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Department of the Treasury Internal Revenue Service

## **Short Form Return of Organization Exempt From Income Tax**

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

▶ Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

Open to Public Inspection

| 18 Excess or (deficit) for the year (Subtract line 17 from line 9)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u> </u>   |                                                  | ne 2013 calendar year, or tax year beginning , 2013, and e                                                                                       | naing              |                |                                       |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------|---------------------------------------|--|--|--|
| Saint James Hospital Auxiliary   Saint James Hospital Auxiliary   Saint James Hospital State   Saint       | <u> </u>   |                                                  |                                                                                                                                                  | D Employ           | •              |                                       |  |  |  |
| Indicate serving   Indicate se      |            |                                                  | hange   Saint James Hospital Auxiliary                                                                                                           |                    |                |                                       |  |  |  |
| Cry or town, state or powners, country, and ZIP or foreign postal codes   I.I. 617 64   F. Group Exemption   Apptication peeding   Pontial C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            | Initial re                                       | Number and street (or P O box, if mail is not delivered to street address)  Ro                                                                   | oom/suite          | E Telepho      | E Telephone number                    |  |  |  |
| Pontiac   Pontiac   Pontiac   IL 61764   Pontiac   Pon      |            | Termina                                          | ated 2500 W. Reynolds St.                                                                                                                        |                    | (81            | 5) 842-2697                           |  |  |  |
| Appendix person   Pontiac   State   Accrual Other (specify)   I H Check   I if the organization is not required to attach Schedule B (Form 990, 990-Ez, or 990-PF)   I Nebsite: N/A   I Check   I if the organization   Corporation   I Very   I in the organization   Corporation   I in the organization   Check if the organization used Schedule O to respond to any question in this Part   I   Contributions, gifts, grants, and similar amounts received.   I   2117, 2   2   2   2   2   2   2   2   2   3   3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | Amend                                            | ed return City or town, state or province, country, and ZIP or foreign postal code                                                               |                    | F Group        | Exemption                             |  |  |  |
| Website: N/A   Tax-exempt status (check only one)   X   501(c)(3)   501(c)(1)   (mised no)   4947(a)(1) or   527   Form of organization   Corporation   X   Trust   Association   Other   Add tines 5b, 6c, and 7b, to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets (Part III. column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ   5   170,256.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            | Applica                                          | tion pending Pontiac IL 6                                                                                                                        | 1764               |                |                                       |  |  |  |
| Tax-exempt status (check only one) =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | G          | Acco                                             | unting Method X Cash Accrual Other (specify) ►                                                                                                   | H C                | heck ► X ıft   | he organization is <b>not</b>         |  |  |  |
| K Form of organization   Corporation   X Trust   Association   Other    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. column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.   \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | I          |                                                  |                                                                                                                                                  |                    |                |                                       |  |  |  |
| 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 sasets (Part II. column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | J          | Tax-ex                                           | tempt status (check only one) — X 501(c)(3) 501(c) ( ) (insert no ) 4947(a)(1) or                                                                | 527 (F             | form 990, 990- | EZ, or 990-PF)                        |  |  |  |
| assets (Part II, column (8) below) are \$500,000 or more, file Form 990 mistead of Form 990-EZ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the origanization used Schedule 0 to respond to any question in this Part I  1 Contributions, gifts, grants, and similar amounts received. 2 Program service revenue including government fees and contracts. 3 Membership dues and assessments 3 7.25. 4 Investment income 5 a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses. 5 a Gross amount from sale of assets other than inventory (Subtract line 55 from line 5a). 5 c Gam or (loss) from sale of assets other than inventory (Subtract line 55 from line 5a). 5 d Gross income from gaming (attach Schedule Bill (pread that all 50,000) 6 a 6 G Gaming and fundraising events or including 5 01,3,706. 5 d Gross income from gaming (attach Schedule Bill (pread that all 50,000) 6 a 6 G Gaming and fundraising events or including 5 01,3,706. 5 d Gross income from gaming (attach Schedule Bill (pread that all 50,000) 6 a 6 G Gaming and fundraising events or including 5 01,3,706. 5 d Gross income from gaming and fundraising events or including 5 01,3,706. 6 d Gaming and fundraising events or including 5 01,3,706. 6 d Gross income and contributions for including 5 01,3,706. 6 d Gross income and contributions for including 5 01,3,706. 6 d Gross income and contributions for including 5 01,3,706. 6 d Gross income and contributions for including 5 01,3,706. 6 d Gross income and contributions for including 5 01,3,706. 6 d Gross income and contributions for including 5 01,3,706. 6 d Gross income and contributions for including 5 01,3,706. 6 d Gross income and contributions for including 5 01,3,706. 6 d Gross income and contributions for including 5 01,3,706. 6 d Gross income and contributions for including 5 01,3,706. 6 d Gross income and contributions for including 5 01,3,706. 6 d Gross income and contributions for including 5 01,3,706. 6    |            |                                                  |                                                                                                                                                  |                    |                |                                       |  |  |  |
| 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   217.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | L          | Add I                                            | nes 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or                                                    | r more, or if to   | otal           |                                       |  |  |  |
| Check if the organization used Schedule O to respond to any question in this Part    1 Contributions, gifs, grants, and similar amounts received. 1 217. 2 Program service revenue including government fees and contracts. 2 3 4 Investment income . 4 4 4. 4 5 a Gross amount from sale of assets other than inventory . 5 a 5 b c 6 Garning and fundraising events . 5 b c 6 Garning and fundraising events so from fundraising events from fundraising events from fundraising events from fundraising events reported on in 1 (altaps Schadule Culture 1 (altaps Schadule Cu    | _          |                                                  |                                                                                                                                                  |                    |                | <u> </u>                              |  |  |  |
| 1   Contributions, gifts, grants, and similar amounts received.   1   217.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Pa         | art I                                            | Revenue, Expenses, and Changes in Net Assets or Fund Balance Check if the organization used Schedule O to respond to any question in this Part I | <b>s</b> (see the  | instructions   | for Part I)                           |  |  |  |
| 2 Program service revenue including government fees and contracts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            | 1                                                |                                                                                                                                                  |                    |                |                                       |  |  |  |
| 3 Membership dues and assessments 4 Investment income 5 Gross amount from sale of assets other than inventory 5 Less cost or other basis and sales expenses. 5 Gam or (loss) from sale of assets other than inventory (Subtract line 5 from line 5a). 6 Gaming and fundraising events a Gross income from fundraising events (pot including 5 O 3, 70.6). 6 Gross income from fundraising events (pot including 5 O 3, 70.6). 7 Gross income from fundraising event serptot including 5 O 3, 70.6. 6 C Less direct expenses from gaming and fundraising events (pot including 5 O 3, 70.6). 6 Gross income and contributions exceeds \$15,000/D M. Get Int \$5 miles (pot including 5 O 3, 70.6). 6 Gross income from fundraising event serptot including 5 O 3, 70.6. 6 C Less direct expenses from gaming and fundraising events (pot including 5 O 3, 70.6). 6 C Less direct expenses from gaming and fundraising events (pot including 5 O 3, 70.6). 6 C Less direct expenses from gaming and fundraising events (pot including 5 O 3, 70.6). 6 C Less direct expenses from gaming and fundraising events (pot including 5 O 3, 70.6). 7 Gross sales of inventory, less returns and allowances 7 a 165, 60.4. 8 Less cost of goods sold 7 b 155, 52.6.  C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 c 10, 078. 8 Other revenue (describe in Schedule O) 8 9 Total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 13, 628. 10 Grants and similar amounts paid (list in Schedule O) 10 50. 11 Benefits paid to or for members 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            | 2                                                |                                                                                                                                                  |                    |                |                                       |  |  |  |
| 4 Investment income 5 a Gross amount from sale of assets other than inventory 5 b Less cost or other basis and sales expenses . 5 b Less cost or other basis and sales expenses . 5 c Gam or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). 5 c Gaming and fundraising events a Gross income from gaming (attach Schedule Cultural Maria 5)5,000) 6 a S Gross income from fundraising events (Form fundraising events of such gross income from fundraising events (Form fundraising events from fundraising events (Form fundraising events from fundraising for fundraising from fundraising for fundraising for fundraising for fundraising for fundraising for fundraising for fundraising     |            | 3                                                |                                                                                                                                                  |                    |                | 725                                   |  |  |  |
