormation.
Schedule I, Part I, Line 2: Assistance		requests are	evaluated by the	by the Board	
of Directors, charitable causes and	d programs	that	create healt	healthcare value	
to the general public of the City o	of McAlester	ster are to	þe	considered. Final	
awards are given to organizations t	that provide	ride these	types of	approved	
charitable projects. Examples of th	these pro	projects incl	include funding	y for Van	
Buren Assisted Living for much needed		furniture acquisitions.	isitions.		

Schedule I (Form 990) (2012)

used for books, tuition or fees. Applicants must have graduated, or plan to

Auxiliary Volunteer Services provides scholarships to individuals to be

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Openito Rublic Inspection

Name of the organization

Auxiliary Volunteer Services of McAlester Regional Health Center, Inc.

Employer identification number 45-5370974

Form 990, Part I, Line 1, Description of Organization Mission:
first class quality volunteer services for the best possible MRHC
patient care and for the greatest physical well-being of the ill,
injured or otherwise disabled MRHC patient, regardless of sex, race,
creed, national origin or the ability to return payment.
Form 990, Part III, Line 1, Description of Organization Mission:
regardless of sex, race, creed, national origin or the ability to
return payment.
Form 990, Part VI, Section B, line 11: The Form 990 is reviewed by Nancy
Gates, Treasurer, and presented to the Board of Directors at the next Board
Meeting.
Form 990, Part VI, Section B, Line 12c: All board members are covered by
this policy. Conflicts, whether minor or major, will be disclosed to the
governing Board of Directors, with reviews and resolutions performed under
the consultation and supervision of the Chairman or designated person or
team. Resolutions to the issue of conflict of interest, including
restrictions or suspension are all part of the possible outcomes.
Form 990, Part VI, Section B, Line 15: No paid employee or compensation
policy or procedure.
Form 990, Part VI, Section C, Line 19: Governing documents are available

upon request.

2012 Open to Public Inspection (g) Section 5 (2(b)(13) Employer identification number 45-5370974 å OMB No 1545-0047 × controlled entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Direct controlling End-of-year assets N/A <u>e</u> status (if section Public charity 501(c)(3)) ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Total income Related Organizations and Unrelated Partnerships Exempt Code Governmental section Ð ▶ See separate instructions. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) Inc. klahoma McAlester Regional Health Center, Auxiliary Volunteer Services of Healthcare- inpatient and ► Attach to Form 990. Primary activity Primary activity 9 outpatient 73-0992978, 1 Clark Bass Blvd, McAlester, OK McAlester Regional Health Center Authority Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Parti PartII 74501

Schedule R (Form 990) 2012

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

Auxiliary Volunteer Services of

Inc. McAlester Regional Health Center, Schedule R (Form 990) 2012

Page 2

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Pen III

General or Percentage managing ownership partner? Schedule R (Form 990) 2012 (i) Section 512(b)(13) controlled entity? Yes No Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) 3 Percentage ownership Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) S Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) y Share of end-of-year assets 6 ate allocations? Disproportion-Yes No Ξ Share of total Income (g)
Share of Ir
end-of-year
assets Ξ Type of entity (C corp, S corp, or trust) e Share of total income (d)
(Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> Legal domicile (state or foreign country) 7 ত্ (d)
Direct controlling entity Primary activity (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization 232162 12-10-12 Per W

Auxiliary Volunteer Services of Schedule R (Form 990) 2012 McAlester Regional Health Center, Inc.

45-5370974 Page 3

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36,)

Note. Complete line 1 if any entrty is listed in Parts II, III, or IV of this schedule.				Yes	٥ ۲
1 During the tax year, did the organization engage in any of the following transactio	ns with one or more	ig transactions with one or more related organizations listed in Parts II-IV?	I in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a	×
b Gift, grant, or capital contribution to related organization(s)		:	•	đ X	İ
c Gift, grant, or capital contribution from related organization(s)				2	×
d Loans or loan guarantees to or for related organization(s)				P	×
e Loans or loan guarantees by related organization(s)		•	:	10	×
f Dividends from related organization(s)				 	×
g Sale of assets to related organization(s)				₽	×
h Purchase of assets from related organization(s)				÷	×
i Exchange of assets with related organization(s)				; -	×
j Lease of facilities, equipment, or other assets to related organization(s)	•			; ;=	×
k Lease of facilities, equipment, or other assets from related organization(s)				+	×
I Performance of services or membership or fundraising solicitations for related organization(s)	janization(s)	•	:	F	×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)	•	:	重	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			ŧ	×
o Sharing of paid employees with related organization(s)				10	×
p Reimbursement paid to related organization(s) for expenses		:		ф —	
q Reimbursement paid by related organization(s) for expenses		:		19	×
r Other transfer of cash or property to related organization(s)				+	×
s Other transfer of cash or property from related organization(s)				1s	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete t	this line, including covered	relationships and transaction thresholds.		
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nt involved	
(1)					
(2)					
(6)					
(4)					
(5)					
(9)				:	ļ
332163 12-10-12	22		Schedu	Schedule R (Form 990) 2012) 2012

