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Form **990-EZ**

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 foundation)

▶ **Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.**

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

OMB No 1545-1150

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , and ending 12-31-2013

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
MEMORIAL HOSPITAL AUXILIARY

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
PO BOX 108

City or town, state or province, country, and ZIP or foreign postal code
SHERIDAN, WY 82801

D Employer identification number
83-6003928

E Telephone number

F Group Exemption Number ▶

G Accounting Method ☑ Cash ☐ Accrual Other (specify) ▶

H Check ▶ ☑ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ N/A

J Tax-exempt status (check only one)? ☐ 501(c)(3) ☑ 501(c)(4) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☐ Corporation ☐ 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 (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 100,398

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

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	9,632
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	9
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b		
	c	Less direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	7a	Gross sales of inventory, less returns and allowances	7a	90,757	
	b	Less cost of goods sold	7b	49,832	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	40,925
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	50,566
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	40,000
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	2,155
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	3,071
	16	Other expenses (describe in Schedule O)		16	5,221
	17	**Total expenses.** Add lines 10 through 16 ▶		17	50,447
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	119
	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	63,053
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	63,172

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	46,816	22	45,686
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	17,076	24	18,369
25 **Total assets**	63,892	25	64,055
26 **Total liabilities** (describe in Schedule O)	839	26	883
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	63,053	27	63,172

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III . ☑

Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?
PROVIDE FINANCIAL SUPPORT TO SHERIDAN COUNTY MEMORIAL HOSPITAL, A TAX EXEMPT 501(C)(3) ORGANIZATION, IN FURTHERANCE OF ITS MEDICAL PROGRAMS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 DIRECT FINANCIAL SUPPORT OF SHERIDAN COUNTY MEMORIAL HOSPITAL (Grants $ 40,000) If this amount includes foreign grants, check here ▶ ☐		**28a**	40,741
29 (Grants $) If this amount includes foreign grants, check here ▶ ☐		**29a**	
30 (Grants $) If this amount includes foreign grants, check here ▶ ☐		**30a**	
31 Other program services (describe in Schedule O) (Grants $) If this amount includes foreign grants, check here ▶ ☐		**31a**	
32 Total program service expenses (add lines 28a through 31a) ▶		**32**	40,741

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) **(if not paid, enter -0-)**	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V . . . . . ☑

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	**33**		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	**34**		No
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	**35a**		No
b	If "Yes," to line 35a, has the organization filed a **Form 990-T** for the year? If "No," provide an explanation in Schedule O	**35b**		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	**35c**		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	**36**		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ **37a**			
b	Did the organization file **Form 1120-POL** for this year?	**37b**		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . .	**38a**		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . **38b**			
39	Section 501(c)(7) organizations Enter			
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 Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	**40b**		No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	**40e**		No

41 List the states with which a copy of this return is filed ▶ _____

42a The organization's books are in care of ▶ MOHATT RINALDO JOHNSON & GODWIN Telephone no ▶ (307) 672-6494

Located at ▶ 2 NORTH MAIN SUITE 301 SHERIDAN, WY ZIP + 4 ▶ 82801

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**42b**		No
	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for **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 the U S ?	**42c**		No
	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
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	**44a**		No
b	Did the organization operate one or more hospital facilities during the year? *If "Yes," Form 990 must be completed instead of Form 990-EZ*	**44b**		No
c	Did the organization receive any payments for indoor tanning services during the year?	**44c**		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	**44d**		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**45a**		No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	**45b**		No

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

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

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

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

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	**47**		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	**48**		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	**49a**		
b	If "Yes," was the related organization a section 527 organization?	**49b**		

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

(a) Name and title of each employee	**(b)** Average hours per week devoted to position	**(c)** Reportable compensation (Forms W-2/1099-MISC)	**(d)** Health benefits, contributions to employee benefit plans, and deferred compensation	**(e)** Estimated amount of other compensation

f Total number of other employees paid over $100,000 ▶

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

(a) Name and business address of each independent contractor	**(b)** Type of service	**(c)** Compensation

d Total number of other independent contractors each receiving over $100,000. ▶

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

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

Sign Here

****** 2014-08-15

Signature of officer Date

WANDA HANEBRINK PRESIDENT

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☑ if self-employed	PTIN
ANNETTE M RINALDO		2014-08-19		P00406360

