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)

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form, as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Rublic Inspection

Α	For t	he 2019 cal	lendar year, or tax year beginning , 2019, and ending			,
В	Check	ıf applicable	C		D Employer	identification number
	_	ss change	Managaia Danisaal Madisal Cha Buniliana		71 00	002210
[2	Name		Magnolia Regional Medical Ctr Auxiliary 101 Hospital Drive	-	E Telephone	302210
Ļ	Initial	return	Magnolia, AR 71753			
Ļ	╡	urn/terminated		}		235-3339
Ļ	╡	ded return ation pending		03	F Group E Number	xemption
G		unting Meth	hod			e organization is not
ı		site: ► N		require	ed to attach	Schedule B
j			check only one) — X 501(c)(3) 501(c) () ◄(insert no) 4947(a)(1) or 527			Z, or 990-PF)
ĸ		of organizat				
L	Add I	lines 5b, 6c ts (Part II, c	c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	more, or i	f total ►\$	105,944.
P			ie, Expenses, and Changes in Net Assets or Fund Balances (see	the inst	tructions	
دنا د	G. 410		the organization used Schedule O to respond to any question in this Part I			X
`^	1	Contribution	ons, gifts, grants, and similar amounts received		1	1,255.
l	2	Program s	service revenue including government fees and contracts		2	
	3	Membersh	nip dues and assessments		3	
	4	Investmen	nt income.		4	4,499.
	5 a	Gross amo	ount from sale of assets other than inventory			
	b	Less cost	t or other basis and sales expenses 5b			
	c	Gain or (loss)	s) from sale of assets other than inventory (subtract line 5b from line 5a).		5 c	
	6	-	nd fundraising events			
C	a		ome from gaming (attach Schedule G if greater than \$15,000)			
Ž	b		ome from fundraising events (not including \$ of contribu	itions		
3		from fundr	raising events reported on line 1) (attach Schedule G if the sum ross income and contributions exceeds \$15,000)			
SCHARACT	<u> </u>	_	ect expenses from gaming and fundraising events 6 c			
_	َ ار		ne or (loss) from gaming and fundraising events (add lines 6a and			
ויי	8 "	6b and sul	btract line 6c)		6 d	·
	, , ,		es of inventory, less returns and allowances 7a	100,1	90.	
0 7	1 -		t of goods sold 7 b	66,6	92.	
	C	•	fit or (loss) from sales of inventory (subtract line 7b from line 7a)		7 c	33,498.
2021	8		enue (describe in Schedule O)	\	8	
==	-		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u> VED</u>	> 9	39,252.
	10		nd similar amounts paid (list in Schedule O) paid to or for members JUL 13		2SO 11 11	
	11	· ·	paid to or for members UL 1 3	2020		10.076
,,	12		other compensation, and employee benefits		SE 12 13	18,276.
Expenses	13		nal fees and other payments to independent contractors. ov. rent, utilities, and maintenance OGDEN	J LIT	14	435.
en en	14		cy, rent, utilities, and maintenance publications, postage, and shipping	1, 0 !	15	
Ë	15		publications, postage, and shipping senses (describe in Schedule O) See Sched	ule O	16	37,891.
	16 17	•	enses. Add lines 10 through 16		► 17	56,602.
	18		r (deficit) for the year (subtract line 17 from line 9)		18	-17,350.
4				uth and at		1.,000.
9	19	Net assets	s or fund balances at beginning of year (from line 27, column (A)) (must agree v orted on prior year's return)	vitu eua-oi	-year 19	364,557.
Not Accote	20		anges in net assets or fund balances (explain in Schedule O)		20	201,0011
Ž	21		s or fund balances at end of year Combine lines 18 through 20		▶ 21	347,207.
=	1 Z I		ek Deduction Act Nation, see the consents instructions			Form 990-F7 (2019)