| 5 a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses.  c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).  6 Gaming and fundraising events a Gross income from gaming (attach Schedule Cili greate Ven 15,000)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | 4                                                | •                                                                                                                                                |                    |                |                                       |  |  |  |
| b Less cost or other basis and sales expenses.  c Gain of (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).  6 Gaming and fundraising events a Gross income from gaming (attach Schedule Cull greate that \$15,000)   6a   b Gross income from fundraising events reported on line 1) (attach Schedule Cull greate that \$15,000)   1.0   c Less direct expenses from gaming and fundraising events.  d Net income or (loss) from gaming and fundraising events.  d Net income or (loss) from gaming and fundraising events.  d Net income or (loss) from gaming and fundraising events.  d Net income or (loss) from gaming and fundraising events.  d Net income or (loss) from gaming and fundraising events.  d Net income or (loss) from gaming and fundraising events.  d Net income or (loss) from gaming and fundraising events.  d Net income or (loss) from gaming and fundraising events.  d Net income or (loss) from gaming and fundraising events.  d Net income or (loss) from gaming and fundraising events.  d Net income or (loss) from gaming and fundraising events.  d Net income or (loss) from gaming and fundraising events.  d Net income or (loss) from gaming and fundraising events.  d Net income or (loss) from gaming and fundraising events.  d Net income or (loss) from gaming and fundraising events.  d Net income or (loss) from gaming and fundraising events.  d Net income or (loss) from gaming and fundraising events.  d Net income or (loss) from gaming and fundraising events.  d Net income or (loss) from gaming and fundraising events.  d Net income or (loss) from gaming and fundraising events.  d Net income or (loss) from gaming and fundraising events.  d Net income or (loss) from gaming and fundraising events.  d Net income or (loss) from gaming and fundraising events.  d Net income or (loss) from gaming and fundraising events.  d Net income or (loss) from gaming and fundraising events.  d Net income or (loss) from gaming and fundraising events.  d Net income or (loss) from gaming and fundraising events.  d Net i  |            | 5 a                                              | Gross amount from sale of assets other than inventory                                                                                            |                    |                | 7.                                    |  |  |  |
| c Gain or (loss) from sale of assets other than inventory (Subtract line 5b) from line 5a).  6 Gaming and fundraising events a Gross income from gaming (attach Schedule Cill greater wat 15,000) b Gross income from fundraising events (prot including 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                                                  | · · · · · · · · · · · · · · · · · · ·                                                                                                            |                    |                |                                       |  |  |  |
| 6 Gaming and fundraising events a Gross income from gaming (attach Schedule Gill greater than \$15,000)   6a   b Gross income from fundraising events reported on initial (attach Schedule Gill greater than \$15,000)   6b   c Less direct expenses from gaming and fundraising events reported on initial (attach Schedule Gill free storm of such gross income and contributions exceeds \$13,000)   10   6   c Less direct expenses from gaming and fundraising events (add)   6c   1,102   d Net income or (loss) from gaming and fundraising events (add)   6c   1,102   d Net income or (loss) from gaming and fundraising events (add)   6c   1,102   d Net income or (loss) from gaming and fundraising events (add)   6c   1,102   d Net income or (loss) from gaming and fundraising events (add)   6c   1,102   d Net income or (loss) from gaming and fundraising events (add)   6c   1,102   d Net income or (loss) from gaming and fundraising events (add)   6c   1,102   d Net income or (loss) from gaming and fundraising events (add)   6c   1,102   d Net income or (loss) from gaming and fundraising events (add)   6c   1,102   d Net income or (loss) from gaming and fundraising events (add)   6c   1,102   d Net income or (loss) from gaming and fundraising events (add)   6c   1,102   d Net income or (loss) from gaming and fundraising events (add)   6c   1,102   d Net income or (loss) from gaming and fundraising events (add)   6c   1,102   d Net income or (loss) from gaming and fundraising events (add)   6c   1,102   d Net income or (loss) from gaming and fundraising events (add)   6c   1,102   d Net income or (loss) from gaming and fundraising events (add)   6c   1,102   d Net income or (loss) from gaming and fundraising events (add)   6c   1,102   d Net income or (loss) from gaming and fundraising events (add)   6c   1,102   d Net income or (loss) from gaming and fundraising events (add)   6c   1,102   d Net income or (loss) from gaming and fundraising events (add)   6c   1,102   d Net income or (loss) from gaming and fundraising events (add)   6c |            |                                                  | · · · · · · · · · · · · · · · · · · ·                                                                                                            |                    | 5              | c                                     |  |  |  |
| a Gross income from gaming (attach Schedule Little and 15,000) 6a   b Gross income from fundraising events (not including 5 0.13,706. of contributions from fundraising events reported on line 10 (attach Schedule Cif. Interior of such gross income and contributions exceeds \$15,000 \ 1.0 (attach Schedule Cif. Interior of such gross income and contributions exceeds \$15,000 \ 1.0 (attach Schedule Cif. Interior of such gross income on contributions) exceeds \$15,000 \ 1.0 (attach Schedule Cif. Interior of such gross income on contributions) exceeds \$15,000 \ 1.0 (attach Schedule Cif. Interior of such gross income on contributions) exceeds \$15,000 \ 1.0 (attach Schedule Cif. Interior of such gross profit or (loss) from gaming and fundraising events (addlines 6a and 6b and subtract line 6b and subtract line 6b and subtract line 6b and subtract line 6c (attach Schedule Cif. Interior of such gross sales of inventory, less returns and allowances                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | 6                                                | Gaming and fundraising events                                                                                                                    |                    |                |                                       |  |  |  |
| b Gross income from fundraising events reported on Inite 1) (attent Schedule Griff the Sum of such gross income and contributions sexeetists 15,000) 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | R          | a                                                | Gross income from gaming (attach Schedule Gut preater than \$15,000)                                                                             |                    |                |                                       |  |  |  |
| of such gross income and contributions exceeds \$15,1000/Entry   66   3,706   c Less direct expenses from gaming and fundralsing events   6c   1,102   d Net income or (loss) from gaming and fundralsing events (addines 6a and 6b and subtract line 6c)   6d   2,604   Ta Gross sales of inventory, less returns and allowances   7a   165,604   b Less cost of goods sold   7b   155,526   c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)   7c   10,078   8 Other revenue (describe in Schedule O)   8   8   9   13,628   10 Grants and similar amounts paid (list in Schedule O)   10   50   11 Benefits paid to or for members   11   12 Salaries, other compensation, and employee benefits   12   52   13 Professional fees and other payments to independent contractors   13   14 Occupancy, rent, utilities, and maintenance   14   100   15 Printing, publications, postage, and shipping   15   66   16 Other expenses (describe in Schedule O)   16   17 Total expenses. Add lines 10 through 16   17   268   18 Excess or (defficit) for the year (Subtract line 17 from line 9)   18   13,360   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   4,588   10 Other changes in net assets or fund balances (explain in Schedule O)   20   10   17,948   17,948   17,948   18   17,948   18   17,948   18   17,948   18   18   18   18   18   18   18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Ā          | I                                                |                                                                                                                                                  | contributions      |                |                                       |  |  |  |
| of such gross income and contributions exceeds \$15,1000/Entry   66   3,706   c Less direct expenses from gaming and fundralsing events   6c   1,102   d Net income or (loss) from gaming and fundralsing events (addines 6a and 6b and subtract line 6c)   6d   2,604   Ta Gross sales of inventory, less returns and allowances   7a   165,604   b Less cost of goods sold   7b   155,526   c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)   7c   10,078   8 Other revenue (describe in Schedule O)   8   8   9   13,628   10 Grants and similar amounts paid (list in Schedule O)   10   50   11 Benefits paid to or for members   11   12 Salaries, other compensation, and employee benefits   12   52   13 Professional fees and other payments to independent contractors   13   14 Occupancy, rent, utilities, and maintenance   14   100   15 Printing, publications, postage, and shipping   15   66   16 Other expenses (describe in Schedule O)   16   17 Total expenses. Add lines 10 through 16   17   268   18 Excess or (defficit) for the year (Subtract line 17 from line 9)   18   13,360   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   4,588   10 Other changes in net assets or fund balances (explain in Schedule O)   20   10   17,948   17,948   17,948   18   17,948   18   17,948   18   17,948   18   18   18   18   18   18   18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | E<br>N     | -                                                |                                                                                                                                                  | on and a direction | İ              |                                       |  |  |  |
| d Net income or (loss) from gaming and fundressing events (addlines 6a and 6b and subtract line 6c)  7 a Gross sales of inventory, less returns and allowances  b Less cost of goods sold  c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe in Schedule O)  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.  10 Grants and similar amounts paid (list in Schedule O)  11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance.  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9).  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).  20 Other changes in net assets or fund balances (explain in Schedule O)  17 Total expenses. Add lines 10 through 16 Salaries (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).  19 4,588.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | E          |                                                  | of such gross income and contributions exceeds \$15,000)                                                                                         |                    | 3,706.         |                                       |  |  |  |