Firm's name ▶ MOHATT RINALDO JOHNSON & GODWIN LLP — Firm's EIN ▶ 83-0232295

Firm's address ▶ PO BOX 603 SHERIDAN, WY 828010603 — Phone no (307) 672-6494

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☑ **Yes** ☐ **No**

Additional Data

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

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
JAN FELKER TRUSTEE	2 00	0		
SALLY CARROLL TRUSTEE	1 00	0		
STELLA MONTANO TRUSTEE	1 00	0		
DIANE BOATRIGHT TRUSTEE	1 00	0		
WANDA HANEBRINK PRESIDENT	6 00	0		
JEANNIE HALL TRUSTEE	1 00	0		
MAEDEAN REED TRUSTEE	4 00	0		
JOAN KALASINSKY SECRETARY	2 00	0		
TERESA STEVENSON TRUSTEE	1 00	0		
ANN KILPATRICK TRUSTEE	2 00	0		
KAREN STEIR TRUSTEE	1 00	0		
MAURITA MEEHAN TRUSTEE	1 00	0		
JILL MITCHELL VICE PRES	2 00	0		
JANICE NIELSEN TRUSTEE	1 00	0		
BARBARA NINER TRUSTEE	6 00	0		

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SANDY PILCH TRUSTEE	4 00	0		
PATTY SCHULTZ TRUSTEE	6 00	0		
ETHELYN ST JOHN TREASURER	2 00	0		
GALEN TIPTON TRUSTEE	1 00	0		
SHIRLEE TYNAN TRUSTEE	2 00	0		
VICKI WASHUT TRUSTEE	1 00	0		

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
MEMORIAL HOSPITAL AUXILIARY

Employer identification number
83-6003928

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10	SHERIDAN COUNTY MEMORIAL HOSPITAL FOUNDATION 1401 WEST 5TH ST 40,000 0 SHERIDAN, WY 82801 0
FORM 990-EZ, PART I, LINE 16	HOSPITAL GIFT SHOP BANK FEES 1,606 SUPPLIES 1,210 FINANCE CHARGES 2 OTHER 39 EXPENSES LUNCHEON MEETINGS 70 FUND RAISING SUPPLIES 425 FUND RAISING POSTAGE 351 AUXILIARY SUPPLIES 1,460 AUXILIARY POSTAGE 58 TOTAL 5,221
FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 1,895 1,864 INVENTORIES FOR SALE OR USE 15,181 16,505 TOTAL 17,076 18,369
FORM 990-EZ, PART II, LINE 26	SALES TAX PAYABLE 839 883
FORM 990-EZ, PART III	PROVIDE FINANCIAL SUPPORT TO SHERIDAN COUNTY MEMORIAL HOSPITAL, A TAX EXEMPT 501(C)(3) ORGANIZATION, IN FURTHERANCE OF ITS MEDICAL PROGRAMS
FORM 990-EZ, PART V, LINE 35B	THE ORGANIZATION OPERATES A SMALL GIFT SHOP ON THE PREMISES OF SHERIDAN COUNTY MEMORIAL HOSPITAL FOR THE SOLE PURPOSE OF PROVIDING FINANCIAL RESOURCES TO CARRY OUT ITS EXEMPT PURPOSE. THIS ACTIVITY IS NOT REPORTED ON FORM 990-T BECAUSE THE ACTIVITY DOES NOT CONSTITUTE AN UNRELATED TRADE OR BUSINESS SINCE ALL OF THE WORK IN CARRYING ON THE ACTIVITY IS PERFORMED FOR THE ORGANIZATION BY VOLUNTEER LABOR

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TY 2013 Compensation Explanation

Name: MEMORIAL HOSPITAL AUXILIARY

EIN: 83-6003928

Person Name	Explanation
JAN FELKER	
SALLY CARROLL	
STELLA MONTANO	
DIANE BOATRIGHT	
WANDA HANEBRINK	
JEANNIE HALL	
MAEDEAN REED	
JOAN KALASINSKY	
TERESA STEVENSON	
ANN KILPATRICK	
KAREN STEIR	
MAURITA MEEHAN	
JILL MITCHELL	
JANICE NIELSEN	
BARBARA NINER	
SANDY PILCH	
PATTY SCHULTZ	
ETHELYN ST JOHN	
GALEN TIPTON	
SHIRLEE TYNAN	
VICKI WASHUT	