Page 2

	Check if the organization used Sche	dule O to respond to any qu	estion in this Part I				X
				(A)	Beginning of yea	r	(B) End of year
22	Cash, savings, and investments				<u>347,968.</u>		327,778.
23	5	See Schedule	2 0			23	
24	Other assets (describe in Schedule O)	see schedure	5 0		<u> 16,589.</u>	24	19,429.
25	Total assets				<u>364,557.</u>	25	347,207.
26	Total liabilities (describe in Schedule O)				0.	26	<u> </u>
27			 		364,557.	27	347,207.
Par	t III Statement of Program Service Ac				[X]		Expenses
W/bot	Check if the organization used Sci		question in this Pan	[]]]			uired for section 501
Milar	is the organization's primary exempt purpose? See	SChedule U	its three largest pro	aram) and 501(c)(4) nizations, optional
mea bene	cribe the organization's program service a sured by expenses. In a clear and concise fited, and other relevant information for e	e manner, describe the servi each program title	ces provided, the ni	umbe	r of persons	for of	thers)
28	PROVIDING A GIFT SHOP AND	VENDING MACHINES	FOR THE BENE	FIT	OF THE		
	PATIENTS AT THE MAGNOLIA	CITY HOSPITAL.					
			_				
	(Grants \$) If the	is amount includes foreign g	rants, check here		▶	28 a	56,602.
29							
		_ 					
	7,,	- 					
	(Grants \$) If the	is amount includes foreign g	rants, check here		<u> </u>	29 a	
30							
	(Grants \$) If the					20.	
21		is amount includes foreign g	rants, check here			30 a	
31	. =		ranta abaali bara		- □	21 -	
22	Total program service expenses (add lin	is amount includes foreign g	rants, theth here		<u> </u>	31 a	F.C. C02
			November 1				56,602.
rar	List of Officers, Directors, 7 Check if the organization used Sci				r not compensated — se	e the i	Instructions for Part IV)
	Check if the organization used set		i · · · · · · · · · · · · · · · · · · ·		(d) Health benefits		ليا
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensa (Forms W-2/1099-MIS (if not paid, enter -0-	C)	contributions to emplo benefit plans, and defe compensation	yee	(e) Estimated amount of other compensation
Anc	ie Eaves						
	ector	0		0.		0.	0.
	f Whitener					-	<u> </u>
	ector	0		0.		0.	0.
	lly Wood						
	airman	0		0.		0.	0.
Har	riet Alexander					•	
Dir	ector	0		0.		0.	0.
Rox	kanne Stewart						· · · · · · · · · · · · · · · · · · ·
	rector	0		0.		0.	0.
	nni_Daniel						
	ecutive Dir.	30		0.		0.	0.
	Jones						
	rector	0		0.		0.	0.
	son_Ray					_	_
	rector	0		0.		0.	0.
	Mount					_	•
Pre	esident	0		0.		0.	0.
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BAA		TEEA0812L 0	8/23/19				Form 990-EZ (2019)
ᄱᄊ		ILLAUGIZE V	U1 E U1 1 J				1 OHH 330-E4 (2013)