45-5370974

Auxiliary Volunteer Services of McAlester Regional Health Center,

Inc. Schedule R (Form 990) 2012 PartVII Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) (b) (c) (d)	(q)	(0)	(p)	(9)	(1)	(6)	Ξ	(5)	3	(K)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income pa	Are all partmers sec 501(c)(3)	Share of total	Share of end-of-year	Dispropor- tionate	amount in box 20 managing ownership	General managin partner	Percentage 9 ownership
		country)	under section 512-514)	Yes No	income	assets	Yes No	(Form 1065)	Yes No	
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								Schedule	χ -	Schedule R (Form 990) 2012

Auxiliary Volunteer Services of McAlester Regional Health Center, Inc. 45-5370974 Page 5 Schedule R (Form 990) 2012 McA1 Partivili Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Form **8868**

(Rev. January 2013)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 1-2013)

ightharpoons X If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs gov/efile and click on e-file for Charities & Nonprofits Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or Auxiliary Volunteer Services of print McAlester Regional Health Center, Inc. 45-5370974 File by the Number, street, and room or suite no. If a P O. box, see instructions. Social security number (SSN) due date for filing your 1 E Clark Bass Blvd. City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions 74501 McAlester, OK Enter the Return code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 Form 4720 (individual) 03 09 Form 990-PF Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 05 11 Form 990-T (trust other than above) Form 8870 12 The books are in the care of Telephone No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until February 15, 2014, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► Calendar year ► X tax year beginning JUL 1, 2012 _, and ending JUN 30, Initial return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3h Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Part II Type or print A	complete Part II if you have already been granted an a filing for an Automatic 3-Month Extension, complet Additional (Not Automatic) 3-Month Ex	e only Pa		led Form	3868.	
Part II Type or I print A			irc r (on page 1).			
Type or I	Additional (Not Adtomatio) o Month E	YTANSINI	n of Time Only file the origin	al (no co	nies neede	<u>d</u>
print A		<u> </u>				
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	uxiliary Volunteer Services			Linbiosei	dendication	number (City) or
File by the McAlester Regional Health Center, Inc. 45-5370						0974
. : —	Number, street, and room or suite no. If a P.O. box, se			Social se	curity number	
	E Clark Bass Blvd.					(00)
instructions	City, town or post office, state, and ZIP code. For a for ${\tt calester}$, OK ${\tt 74501}$	reign add	ress, see instructions.			
Enter the Re	stum code for the retum that this application is for (file	a separa	te application for each return)			0 1
Application		Return	Application			Return
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Form 990 or	Form 990-EZ	01				
Form 990-BL		02	Form 1041-A			08
Form 4720 (i	individual)	_03	Form 4720			09
Form 990-PF	F	04	Form 5227			10
Form 990-T ((sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T ((trust other than above)	06	Form 8870			12
STOP! Do n	ot complete Part II if you were not already granted David H Mak MRI		natic 3-month extension on a prev	iously file	d Form 8868.	
Telephon If the orga	is are in the care of \blacktriangleright 1 E Clark Bass le No \blacktriangleright 918-421-6653 anization does not have an office or place of business	s in the Ur	FAX No. ▶			→ □
	or a Group Return, enter the organization's four digit of a Group Return, enter the group, check this box		emption Number (GEN) In the control of the c			
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•				a JUN	30, 20	13
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	Change in accounting period					
7 State	in detail why you need the extension					
	ITIONAL TIME IS REQUIRED TO			ON NE	CESSARY	FOR
$\underline{\mathtt{FIL}}$	ING A COMPLETE AND ACCURATE	RET	URN.			
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