| d Net income or (loss) from gaming and fundressing events (addlines 6a and 6b and subtract line 6c)  7 a Gross sales of inventory, less returns and allowances  b Less cost of goods sold  c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe in Schedule O)  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.  10 Grants and similar amounts paid (list in Schedule O)  11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance.  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9).  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).  20 Other changes in net assets or fund balances (explain in Schedule O)  17 Total expenses. Add lines 10 through 16 Salaries (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).  19 4,588.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            | С                                                | Less direct expenses from gaming and fundraising events 6c                                                                                       |                    | 1,102.         |                                       |  |  |  |
| 6b and subtract line 6c)  7a Gross sales of inventory, less returns and allowances  b Less cost of goods sold  c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe in Schedule O)  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.  10 Grants and similar amounts paid (list in Schedule O)  11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9).  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 Vet assets or fund balances at end of year. Combine lines 18 through 20.  10 Council 18 Council 18 Council 19 Counc    |            | ا م                                              | Net income or (loss) from gaming and fundrelsing events (additions 6a and                                                                        |                    |                |                                       |  |  |  |
| 7 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 to 155, 526.  7 to 10,078. 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 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). 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            | "                                                | 6b and subtract line 6c)                                                                                                                         |                    | 6              | d 2,604.                              |  |  |  |
| b Less cost of goods sold                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | 7 a                                              | Gross sales of inventory, less returns and allowances                                                                                            | 16                 | 5.604.         |                                       |  |  |  |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe in Schedule O)  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.  10 Grants and similar amounts paid (list in Schedule O)  11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance.  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9).  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 Quarticle of the compensation of year. Combine lines 18 through 20.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            | b                                                | Less cost of goods sold                                                                                                                          |                    | -              |                                       |  |  |  |
| 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.  10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 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 Q 50. 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). 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 17,948.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            | С                                                | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)                                                                   |                    |                | 10.078.                               |  |  |  |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | ı                                                |                                                                                                                                                  |                    |                |                                       |  |  |  |
| 10 Grants and similar amounts paid (list in Schedule O)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            | 9                                                |                                                                                                                                                  |                    |                | 13,628                                |  |  |  |
| 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 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). 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20. 21 17, 948.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            | 10                                               |                                                                                                                                                  |                    |                |                                       |  |  |  |
| Salaries, other compensation, and employee benefits  12 52.  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance.  15 Printing, publications, postage, and shipping.  16 Other expenses (describe in Schedule O).  17 Total expenses. Add lines 10 through 16.  18 Excess or (deficit) for the year (Subtract line 17 from line 9).  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).  20 Other changes in net assets or fund balances (explain in Schedule O).  21 Net assets or fund balances at end of year. Combine lines 18 through 20.  21 17, 948.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            | 11                                               |                                                                                                                                                  |                    |                | · · · · · · · · · · · · · · · · · · · |  |  |  |
| 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 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 Other changes in net assets or fund balances (explain in Schedule O). 20 Net assets or fund balances at end of year. Combine lines 18 through 20. 21 17, 948.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Z)<br>E    | 12                                               | Salaries, other compensation, and employee benefits                                                                                              |                    | 12             | 52                                    |  |  |  |
| 14 Occupancy, rent, utilities, and maintenance.  15 Printing, publications, postage, and shipping.  16 Other expenses (describe in Schedule O).  17 Total expenses. Add lines 10 through 16.  18 Excess or (deficit) for the year (Subtract line 17 from line 9).  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 Other changes in net assets or fund balances (explain in Schedule O).  20 Net assets or fund balances at end of year. Combine lines 18 through 20.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Ġ.         | 13                                               |                                                                                                                                                  |                    |                | -1                                    |  |  |  |
| 18 Excess or (deficit) for the year (Subtract line 17 from line 9)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ,E         | 14                                               |                                                                                                                                                  |                    |                | 100                                   |  |  |  |
| 18 Excess or (deficit) for the year (Subtract line 17 from line 9)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ,\$<br>E   | 15                                               |                                                                                                                                                  |                    |                |                                       |  |  |  |
| 18 Excess or (deficit) for the year (Subtract line 17 from line 9)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u>(8.</u> | 16                                               |                                                                                                                                                  |                    |                |                                       |  |  |  |
| 18 Excess or (deficit) for the year (Subtract line 17 from line 9)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ~          | 17                                               |                                                                                                                                                  |                    |                |                                       |  |  |  |
| 21 Net assets or fund balances at end of year. Combine lines 18 through 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            | <del>                                     </del> |                                                                                                                                                  |                    |                |                                       |  |  |  |
| 21 Net assets or fund balances at end of year. Combine lines 18 through 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | A          |                                                  |                                                                                                                                                  |                    |                | 13,300.                               |  |  |  |
| 21 Net assets or fund balances at end of year. Combine lines 18 through 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | NS E       | 19                                               | figure reported on prior year's return).                                                                                                         | with end-of-ye     | ear 19         | 1 500                                 |  |  |  |
| 21 Net assets or fund balances at end of year. Combine lines 18 through 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TĘ"        | 20                                               | • • • • •                                                                                                                                        |                    |                | 1/300.                                |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            | }                                                |                                                                                                                                                  |                    |                |                                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            | •                                                |                                                                                                                                                  |                    | 21             | 11/2101                               |  |  |  |

