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Short Form Return of Organization Exempt From Income Tax

2012

Open to Public Inspection

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

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

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

Department of the Treasury
Internal Revenue Service

A For the 2012 calendar year, or tax year beginning **OCTOBER 1**, 2012, and ending **SEPTEMBER 30**, 2013

<p>B Check if applicable:</p> <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p>C Name of organization ST. ANDREWS AUXILIARY</p> <p>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P.O. BOX 202</p> <p>City or town, state or country, and ZIP + 4 WEST BOOTHBAY HARBOR, ME 04575-0202</p>	<p>D Employer identification number 01-0360059</p> <p>E Telephone number (207) 633-5014</p> <p>F Group Exemption Number ▶ N/A</p>
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G Accounting Method: Cash Accrual Other (specify) ▶ _____ **H** Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ **NONE**

J Tax-exempt status (check only one) - 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **133,695**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

	Description		Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	180
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	2,540
	4 Investment income	4	942
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
Expenses	7a Gross sales of inventory, less returns and allowances	7a	6,309
	b Less: cost of goods sold	7b	3,770
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	2,539
	8 Other revenue (describe in Schedule O)	8	123,724
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	129,925
Net Assets	10 Grants and similar amounts paid (list in Schedule O)	10	59,753
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	535
	14 Occupancy, rent, utilities, and maintenance	14	59,430
	15 Printing, publications, postage, and shipping	15	455
	16 Other expenses (describe in Schedule O)	16	1,755
	17 Total expenses. Add lines 10 through 16	17	121,928
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	7,997
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	121,227
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	129,224

SCANNED DEC 10 2013

16P

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

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

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

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

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

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

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

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

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

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 -0-

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

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

d Total number of other independent contractors each receiving over \$100,000 -0-

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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

Sign Here
 Signature of officer: Carol R. Linbard Date: NOV. 12, 2013
 Type or print name and title: CAROL R. LINBARD, TREASURER

Paid Preparer Use Only
 Preparer's name: HENRY J. HURFORD, JR. Preparer's signature: Henry J. Hurford Jr. Date: 10/28/13 Check if self-employed PTIN: P01207388
 Firm's name: HENRY J. HURFORD, JR., CPA Firm's EIN:
 Firm's address: P.O. BOX 1, BOOTHBAY HARBOR, ME 04538-0001 Phone no: (207) 633-4040

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

ST. ANDREWS AUXILIARY

Employer identification number

01-0360059

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated
 - e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		✓
(ii) A family member of a person described in (i) above?		✓
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		✓
 - h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A) St. Andrews Health Care Campus of Lincoln County Health Care	01-0153960	3	✓		✓		✓		41,079
(B)									
(C)									
(D)									
(E)									
Total									41,079

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization

ST. ANDREWS AUXILIARY

Employer identification number

01-0360059

Part I, Line 8 - Other Income:

Thrift Shop sales \$123,724

Part I, Line 10 - Grants and Similar Amounts Paid:

Payee	Purpose	Amount
St. Andrews Health Care Boothbay Harbor, Maine	Supported Organization	\$41,079
Education grants (11)	Medical Education	18,174
Boothbay Region District Nursing Association Boothbay, Maine	Medical Care	500
Total		\$59,753

Part I, Line 16 - Other Expenses:

Insurance	\$ 400
Advertising	469
Annual meeting	167
Memorials & goodwill	400
Volunteer pins	210
State filing fee	35
Bank charges	74
Total	\$1,755

Part V, Line 35 - Reason for Not Reporting Income on Form 990-T:

St. Andrews Auxiliary operates a thrift shop to raise funds for its supported organization. All of the merchandise sold in the thrift shop is donated to St. Andrews Auxiliary (Section 513(a)(3)) and all of the work associated with the thrift shop operation is performed by unpaid labor (Section 513(a)(1)).

In 2013, the organization operated an in-hospital gift cart for the convenience of its supported entity's patients and visitors (Section 513(a)(2)) and all of the work associated with the gift cart operation was performed by unpaid labor (Section 513(a)(1)).

ST. ANDREWS AUXILIARY
01-0360059
FORM 990-EZ
9/30/13

CERTIFICATION OF BY-LAWS
PART V, LINE 34

I, CAROL LINGARD, CERTIFY THAT THE ATTACHED SIX (6) PAGES ARE AN ACCURATE AND COMPLETE COPY OF THE AMENDED BY-LAWS OF ST. ANDREWS AUXILIARY AS FINALLY ADOPTED ON OCTOBER 17, 2013.