Forn	990 _{-EZ'(2019)} Magnolia Regional Medical Ctr Auxiliary 71-080221	0	Р	age 3
Pai		See :	Sch	0 П
	the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V		IV	
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	Yes	No X
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			<u>^</u>
25	a change to the organization's name Otherwise, explain the change on Schedule O See instructions	34		Х
35 8	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)?	35 a		Х
ı	olf 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b	-	<u> </u>
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice			
36	reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III Did the organization undergo a liquidation, dissolution, termination, or significant	35 c		X
30	disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		x
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.]		
	Did the organization file Form 1120-POL for this year?	37 b		X
38 8	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?	38 a		Х
ŀ	If 'Yes,' complete Schedule L, Part II, and enter the total			^
30	amount involved Section 501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9	į		
	Gross receipts, included on line 9, for public use of club facilities 39b 0.			
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	<u> </u>		
	section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.			
t	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	40 b		Х
(Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			
	managers or disqualified persons during the year under sections 4912, 4955, and 4958 Colors of the persons during the year under sections 4912, 4955, and 4958 Discription 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed.			
	by the organization •0.			
•	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		X
41	List the states with which a copy of this return is filed None	700	l1	
42 a	The organization's books are in care of ► Jenni Daniel Telephone no ► 870-23	35-3	330	
	Located at ► 101 Hospital Drive Magnolia AR ZIP + 4 ► 71753	22 2	227	
t	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b		X
	If 'Yes,' enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
c	At any time during the calendar year, did the organization maintain an office outside the United States?	42 c		Х
	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		- □	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
		·	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	44 a		J
Ь	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 ь		X
	Did the organization receive any payments for indoor tanning services during the year?	44 c		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	44 d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45 a		X
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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45.1		لب
BAA		45 b).F7 (X 2019)

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•						Yes	No
	the organization engage, directly or indire didates for public office? If 'Yes,' complete		ign activities on behalf o	of or in opposition to	46		
	Section 501(c)(3) Organization:				140		<u> </u>
	All section 501(c)(3) organization		uestions 47-49b and	d 52, and complete	the table	es	
	for lines 50 and 51.						
	Check if the organization used Schedu	le O to respond to any	question in this Part VI			1	
47 Did t	the organization engage in lobbying activities	or have a section 501(h) election in effect during	the tax year? If 'Yes,'		Yes	No
	plete Schedule C, Part II				47	<u> </u>	Х
	ne organization a school as described in so			dule E	48		X
	the organization make any transfers to an es,' was the related organization a sectior	·	e related organization?		49 a	+	X
	plete this table for the organization's five high	-	oyees (other than officers,	directors, trustees, and I			L
	loyees) who each received more than \$100,0				<u> </u>		
	(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) Estimate other com		
None_							
	·						
	·····						
f Tota	al number of other employees paid over \$	100,000			<u> </u>		
51 Com	plete this table for the organization's five high	nest compensated indep	endent contractors who ea	ach received more than \$	100,000 of		
com	pensation from the organization If there						
	(a) Name and business address of each independent of	ontractor	(b) Type	of service	(c) Comp	ensatio	n
None_							
					-		
					1		
d Tota	I number of other independent contractors	s each receiving over \$	5100,000	•			
	the organization complete Schedule A? N ipleted Schedule A	ote: All section 501(c)((3) organizations must a	ttach a	► X Yes		No
Under penalti	ies of persury, I declare that I have examined this return,	, including accompanying sche	edules and statements, and to the	e best of my knowledge and be		·	140
true, correct,	and complete Declaration of proparer (Other than office	r) is based on all information	of which preparer has any know	ledge	000		
Sign	Signature of officer			Date	$J\alpha U_{-}$		
Here	Jenni Daniel Type or print name and title			Executive Dire	<u>c</u>		
	Print/Type preparer's name	Preparer's signature	Date		PTIN		
Paid	ROBERT L. EDSTROM, CPA	WEd En	CPN 6-17.	Check LJ if self-employed F	20023583	3	
Paid Preparer	Firm's name Robert L. Edstr	om, CPA, P.A.	γ				
Use Only	Firm's address ► PO Box 672			Firm's EIN ►	71-0624		
	Magnolia, AR 71			Phone no 870	-234-76	11	
May the IF	RS discuss this return with the preparer sh	nown above? See instr	uctions		► X Yes		No
BAA					Form 99	0-EZ (2019)