| Par         | Balance Sheets (see the inst<br>Check if the organization used Sched                                                                        | ructions for Part II)                                | ion in this Part II                                                              |                                                                                               |                |                                                |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|----------------|------------------------------------------------|
|             | Check if the organization used Sched                                                                                                        | ule O to respond to any quest                        |                                                                                  | A) Beginning of year                                                                          | <u> </u>       | (B) End of year                                |
| 22          | Cash, savings, and investments                                                                                                              |                                                      |                                                                                  | 2,438.                                                                                        | 22             | 5,720.                                         |
| 23          | Land and huildings                                                                                                                          |                                                      |                                                                                  | 0.                                                                                            | 23             | 0.                                             |
| 24          | Other assets (describe in Schedule O)                                                                                                       | Inventory                                            |                                                                                  | 2,150.                                                                                        | 24             | 12,228.                                        |
| 25          | Total assets                                                                                                                                |                                                      |                                                                                  | 4,588.                                                                                        | 25             | 17,948.                                        |
| 26          | Total liabilities (describe in Schedule O)                                                                                                  |                                                      |                                                                                  | 0.                                                                                            | 26             | 0.                                             |
| 27          | Net assets or fund balances (line 27 of c                                                                                                   |                                                      |                                                                                  | 4,588.                                                                                        | 27             | <u>17,948.</u>                                 |
| Par         | Statement of Program Service A                                                                                                              |                                                      |                                                                                  |                                                                                               | 'D             | Expenses<br>ured for section 501               |
| \A/hat      | Check if the organization used School sthe organization's primary exempt purpose? Im                                                        |                                                      | stion in this Part III                                                           |                                                                                               |                | and 501(c)(4)                                  |
| Desc        | ribe the organization's primary exempt purposer <u>I m</u>                                                                                  | omplishments for each of its th                      | ree largest program ser                                                          | vices, as                                                                                     |                | izations and section<br>a)(1) trusts, optional |
| meas        | ribe the organization's program service act<br>sured by expenses. In a clear and concise r<br>fited, and other relevant information for eac | manner, describe the services                        | provided, the number of                                                          | persons f                                                                                     |                | ners)                                          |
| 28          | To purchase hospital equi                                                                                                                   |                                                      |                                                                                  |                                                                                               | 1              | <u> </u>                                       |
|             | 10 butchase mosticat edu                                                                                                                    | -billetic Talid Diovide                              | THEOTICAT PONOTO                                                                 | #F 21   F 2                                                                                   | - 1            |                                                |
|             |                                                                                                                                             |                                                      |                                                                                  |                                                                                               |                |                                                |
|             | (Grants \$ 0 ) If th                                                                                                                        | is amount includes foreign gra                       | nts, check here                                                                  |                                                                                               | 28 a           | 50.                                            |
| 29          |                                                                                                                                             |                                                      |                                                                                  | 1                                                                                             |                |                                                |
|             |                                                                                                                                             |                                                      | <del></del>                                                                      |                                                                                               |                |                                                |
|             |                                                                                                                                             |                                                      |                                                                                  |                                                                                               | -              |                                                |
|             | (Grants \$ ) If th                                                                                                                          | is amount includes foreign gra                       | nts, check here                                                                  |                                                                                               | 29 a           | <u>,                                      </u> |
| 30          |                                                                                                                                             |                                                      | <b></b>                                                                          |                                                                                               |                |                                                |
|             |                                                                                                                                             |                                                      |                                                                                  |                                                                                               |                |                                                |
|             | 70                                                                                                                                          | is amount includes foreign gra                       |                                                                                  |                                                                                               | 20 -           |                                                |
| 21          | (Grants \$ ) If th Other program services (describe in Sche                                                                                 |                                                      |                                                                                  |                                                                                               | 30 a           |                                                |
| 31          |                                                                                                                                             | is amount includes foreign gra                       |                                                                                  |                                                                                               | 31 a           |                                                |
| 32          | Total program service expenses (add lir                                                                                                     |                                                      |                                                                                  |                                                                                               | 32             | 50.                                            |
|             | List of Officers, Directors,                                                                                                                |                                                      |                                                                                  | <del></del>                                                                                   |                |                                                |
| G. Caron    | Check if the organization used School                                                                                                       |                                                      |                                                                                  |                                                                                               |                |                                                |
|             | (a) Name and Title                                                                                                                          | (b) Average hours per<br>week devoted to<br>position | (c) Reportable compensation<br>(Forms W-2/1099-MISC)<br>(If not paid, enter -0-) | (d) Health benefits,<br>contributions to employe<br>benefit plans, and deferr<br>compensation |                | (e) Estimated amount of other compensation     |
| Cha         | rles Johnson                                                                                                                                |                                                      |                                                                                  |                                                                                               |                | · · · · · · · · · · · · · · · · · · ·          |
|             | sident                                                                                                                                      | 0.00                                                 | 0.                                                                               |                                                                                               | 0.             | 0.                                             |
|             | ice Reinhardt                                                                                                                               |                                                      | <u> </u>                                                                         |                                                                                               | <u> </u>       |                                                |
|             | asurer                                                                                                                                      | 0.00                                                 | 0.                                                                               |                                                                                               | 0.             | 0.                                             |
| Peg         | gy Haase                                                                                                                                    |                                                      |                                                                                  |                                                                                               |                |                                                |
|             | e President                                                                                                                                 | 0.00                                                 | 0.                                                                               |                                                                                               | 0.             | 0.                                             |
| <u>An r</u> | Black                                                                                                                                       |                                                      |                                                                                  |                                                                                               |                |                                                |
|             | retary                                                                                                                                      | 0.00                                                 | 0.                                                                               |                                                                                               | 0.             | 0.                                             |
|             | na Alvey                                                                                                                                    | 0.00                                                 |                                                                                  |                                                                                               |                | 0                                              |
|             | bership Chair<br>ody Wahl                                                                                                                   | 0.00                                                 | 0.                                                                               |                                                                                               | 0.             | 0.                                             |
|             | vs/Means_Chair                                                                                                                              | 0.00                                                 | 0.                                                                               |                                                                                               | 0.             | 0.                                             |
| May         | 37 Hearts Charl                                                                                                                             |                                                      | <u> </u>                                                                         | ·                                                                                             | <u> </u>       |                                                |
|             |                                                                                                                                             |                                                      |                                                                                  |                                                                                               |                |                                                |
|             |                                                                                                                                             |                                                      |                                                                                  |                                                                                               |                |                                                |
|             |                                                                                                                                             |                                                      |                                                                                  |                                                                                               |                |                                                |
|             |                                                                                                                                             |                                                      |                                                                                  |                                                                                               | l              |                                                |
|             |                                                                                                                                             |                                                      | <u> </u>                                                                         |                                                                                               |                |                                                |
|             |                                                                                                                                             |                                                      |                                                                                  |                                                                                               | 1              |                                                |
|             |                                                                                                                                             | <del></del>                                          |                                                                                  |                                                                                               |                | <del></del>                                    |
|             |                                                                                                                                             | •                                                    |                                                                                  |                                                                                               |                |                                                |
|             | ·                                                                                                                                           |                                                      |                                                                                  |                                                                                               |                |                                                |
|             |                                                                                                                                             | 1                                                    |                                                                                  |                                                                                               |                |                                                |
|             |                                                                                                                                             |                                                      |                                                                                  |                                                                                               | <del>-  </del> | <del></del> _                                  |
|             |                                                                                                                                             |                                                      |                                                                                  |                                                                                               |                |                                                |
|             |                                                                                                                                             |                                                      |                                                                                  |                                                                                               | T              |                                                |
|             |                                                                                                                                             | ī                                                    | I                                                                                |                                                                                               |                |                                                |
|             |                                                                                                                                             |                                                      |                                                                                  |                                                                                               |                | Form <b>990-EZ</b> (2013)                      |

