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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 990-EZ 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](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization

Rice Medical Center Employee Volunteers for Hospital Improvement

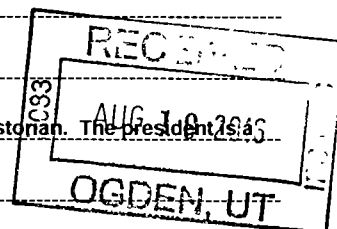
Employer identification number

52-2076962

Part III, 4d: Expenses: \$169.10, Revenue: \$753.90--We have a "Tree of Life" that hangs in our lobby that people can purchase leaves & stones  
on and have them engraved with what they want, they can be in memory of someone or anything they want. This is another small fundraiser  
that we have to help us purchase new things.

Expenses: \$23.10, Revenue: \$457.90, We held a Masquerade Fundraiser, the company came in with all sorts of merchandise and the  
community along with employees were able to shop and a portion of the profits come to us.

Part VI, line 1a- The executive committee includes a president, a vice-president, a secretary, a treasurer and a historian. The president is a  
non voting member.



RICE MEDICAL CENTER EMPLOYEE  
VOLUNTEERS FOR HOSPITAL IMPROVEMENT  
PO BOX 277  
EAGLE LAKE TX 77434

DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

*Shelly Thompson*

Signature of authorized individual

*Treasurer*

Title

*8/12/14*

Date