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019



Employer identification number

	nolia Regional Medic					71-080221	
	图 Reason for Public Ch		-			• •	tions.
The o	organization is not a private foun	idation because it is (For lines 1 through 12,	check or	nly one	box)	
1	A church, convention of churc	hes, or association of c	hurches described in sec	tion 170(t)(1)(A)	i).	17
2	A school described in section	170(b)(1)(A)(ii). (Attach	Schedule E (Form 990 o	r 990-EZ))		12
3	A hospital or a cooperative	hospital service organ	ization described in se	ction 170	(b)(1)(A	A)(iii).	
4	A medical research organization	ation operated in conji	unction with a hospital	described	d in sec	tion 170(b)(1)(A)(iii) E	nter the hospital's
	name, city, and state:						.
5	An organization operated fo section 170(b)(1)(A)(iv). (C	or the benefit of a colle omplete Part II)	ege or university owned	or opera	ited by	a governmental unit de	escribed in
6	A federal, state, or local government	vernment or governme	ental unit described in s	section 1	70(b)(1))(A)(v).	
7	An organization that normally in section 170(b)(1)(A)(vi).	receives a substantial p (Complete Part II)	part of its support from a	governme	ental un	it or from the general pub	olic described
8	A community trust describe	d ın section 170(b)(1)((A)(vi). (Complete Part	II)			
9	An agricultural research organ or university or a non-land-grauniversity	nization described in sec ant college of agriculture	ction 170(b)(1)(A)(ix) oper e (see instructions) Ente	ated in co r the nam	onjunction e, city, a	on with a land-grant colle and state of the college o	ge or
10	An organization that normally from activities related to its investment income and unrulume 30, 1975 See section	exempt functions—sul elated business taxabl	bject to certain exception in the community of the commun	ons, and	(2) no i	more than 33-1/3% of it	ts support from gross
11	An organization organized a	and operated exclusive	ely to test for public saf	ety See	section	ı 509(a)(4).	
12	X An organization organized a or more publicly supported lines 12a through 12d that of	organizations describe	ed in section 509(a)(1) o	or section	n 509(a)(2). See section 509(a)	ut the purposes of one (X3). Check the box in
а	Type I. A supporting organization(s) the power to recomplete Part IV, Sections	tion operated, supervise egularly appoint or elect	d, or controlled by its sur	ported or	ganızat	ion(s) typically by giving	the supported on You must
b		zation supervised or o	controlled in connection the same persons that c	with its i	support manage	ed organization(s), by l the supported organizati	having control or on(s) You
С	Type III functionally integrated organization(s) (see instruction)	d. A supporting organizations) You must com	tion operated in connection plete Part IV, Sections	n with, an A, D, and	d function	onally integrated with, its	supported
d	Type III non-functionally integrated The instructions) You must con	grated. A supporting org organization generally	panization operated in con must satisfy a distribute of A and D. and Part V	nnection v tion requ	vith its s iiremen	supported organization(s) t and an attentiveness	that is not requirement (see
е	f 7	zation received a writt	en determination from	the IRS t			
f							1
g	Provide the following information	on about the supported	d organization(s)				
((i) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-10 above (see instructions))	(iv) is organization in your go docum	on listed	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
	Magnolia Regional Me	dical Contor		163	140		
(A)	magnoria Regional Me	71-6014562	3			0.	0.
(///		71 0014302	<u> </u>			0.	
(B)							
(C)							
(D)							
(E)	/						
Total				43		n	0

Rar	Support Schedule for (Complete only if you checked	I the box on line 5,	7, or 8 of Part I or	if the organization	failed to qualify un-		(VI)
Sec	organization fails to qualify tion A. Public Support	under the tests lis	ted below, please	e complete Part II			
Cale	ndar vear (or fiscal vear	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(1) Total
begi 1	nning in) Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	(4) 2010	(2) 20 10	(0) 2017	(2) 2010		,,, , o.u.
2							
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	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	-				12	
13 '	First five years. If the Form 990 is organization, check this box and	for the organization	n's first, second, th	iird, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	▶ []
	tion C. Computation of Pu			44 "			
14 15	Public support percentage for 20 Public support percentage from		•	ne 11, column (f)).		14	<u> </u>
1 6 a	33-1/3% support test—2019. If t and stop here. The organization	he organization di	d not check the b	oox on line 13, and rganization	d line 14 is 33-1/3		
b	b 33-1/3% support test—2018. 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						
17a	10%-facts-and-circumstances to or more, and if the organization the organization meets the facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	e. Explain in Part	t VI how
b	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	e. Exolain in Part	15 is 10% t VI how the ►
18	Private foundation. If the organi		~	·		-	structions ►
BAA	<u> </u>				Sch	nedule A (Form 99	90 or 990-EZ) 2019