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37-6041874

Form 990-EZ (2013) Saint James Hospital Auxiliary

| 39 Det the organization engage in any significant activity not previously reported to the IRS?  30 West any significant changes made to the organizary or growing documents? If Yes, it took a conformed copy of the amended documents if they refloct a change to be organization and received to the organization and the organization as extending the organization and the organization and the organization as extending the organization as extending to 151,000 or more during the year from business activities (such as those reported on lines 2, 6s, and 7s, among others!)  35 In Vision 151,000 or more during the year from the organization organization as extending 6033(e) notice.  36 In Vision 151,000 or more during the year from the year of the organization undergo a laquidation, described to 151,000 or more during the year from the year organization undergo a laquidation, described to 151,000 or significant disposition of real assets during the year? If Yes, complete spiciolation of the organization undergo a laquidation, described to 151,000 organization organization undergo a laquidation, described to 151,000 organization organization undergo a laquidation, described to 151,000 organization organization undergo a laquidation, or make any port year and sell outstanding at the end of the tax year covered by this return?  38 Did the organization organization organization organization during the year undergo any such board on the 151 per year and sell outstanding at the end of the tax year covered by this return?  38 Did the organization organization organization organization organization and the post organization organiz  | اعرا       | Title V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |      | . [ |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------|-----|
| If Yes, 'provide a detailed description of each activity in Schedule O  Wes an system of wages make the enginency or growing pocuments If Yes, 'stach's accinomed copy of the amended documents if they refact a charge to the organization that organization the organization that organi  | 33         | Did the organization engage in any significant activity not previously reported to the IRS?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             | Yes  | No  |
| a change to the organization's name. Otherwise, explain the change on Schedule O (See institutions) 35                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | If 'Yes,' provide a detailed description of each activity in Schedule O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 33          |      | Х   |
| 35 a Dit the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on the 22, 6a, and 7a, among others)?  bit Yes, to line 35a, has the organization filed a Form 990-T for the year? If No, provide an explanation in Schedule O at Was the organization or 50 (C(4), 50 (C(5), 6), 50 (5)(6), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), 60 (5), | <b>V</b> 4 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 34          |      | v   |
| (such as those reported on lines 2, 6s, and 7a, among others)?  bit 1/*es, 16 in a 534, has the organization files of prom 990-T for the year? If 1/50, provide an explanation in Schedule 0  s 55  c Was the organization a section 501(c)(4), 501(c)(6), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 1/*es, complete Schedule (5. Part III)  35 b Ust the organization undergo a liquidation, dissolution, termination, or significant disposition of not assest during the year? If 1/*es, complete sphelose parts of 55-bridule N  36 b Ust the organization before year and still outstanding at the end of the tax year covered by this return?  36 b Ust the organization before year and still outstanding at the end of the tax year covered by this return?  37 b Ust 20 b Ust the organization before year and still outstanding at the end of the tax year covered by this return?  38 a Ust the organization before year and still outstanding at the end of the tax year covered by this return?  38 a Ust the organization before year and still outstanding at the end of the tax year covered by this return?  38 a Ust the organization before year and still outstanding at the end of the tax year covered by this return?  38 a Ust the organizations. Enter an organization the organization during the year under section 301(c)(7) organizations. Enter amount of tax imposed on the organization during the year under section 4911 - section 4912 - section 4915 - section 4915 - section 4915 - section 4916 - section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax miposed on organization are proven that has not been reported on any of this proper forms 990 or 990-EZ? If Yea, complete Schedule I, Part I and year or year that the proper forms 990 or 990-EZ? If Yea, complete Schedule I, Part I section 491 - year organization and the year year year year year year year yea                                                                                                                   | 35         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u> </u>    |      |     |
| b if Yes, Comparation a section 501 (c)(4) organization filed a Form 900-T for the year? if No. prowide an explanation in Schedule 0 visual form of the comparation as before 503(e) index, organization subject to section 603(e) notice, exporting, and proxy tax requirements during the year? if Yes, complete Schedule C, Part III.  5 Did the organization undergo a liquidation, discolori, or significant disposition of not assets during the year? if Yes, complete sphicable parts of Schedule N. 37a   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0   0.0    |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 35 a        |      | х   |
| c Was the organization a section 501 (c)(4), 501 (c)(5), organization subject to section 503 (c) notice, reporting, and proxy tax requirements during the year? If Yes, complete Spedulo C, Part III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 35 b        |      |     |
| 36 Dit the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts of Schedule N 37 a Dit A 38 a Dit the organization berow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a proyear and still outstanding at the end of the tax year covered by this return? 38 a Dit Yes, complete Schedule L, Part II and enter the total amount involved 38 a Dit A 38 a  |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | $\vdash$    |      |     |
| disposition of net assets during the year? If Yes, complete applicable parts of Schedule N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 35 c        |      | X   |
| 37 a Enter amount of political expenditures, direction indirect, as described in the instructions. * 37 a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 36         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 36          |      | X   |
| b Did the organization file Form 1120-POL for this year?  37 b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 37         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |      |     |
| 38 a Dit the organization borrow from, or make any loans to, any officer, director, frustee, or key employee or were any such loans made in a prory year and still outstanding at the end of the tax year covered by this return?  38 a X  b If Yes, complete Schedule L, Part II and enter the total amount involved.  39 Section 501(c)(7) organizations Enter and any the section 491 in the search of any time the service of the search of the   |            | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 37 b        |      | Х   |
| b If Yes', complete Schedule L, Part II and enter the total amount movived  39 Section 501(c)(7) organizations. Enter a linktion fees and capital contributions included on line 9.  39 b Gross receipts, included on line 9, for public use of club facilities  39 b Gross receipts, included on line 9, for public use of club facilities  39 b Gross receipts, included on line 9, for public use of club facilities  39 b Gross receipts, included on line 9, for public use of club facilities  39 b Gross receipts, included on line 9, for public use of club facilities  39 b Gross receipts, included on line 9, for public use of club facilities  39 b Gross receipts, included on line 9, for public use of club facilities  39 b Gross receipts, included on line 9, for public use of club facilities  39 b Gross receipts, included on line 9, for public use of club facilities  39 b Gross receipts, included on line 9, for public use of club facilities  39 b Gross receipts, included on line 9, for public use of club facilities  39 b Gross receipts, included on line 9, for public use of club facilities  39 b Gross receipts, included on line 9, for public use of club facilities  39 b Gross receipts, included on line 9, for public use of club facilities  40 a Gross receipts, included on line 9, for public use of club facilities  40 b Gross receipts, included on line 9, calcindary of the organization of large in any section 4956 excess benefit transaction of line 10 (c) (4) organizations. Enter amount of lax mosed on organization managers or designations.  40 b Gross receipts and solid included in a form of facilities during a party to a prohibited tax  41 b List the states why which a copy of this return is filed a Fill Included in a facilities of the states of the   | 38         | a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |      |     |
| as Section 501(c)(2) organizations Enter a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39 b Gross receipts, included on line 9, for public use of club facilities 39 b  40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911   Section 501(c)(4) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior forms 990 or 990-E27 if Yes; complete Schedule L, Part 1  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualitile depresons during the year under sections 4912, 495s, and 4956.  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualitile depresons during the year under sections 4912, 495s, and 4956.  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualitile depresons during the vear wear, was the organization a party to a prohibited tax sheller transaction? If Yes, complete Form 8886-T.  42a The organizations At any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If Yes, complete Form 8886-T.  42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country in a foreign country.  42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country.  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year.  44a Did the organization maintain any donor advised funds duri  |            | any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 38 a        |      | Х   |
| 39 Section 501(c)(2) organizations. Enter a initiation fees and capital contributions included on line 9. 39a b Gross receipts, included on line 9, for public use of club facilities 39b 40a Section 501(c)(3) organizations. Dieter amount of tax imposed on the organization during the year under section 4911               | b If 'Yes,' complete Schedule L, Part II and enter the total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |      |     |
| a Initiation fees and capital contributions included on line 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |      |     |
| b Gross receipts, included on line 9, for public use of club facilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |      |     |
| 40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 * section 4912 * section 4912 * section 4912 * section 4913 * sect  |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |      |     |
| section 4911 * section 4912 * section 4915 * b Saction 501(x)(3) and 501(x)(4) organizations. Did the organization engage in any section 4958 vestion 4958 vesses benefit transaction of any of its prior Forms 990 or 990-EZ? If Yes, complete Schedule, Part I cesses benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If Yes, complete Schedule, Part I cesses of disqualified persons during the year under sections 4912, 4955, and 4958.  d Section 501(x)(3) and 501(x)(4) organizations. Enter amount of tax imposed on organization managers of disqualified persons during the year under sections 4912, 4955, and 4958.  d Section 501(x)(3) and 501(x)(4) organizations Enter amount of tax on line 400 reimbursed by the organization.  d Section 501(x)(3) and 501(x)(4) organizations is Enter amount of tax on line 400 reimbursed by the organization.  d Section 501(x)(3) and 501(x)(4) organizations is Enter amount of tax on line 400 reimbursed by the organization.  d Section 501(x)(3) and 501(x)(4) organizations is Enter amount of tax on line 400 reimbursed by the organization.  d All List the states with which a copy of this return is filed * Illinois  d   |            | b Gross receipts, included on line 9, for public use of club facilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |      |     |
| b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4938 excess benefit transaction during the year of did it engage in an excess benefit transaction of uring the year of did it engage in an excess benefit transaction or a profession during the year of did it engages in an excess benefit transaction or aproved on any of its prior Forms 990 or 990-EZ? If Yes, complete Schedule L, Part I.  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax mount proceed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If Yes, complete Form 5866-1.  List the states with which a copy of this return is filed   Telephone no  Eunice Reinhardt  Tele  | 40         | a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |      |     |
| transaction during the year or did it lengage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E2? If Yes', complete Schedule (L, Part I)  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If Yes, complete Form 6866-1.  40 e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |      |     |
| on any of its prior Forms 990 or 990-E27 if Yes, complete Schedule L, Part I  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax unposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax un line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8886-T.  List the states with which a copy of this return is filed * Illinois  42a The organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8886-T.  Located at * P. O. Box 614                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            | b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |      |     |
| c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.  e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8886-T.  40 e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 40 h        |      | v   |