Carol R Lingard
SIGNATURE

11-12-13
DATE

CAROL LINGARD
NAME

TREASURER
TITLE

ST. ANDREWS AUXILIARY BY-LAWS

- ARTICLE I **NAME:** The name of this organization shall be
"The St. Andrews Auxiliary."
- ARTICLE II **MISSION:** Our Mission is to assist, through
volunteering services and direct cash donation,
the two campuses of St. Andrews as well as other
Boothbay Region 501(c)3 Health Care Services in
their collective objective to provide the highest
standards of medical care and treatment to the
people of the Boothbay Region
- ARTICLES III **MEMBERSHIP:**
- Section 1 **Regular Membership:** Open to anyone who
desires to help the Auxiliary in its mission through
volunteering time and effort. Annual dues are
fifteen (\$15.00) dollars. Annual dues are due in
October.
- Section 2 **Associate Membership:** Open to those persons
unable to give time and effort, but who support the
concept of the Auxiliary. Annual dues are twenty
(\$20.00) dollars.
- Section 3 **Honorary Membership:** Those who have given
exceptional service to the Auxiliary and who have
been selected by the Executive Board.
- ARTICLE IV **Officers:** The officers shall be a President, Vice
President, Treasurer, Recording Secretary and
Corresponding Secretary. They shall be nominated
at the Spring Meeting and elected at the Fall
Meeting, and shall serve a two-year term. No
officer may serve more than three (3) consecutive
two (2) year terms.

ARTICLE V **Executive Board:** The Executive Board shall consist of the Officers, the Chairs of the Standing Committees and three (3) Members-at-Large. Members-at-Large are the retiring President and two (2) appointees of the incoming President.

ARTICLE VI **COMMITTEES:**

Section 1 **Standing Committees:** The Standing Committees shall consist of the Historian, Mailing, Membership, Newsletter, Publicity, Service Records, Social Activities, Student Aid, Thrift Shop and Volunteer committees. The Chair (or Co-Chairs) of each committee is selected by the President. Co-Chairs shall have only one vote. The Chair of each Standing Committee shall appoint its own members as needed.

Section 2 **Nominating Committee:** The Nominating Committee consists of three (3) members selected by the Executive Board who also designates the Chair. The appointments shall take place in March and are for two (2) Years. This Committee nominates the Officers.

Section 3 The Executive Board may appoint ad hoc and special committees as required.

ARTICLE VII **MEETINGS:**

Section 1 **Auxiliary Membership:** There shall be at least two (2) regularly scheduled meetings of the Auxiliary membership, one in May or June, called the Spring Meeting, and one in October, called the Fall Meeting. The Fall Meeting is the Annual Meeting. Special meetings of the Auxiliary membership may be called at the direction of the Executive Board.

Section 2 **Executive Board:** The Executive Board shall meet monthly, with the exception of July and August. Special meetings may be called by the President.

ARTICLE VIII

QUORUM:

A quorum for any Auxiliary membership meeting shall be twenty-five (25) members, three (3) of whom shall be members of the Executive Board. A quorum of Executive Board meetings shall be at least fifty percent (50%) of the Board with Co-Chairs counting as one person. An email vote may constitute an official Executive Board vote.

ARTICLE IX

OFFICERS' DUTIES

Section 1

President: The President, as the Executive Officer of the organization, presides at all meetings of the Auxiliary Membership and of the Executive Board. The President appoints the Chair (or Co-Chairs) of all Standing Committees and is an ex officio member of all committees, except the Nominating Committee. Upon taking office, the President, at the invitation of the Lincoln County Healthcare (LCH) Board's Chair, may attend monthly and special meetings of the LCH Board.

Section 2

Vice President: The Vice President assumes the duties and responsibilities of the President in the event of the President's absence or resignation and performs such other duties as may be assigned by the President or the Executive Board. The Vice President coordinates the yearly update of the Auxiliary Yearbook.

Section 3

Treasurer: The Board directs the Treasurer to prepare an Annual Budget; to receive all monies from Auxiliary activities, including, but not limited to, special Auxiliary projects, dues, gifts, and memorials; to maintain records of all income and expenses; to pay by check all bills and sums; to report income and expenses to the Executive Board at each regularly scheduled meeting and to the Auxiliary Membership at the Annual Fall Meeting. The Annual Report shall include an audited statement for the preceding year through September 30th.