| d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shelfer transaction? If Yes, complete Form 8686-T.  42 a The organizations. At any time during the tax year, was the organization a party to a prohibited tax shelfer transaction? If Yes, complete Form 8686-T.  42 a The organization's books are in care of books are in care of Eunice Reinhardt Flangan IL ZPH+4 61740  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See the instructions for exceptions and filing requirements for Form 1D F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  42 b If Yes, enter the name of the foreign country  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44 Did the organization maintain any donor advised funds during the year? If Yes, Form 990 must be completed instead of Form 990-EZ  b Did the organization meintain any donor advised funds during the year? If Yes, Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  44 b X  45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? If Yes, In the organization have a controlled entity of the organization with a controlled entity within the meaning of section 512(b)(13)? If Yes, In the organization receive any payment from or engage in any transaction within the meaning of section 512(b)(13)? If Yes, In the payment of the organization receive any payment from or engage in any  |            | , , , , , , , , , , , , , , , , , , , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 400         |      | ^   |
| e All organizations.  e All organizations at any time during the tax year was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.  42 a The organization's books are in care of books are incared on the care of   |            | managers or disqualified persons during the year under sections 4912, 4955, and 4958                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |      |     |
| shelter transaction? If 'Yes,' complete Form 8886-T.  List the states with which a copy of this return is filed   Illinois    42 a The organization's books are in care of   Eunice Reinhardt   Flanagan   IL ZP+4   61740    b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?   Azb   X    See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S?   Azc   X    If 'Yes,' enter the name of the foreign country   Azc   X    43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here   Azc   X    44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ   Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ   Azc   Azc   X    44 Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ   Azc   X    44 Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ   Azc   X    45 Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ   Azc   X    45 Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ   Azc   X    45 Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?   X    45 Did the organization receive any payment from or engage in any transactio  |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |      |     |
| 42a The organization's books are in care of Eunice Reinhardt Telephone no (815) 796-2683  Located at P.O. Box 614 Flanagan II ZIP+4 61740  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Yes, if 'Yes,' enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c X  If 'Yes,' enter the name of the foreign country  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  c Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  If 'No,' provide an explanation in Schedule O  44d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            | shelter transaction? If 'Yes,' complete Form 8886-T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 40 e        |      | X   |
| books are in care of F Eunice Reinhardt Telephone no (815) 796-2683  Located at P. O. Box 614 Flanagan ILL ZIP+4 61740  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S?  If 'Yes,' enter the name of the foreign country  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  440 X  441 Yes' to line 44c, has the organization filed a Form 720 to report these payments?  If 'Yes,' Form 990 receive any payment from or engage in any transaction within the meaning of section 512(b)(13)?  b Did the organization receive any payment from or engage in any transaction within the meaning of section 512(b)(13)? If 'Yes,' Form 990 receive any payment from or engage in any transaction within the meaning of section 512(b)(13)? If 'Yes,' Form 990 receive any payment from or engage in any transaction within the meaning of section 512(b)(13)? If 'Yes,' Form 990 receive any payment from or engage in any transaction within the meaning of section 512(b)(13)? If 'Yes,' Form 990 receive any payment from or engage in any transaction within the meaning of section 512(b)(13)? If 'Yes,' Form 990 receive any payment from or engage in any tra  | 41         | List the states with which a copy of this return is filed Lillinois                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |      |     |
| books are in care of F Eunice Reinhardt Telephone no (815) 796-2683  Located at P. O. Box 614 Flanagan ILL ZIP+4 61740  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S?  If 'Yes,' enter the name of the foreign country  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  440 X  441 Yes' to line 44c, has the organization filed a Form 720 to report these payments?  If 'Yes,' Form 990 receive any payment from or engage in any transaction within the meaning of section 512(b)(13)?  b Did the organization receive any payment from or engage in any transaction within the meaning of section 512(b)(13)? If 'Yes,' Form 990 receive any payment from or engage in any transaction within the meaning of section 512(b)(13)? If 'Yes,' Form 990 receive any payment from or engage in any transaction within the meaning of section 512(b)(13)? If 'Yes,' Form 990 receive any payment from or engage in any transaction within the meaning of section 512(b)(13)? If 'Yes,' Form 990 receive any payment from or engage in any transaction within the meaning of section 512(b)(13)? If 'Yes,' Form 990 receive any payment from or engage in any tra  |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |      |     |
| books are in care of F Eunice Reinhardt Telephone no (815) 796-2683  Located at P. O. Box 614  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S?  If 'Yes,' enter the name of the foreign country  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here  and enter the amount of tax-exempt interest received or accrued during the tax year  44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  44b X  d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  If 'Yes,' Form 990 receive any payment from or engage in any transaction within the meaning of section 512(b)(13)?  b Did the organization receive any payment from or engage in any transaction within the meaning of section 512(b)(13)? If 'Yes,' Form 90 feathers are payment from or engage in any transaction within the meaning of section 512(b)(13)? If 'Yes,' Form 90 feathers are payment from or engage in any transaction within the meaning of section 512(b)(13)? If 'Yes,' Form 90 feathers are payment from or engage in any transaction within the meaning of section 512(b)(13)? If 'Yes,' Form 90 feathers are payment from or engage in any transaction within the meaning of section 512(b)(13)? If 'Yes,' Form 90 feathers are payment from or engage in any transaction within the mea  |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |      |     |
| b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S?  If 'Yes,' enter the name of the foreign country  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  44a X  d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  If 'Yes,' provide an explanation in Schedule O  15 In the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?  16 Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' and the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' and a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' and a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' and a controlled entity of the organization with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' and a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' and a controlle  | 42         | a The organization's                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |      |     |
| b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S?  If 'Yes,' enter the name of the foreign country  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  444                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u> 796</u> | -268 | 3   |
| At any time during the calendar year, did the organization maintain an office outside of the U.S?  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S?  If 'Yes,' enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S?  If 'Yes,' enter the name of the foreign country  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  If 'Yes' to line 44c, has the organization filed and to organization within the meaning of section 512(b)(13)? If 'Yes,' b Did the organization receive any payment from or engage in any transaction within the meaning of section 512(b)(13)? If 'Yes,' b Did the organization receive any payment from or engage in any transaction within the meaning of section 512(b)(13)? If 'Yes,' b Did the organization receive any payment from or engage in any transaction within the meaning of section 512(b)(13)? If 'Yes,' b Did the organization receive any payment from or engage in  |            | Located at P. O. Box 614 Flanagan IL ZIP+4 61740                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ,           |      |     |
| If 'Yes,' enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S?  If 'Yes,' enter the name of the foreign country  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  If 'Yes,' enter the name of the foreign country  44 b Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' and the me  |            | <b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             | Yes  | No  |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | financial account in a foreign country (such as a bank account, securities account, or other financial account)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 42 b        |      | X   |
| c At any time during the calendar year, did the organization maintain an office outside of the U.S.?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            | If 'Yes,' enter the name of the foreign country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |      |     |
| c At any time during the calendar year, did the organization maintain an office outside of the U.S?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |      |     |
| c At any time during the calendar year, did the organization maintain an office outside of the U.S?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |      |     |
| c At any time during the calendar year, did the organization maintain an office outside of the U.S.?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | ļ    |     |
| c At any time during the calendar year, did the organization maintain an office outside of the U.S.?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            | See the instructions for exceptions and filing requirements for Form TD F 90-22.1. Report of Foreign Bank and Financial Accounts.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |      |     |
| If 'Yes,' enter the name of the foreign country  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here  and enter the amount of tax-exempt interest received or accrued during the tax year  43  Yes No  44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  If 'No,' provide an explanation in Schedule O  45 a Did the organization receive any payment from or engage in any transaction within the meaning of section 512(b)(13)? If 'Yes,'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 42 c        |      | X   |
| 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here  and enter the amount of tax-exempt interest received or accrued during the tax year  44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  If 'No,' provide an explanation in Schedule O  45 a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            | MENCE I THE MENCE OF THE CONTRACT OF THE CONTR |             |      |     |
| and enter the amount of tax-exempt interest received or accrued during the tax year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |      |     |
| and enter the amount of tax-exempt interest received or accrued during the tax year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |      |     |
| and enter the amount of tax-exempt interest received or accrued during the tax year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |      |     |
| and enter the amount of tax-exempt interest received or accrued during the tax year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 42         | Section 4947(a)/1) popovomet charitable tructe filing Form 900 F7 in liqui of Form 4044. Check here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             | ▶ □  |     |
| 44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 45         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | Ш    |     |
| 44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | and enter the amount of tax-exempt interest received or accrued during the tax year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             | Voc  | No  |
| of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  If 'No,' provide an explanation in Schedule O  44 d  45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?  b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 44         | a Did the executation results and described for deduced the complete of Ferry 200 words to execute district                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             | 163  | NO  |
| b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 44         | a Did the organization maintain any donor advised funds during the year? If Yes, Form 990 must be completed instead of Form 990-F7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 44 a        |      | Y   |
| instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  If 'No,' provide an explanation in Schedule O  45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?  b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 774         |      | ^   |
| c Did the organization receive any payments for indoor tanning services during the year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 44 b        |      | X   |
| d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  If 'No,' provide an explanation in Schedule O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | -    |     |
| If 'No,' provide an explanation in Schedule O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            | d If World has Ada has the assessment as Slad a Farm 700 to separat these segments 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |      |     |
| 45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | If 'No,' provide an explanation in Schedule O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 44 d        |      |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 45         | a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 45 a        |      | Х   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            | b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | AFh         |      | Ų,  |

| Form            | 990-EZ (2013) Saint James Hospi                                                                                                                                                                | tal Auxilıary _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      | 37-604                                                                                           | 11874                         | Page 4      |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------|-------------|
|                 | Did the organization engage, directly or indire candidates for public office? If 'Yes,' complete                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                                                                  | 46                            | Yes No      |
|                 | Section 501(c)(3) organization All section 501(c)(3) organization for lines 50 and 51. Check if the organization used Schedu                                                                   | ons only<br>ons must answer que                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | stions 47-49b and 5                                  | 2, and complete the                                                                              | tables                        | <u> </u>    |
|                 | Did the organization engage in lobbying activity complete Schedule C, Part II                                                                                                                  | ties or have a section 501(                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | h) election in effect dunno                          | g the tax year? If 'Yes,'                                                                        | 47                            | Yes No      |
| 49 a<br>b<br>50 | Did the organization make any transfers to an If 'Yes,' was the related organization a section Complete this table for the organization's five employees) who each received more than \$10 cm. | exempt non-charitable related to the second related related related to the second related rela | ated organization?                                   |                                                                                                  | 49 a                          | X           |
|                 | (a) Name and title of each employee                                                                                                                                                            | (b) Average hours<br>per week devoted<br>to position                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (c) Reportable compensation<br>(Forms W-2/1099-MISC) | (d) Health benefits,<br>contributions to employee<br>benefit plans, and deferred<br>compensation | (e) Estimated other comp      |             |
| Non             | e                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                                                                  |                               |             |
|                 |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                                                                  |                               |             |
|                 |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                                                                  | _                             |             |
|                 |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                                                                  |                               |             |
| 51              | Total number of other employees paid over \$ Complete this table for the organization's five                                                                                                   | highest compensated inde                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | pendent contractors who                              | each received more that                                                                          | n \$100,000 c                 | of          |
|                 | compensation from the organization If there i                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (b) Type                                             | of service                                                                                       | (c) Comp                      | pensation   |
| Non             | <u>e</u>                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                                                                  |                               |             |
|                 |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                                                                  |                               |             |
|                 |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                                                                  |                               |             |
|                 |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                                                                  |                               |             |
|                 | Total number of other independent contractor  Did the organization complete Schedule A? N  chantable trusts must attach a completed Sch                                                        | ote. All section 501(c)(3) o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | rganizations and 4947(a)                             |                                                                                                  | <br>.► XYes                   | s No        |
| Under p         | penalties of perjury, I declare that I have examined this return, orrect, and complete Declaration of preparer (other than office                                                              | including accompanying schedules                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | and statements and to the best                       | of my knowledge and belief, it is                                                                |                               |             |
| Sign            | > Eunia Reinhardt                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      | 3-21-14<br>Date                                                                                  |                               |             |
| Here            |                                                                                                                                                                                                | reasurer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | val                                                  |                                                                                                  |                               | <del></del> |
| Paid<br>Prepa   | Print/Type preparer's name  Ronald K. Fellheimer  arer  Firm's name ► Fellheimer La                                                                                                            | Preparer signifure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Date 03/19/1                                         | Check L if                                                                                       | PTIN<br>P0006400              | 6           |
| Use (           | Only Firm's address ► 210 N. Main St                                                                                                                                                           | . P.O. Box 558                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | TT 01-01                                             | Firm's EIN                                                                                       | 37-1103                       |             |
| Marri           | Pontiac                                                                                                                                                                                        | nown shows? See that the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | IL 61764                                             | Phone no (81                                                                                     | . <u>- 5) 842</u><br>.► X Yes |             |
|                 | the IRS discuss this return with the preparer sh                                                                                                                                               | iowii above / See instructio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,               |                                                                                                  |                               | 0-EZ (2013) |

## SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

**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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Employer identification number

37-6041874 Saint James Hospital Auxiliary 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.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) 7 R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts 9 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 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. Type III - Functionally integrated d Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? . . 11 g (i) A family member of a person described in (i) above? . . . . . 11 g (ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . . . 11 g (iii) Provide the following information about the supported organization(s) h (v) Did you notify the organization in column (i) of your (I) Name of supported organization (II) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (vi) is the organization in column (i) (vil) Amount of monetary (iv) is the organization in column (i) listed in support (see instructions)) your governing document? support' organized in the US? Yes Yes No Yes (A) (B) (C) (D) (E) Total BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

37-6041874 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

| (Complete only if yo  | u checked the box on line 5.1    | 7, or 8 of Part I or if the organization failed to qualify under Part III. If the |
|-----------------------|----------------------------------|-----------------------------------------------------------------------------------|
| (Complete only if yo  | a checked the box on line o,     | , or o or rail ror in the organization railor to qualify areas is a second        |
|                       |                                  | salaw alagan gamalata Dart III \                                                  |
| organization tails to | quality under the tests listed i | pelow, please complete Part III.)                                                 |