Section 4 **Recording Secretary:** The Recording Secretary records and maintains the minutes of all Auxiliary Membership meetings and all Executive Board meetings; shares those minutes with the Executive Board members and Lincoln County Healthcare Board members.

Section 5 **Corresponding Secretary:** The Corresponding Secretary is responsible for all correspondence of the Auxiliary and for such other duties as may be assigned by the President or the Executive Board.

ARTICLE X **EXECUTIVE BOARD DUTIES:**

The Executive Board is responsible for establishing and implementing policies to best meet the Auxiliary mission:

- a. Determines and shapes any business that the Board considers should be brought before the Auxiliary Membership.
- b. Between Annual Meetings, acts upon resignations of Officers and Board members, filling vacancies as required and as provided in these Bylaws.
- c. Annually reviews the need for particular Standing Committees and establishes ad hoc committees as may be required.
- d. Appoints a Nominating Committee of three (3) and designates a Chair.
- e. Provides for a review of the Bylaws every year and submits any recommended changes to the Auxiliary Membership.
- f. Approves Annual Budget

ARTICLE XI **COMMITTEE DUTIES:**

Section 1 **Historian:** The Historian researches Auxiliary files and other sources for the preparation and continuance of the history of the Auxiliary since it was organized in 1952.

- Section 2 **Mailing Committee:** Responsible for Auxiliary mailings.
- Section 3 **Membership Committee:** Maintains an accurate list of members by category, working closely with the Treasurer.
- Section 4 **Nominating Committee:** Nominates the Officers to the Auxiliary Executive Board for election at the Fall Meeting.
- Section 5 **Newsletter Committee:** Responsible for writing three (3) member newsletters a year: fall, winter, spring.
- Section 6 **Publicity Committee:** Prepares and submits publicity pieces for publication as directed by the Executive Board to promote the image and activities of the Auxiliary.
- Section 7 **Service Records Committee:** Collects and maintains records of volunteer hours for all St. Andrews volunteers. These records are submitted to the St. Andrews administrative body for recordkeeping and are also used for volunteer recognition at the Auxiliary Spring Appreciation Luncheon.
- Section 8 **Social Activities:** Responsible with the help of the Executive Board for organizing and promoting social activities, including, but not limited to, Spring Appreciation Luncheon, Fall Annual Meeting, Christmas Party for the staff of St. Andrews Campuses of the Lincoln County Healthcare, and refreshments for other occasions.
- Section 9 **Student Aid:** Determines, with the approval of the Executive Board, the types of financial aid and the qualifications needed by recipients for financial aid granted by the Auxiliary, but administered by LCH Human Resources. It requests the money for these scholarships or loans from the Auxiliary Budget Committee and holds it in the Auxiliary Treasury until notified by LCH Human Resources Department of a qualified recipient accepted by

a qualified educational institution. The Auxiliary then pays that institution directly, notifying and congratulating the recipient. The Chair shall maintain communication with LCH Human Resources.

Section 11 **Thrift Shop:** Responsible for the operation of the Thrift Shop; recruits, trains and supervises Thrift Shop workers; Maintains a record of the workers' hours of service.

Section 12 **Volunteers Committee:**
a. The Volunteer Chair liaises and coordinates volunteer needs with the Director of Volunteers for Lincoln County Healthcare (LCH).
b. Interviews prospective volunteers, determines service interests and explains the health and training requirements to new volunteers. Fills volunteer requests from established list.
c. Maintains a file of volunteer applications and list of current volunteers.

ARTICLE XII **AMENDMENTS:** These By-laws may be amended at an open meeting of the Auxiliary by a two-thirds vote of the members present, provided a written statement of the proposed amendment(s) has been submitted to all members at least two (2) weeks prior to said meeting.

ARTICLE XIII **DISSOLUTION OF ST. ANDREWS AUXILIARY:**

In the event of the dissolution of the St. Andrews Auxiliary, all of its assets shall be divided among the remaining 501(c)3 Health Care Services of our region.

Revised October 17, 2013

ST. ANDREWS AUXILIARY
01-0360059
FORM 990-EZ
9/30/13

LIST OF ATTACHMENTS

SCHEDULE A - PUBLIC CHARITY STATUS AND PUBLIC SUPPORT

SCHEDULE 0 - SUPPLEMENTAL INFORMATION TO FORM 990 OR 990-EZ

CERTIFICATION OF BY-LAWS

BY-LAWS (6 PAGES)