| Sec         | tion A. Public Support                                                                                                                                                                                                                                                                                                                                                                         |                     |                     | т                       |                      |                                       | <del></del>         |  |  |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------|-------------------------|----------------------|---------------------------------------|---------------------|--|--|
| Cale        | endar year (or fiscal year<br>inning in) ►                                                                                                                                                                                                                                                                                                                                                     | (a) 2009            | <b>(b)</b> 2010     | (c) 2011                | (d) 2012             | (e) 2013                              | (f) Total           |  |  |
| 1           | Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')                                                                                                                                                                                                                                                                                               |                     |                     |                         |                      |                                       |                     |  |  |
| 2           | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                                                                                                                                                                                                                                                |                     |                     |                         |                      |                                       |                     |  |  |
| 3           | The value of services or facilities furnished by a governmental unit to the organization without charge                                                                                                                                                                                                                                                                                        |                     |                     |                         |                      |                                       |                     |  |  |
| 4           | Total. Add lines 1 through 3                                                                                                                                                                                                                                                                                                                                                                   |                     |                     |                         |                      |                                       |                     |  |  |
| 5           | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)                                                                                                                                                                                            |                     |                     |                         |                      |                                       |                     |  |  |
| 6           | Public support. Subtract line 5 from line 4                                                                                                                                                                                                                                                                                                                                                    |                     |                     |                         |                      | · · · · · · · · · · · · · · · · · · · |                     |  |  |
| Sec         | ction B. Total Support                                                                                                                                                                                                                                                                                                                                                                         |                     |                     | <b>1</b>                |                      | ·                                     |                     |  |  |
| Cale<br>beg | endar year (or fiscal year<br>inning in) ►                                                                                                                                                                                                                                                                                                                                                     | (a) 2009            | <b>(b)</b> 2010     | (c) 2011                | (d) 2012             | (e) 2013                              | (f) Total           |  |  |
| 7           | Amounts from line 4                                                                                                                                                                                                                                                                                                                                                                            |                     |                     |                         |                      |                                       |                     |  |  |
| 8           | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                                                                                                                                                                                                                                 |                     |                     |                         |                      |                                       |                     |  |  |
| 9           | Net income from unrelated business activities, whether or not the business is regularly carried on                                                                                                                                                                                                                                                                                             |                     |                     |                         |                      |                                       |                     |  |  |
| 10          | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                                                                                                                                                                                                                                                                                 |                     |                     |                         |                      | -"                                    |                     |  |  |
|             | Total support. Add lines 7 through 10                                                                                                                                                                                                                                                                                                                                                          |                     |                     |                         |                      |                                       |                     |  |  |
| 12          | Gross receipts from related activiti                                                                                                                                                                                                                                                                                                                                                           | es, etc (see instru | ctions)             |                         |                      | 12                                    |                     |  |  |
|             | First five years. If the Form 990 is organization, check this box and s                                                                                                                                                                                                                                                                                                                        | top here            |                     | third, fourth, or fifth | n tax year as a sect | ion 501(c)(3)                         | ▶ □                 |  |  |
|             | ction C. Computation of Pu                                                                                                                                                                                                                                                                                                                                                                     |                     |                     |                         |                      |                                       |                     |  |  |
|             | Public support percentage for 201                                                                                                                                                                                                                                                                                                                                                              |                     |                     |                         |                      |                                       |                     |  |  |
| 15          | Public support percentage from 20                                                                                                                                                                                                                                                                                                                                                              | )12 Schedule A, P   | art II, line 14     |                         |                      | 15                                    | %%_                 |  |  |
| 16          | 16 a 33-1/3% support test — 2013. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization                                                                                                                                                                      |                     |                     |                         |                      |                                       |                     |  |  |
|             | b 33-1/3% support test — 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization                                                                                                                                                                        |                     |                     |                         |                      |                                       |                     |  |  |
| 17          | 17 a 10%-facts-and-circumstances test — 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization   |                     |                     |                         |                      |                                       |                     |  |  |
|             | b 10%-facts-and-circumstances test — 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization |                     |                     |                         |                      |                                       |                     |  |  |
| 18          | Private foundation. If the organiz                                                                                                                                                                                                                                                                                                                                                             | ation did not chec  | k a box on line 13, | 16a, 16b, 17a, or       | 17b, check this box  | and see instruc                       | tions ▶ ∐           |  |  |
| 9 / /       |                                                                                                                                                                                                                                                                                                                                                                                                |                     |                     |                         | Cal                  | odulo A (Form C                       | 200 or 990-E7) 2013 |  |  |

37-6041874

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

|       | tion A. Public Support                                                                                                                                                                                                                                                |                      |                            |                        |                                       | <sub>I</sub> |    |              |
|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------|------------------------|---------------------------------------|--------------|----|--------------|
|       | dar year (or fiscal yr beginning in)  Gifts, grants, contributions  and membership fees  received (Do not include                                                                                                                                                     | (a) 2009             | <b>(b)</b> 2010            | (c) 2011               | (d) 2012                              | (e) 201      | 3  | (f) Total    |
| _     | any 'unusual grants')                                                                                                                                                                                                                                                 |                      |                            |                        |                                       |              |    |              |
| 2     | Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513 .                                                                                                                                                                        |                      |                            |                        |                                       |              |    |              |
| 4     | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                                                                                                                       |                      |                            |                        |                                       |              |    |              |
| 5     | The value of services or facilities furnished by a governmental unit to the organization without charge                                                                                                                                                               |                      |                            |                        |                                       |              |    |              |
|       | Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                                                                                 |                      |                            |                        |                                       |              |    |              |
| b     | 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                                                                                                        |                      |                            |                        |                                       |              |    |              |
| С     | Add lines 7a and 7b                                                                                                                                                                                                                                                   |                      |                            |                        |                                       |              |    |              |
| 8     | Public support (Subtract line 7c from line 6.)                                                                                                                                                                                                                        | i                    |                            |                        |                                       |              |    |              |
| Sec   | tion B. Total Support                                                                                                                                                                                                                                                 |                      |                            |                        |                                       |              |    |              |
| Calen | dar year (or fiscal yr beginning in) ►                                                                                                                                                                                                                                | (a) 2009             | <b>(b)</b> 2010            | (c) 2011               | (d) 2012                              | (e) 201      | 3  | (f) Total    |
| 9     | Amounts from line 6                                                                                                                                                                                                                                                   |                      |                            |                        |                                       |              |    |              |
| 10 a  | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                                                                                                        |                      |                            |                        |                                       |              |    |              |
| b     | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                                                                                                                                                               |                      |                            |                        |                                       |              |    |              |
| С     | Add lines 10a and 10b                                                                                                                                                                                                                                                 |                      |                            |                        |                                       |              |    |              |
| 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 or loss from the sale of capital assets (Explain in Part IV.)                                                                                                                                                                        |                      |                            | -                      |                                       |              |    |              |
| 13    | Total Support. (Add ins 9,10c, 11 and 12)                                                                                                                                                                                                                             |                      |                            |                        |                                       |              |    |              |
| 14    | First five years. If the Form 990 is organization, check this box and st                                                                                                                                                                                              | for the organization | on's first, second, t      | hırd, fourth, or fifth | tax year as a sec                     | ion 501(c)(3 | )  |              |
| 800   | tion C. Computation of Pul                                                                                                                                                                                                                                            |                      |                            |                        |                                       |              |    |              |
|       | Public support percentage for 2013                                                                                                                                                                                                                                    |                      |                            | column (ft)            | · · · · · · · · · · · · · · · · · · · |              | 15 | %            |
| 16    | Public support percentage from 20                                                                                                                                                                                                                                     |                      |                            |                        |                                       |              | 16 |              |
|       | tion D. Computation of Inv                                                                                                                                                                                                                                            |                      |                            |                        |                                       | · · · · ·    |    |              |
| -     | Investment income percentage for                                                                                                                                                                                                                                      |                      |                            |                        | ١                                     |              | 17 | <del></del>  |
| 17    | , , , , ,                                                                                                                                                                                                                                                             |                      |                            | , ,                    | •                                     |              |    |              |
| 18    | Investment income percentage from                                                                                                                                                                                                                                     |                      |                            |                        |                                       | ,            | 18 | <del>,</del> |
|       | <b>33-1/3% support tests</b> — <b>2013.</b> If is not more than 33-1/3%, check the                                                                                                                                                                                    | nis box and stop he  | e <b>re.</b> The organizat | ion qualifies as a p   | ublicly supported                     | organization |    | ▶ [_]        |
| b     | b 33-1/3% support tests – 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization |                      |                            |                        |                                       |              |    |              |
| 20    | Private foundation. If the organization                                                                                                                                                                                                                               | ation did not check  | a box on line 14,          | 19a, or 19b, check     | this box and see i                    | nstructions. |    | ▶ 🔲          |

| Schedule A   | (Form 990 or 990-EZ) 2013 Saint James Hospital Auxiliary                                                                                                                                           | 37-6041874        | Page 4               |
|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------|
| Pari IV      | <b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions). | Part II, line 17a |                      |
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