Schedule A (Form 990 or 990 EZ) 2019 Magnolia Regional Medical Ctr Auxiliary 71-0802210

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under the tests isted below, please complete Part II) Section A. Public Support Clearlary are freally part beginning in * (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) 701al Grids, grants, contributions, included any furnished grants (c) and for the clearly are presented for not include any furnished grants). Gross records from any activity that is furnished in any activity activities and activi	falls to qualify under the tests listed below, please complete Part II) Section A. Public Support Cleast year (or fiscal year beginning in)* 1 Giffs, grants, contributions, contribu	Par	閉線 Support Schedule fo	r Organization	s Described	in Section 509	(a)(2)		
Section A. Public Support Calcidary are foreign are beginning in } Calcidary and foreign are beginning in } Calcidary are foreign are beginning in } Calcidary are foreign and are beginning in } Calcidary are foreign are directly and foreign are beginning in } Palicidary are foreign are directly and foreign are beginning in } Palicidary are foreign are foreign are beginning in } Calcidary are foreign are foreign are beginning in } A palicidary are foreign are foreign are beginning in } A palicidary are foreign and foreign are foreign are foreign are foreign are foreign are foreign and foreign are foreign are foreign are foreign are foreign are foreign and foreign are foreign are foreign are foreign and foreign are foreign are foreign and foreign are foreign are foreign and foreign are foreign are foreign are foreign and foreign are foreign are foreign are foreign are foreign are foreign are foreign and foreign are	Section A. Public Support It offs, grants, controlutions, and manifesting tests and productions and manifesting tests and manifesting tests and productions are controlled to the organization without charge to the production of the behalf of productions and productions are controlled to the production of public Support Percentage for the production of public Support Percentage for the production of the production o						on failed to qualify	under Part II If t	he organization
Calcular year (or fiscal year beginning in) > 1 (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) fotal of the property of the	Circular year (critical year tegrings) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total GRs, grants, contributions, and membraship teas, and membraship teas of any vinusual grants 1) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total any vinusual grants 2) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total support and with the critical read to the organization's is accentify purpose of the critical read to the organization's is accentify purpose of the critical read to the organization's is accentify purpose of the critical read to the organization's is accentify purpose of the critical read to the organization of the critical read to the critical read of the critical read to the critical read of the critical read	Sec		ests listed below,	picase complete	Tartii)			
1 Giffs, grants, contributions, and mimerals of the companies of the compa	1 Giffs, grants, contributions, received (Do not include any funusual grants) received (Do not include any funusual grants) 2 Gross receipts from admissions, performed, or facilities from an any activity that is furnished in any activity that is furnished to respended on the second of activities and any activity and activities and are not an unrelated trade or business under section 513 3 organization's benefit and either parts or expended on the second in a second the second of activities furnished by a governmental unit to the grants and activities of services or facilities furnished by a governmental unit to the grants and activities and acti		<u> </u>	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
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Yes No

Part IV: Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Contract of the Contract of		
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	X	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		TANK TANK X
32	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below		37/43	X
ŀ	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination	3b		
(Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3c	K 170%	
4	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a	<i>14.j</i>	X
ŀ	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
(Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c	17 A	
5	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		X
i	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		3
•	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of			
	the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.	6		X

- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in **Part VI**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in **Part VI**
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes, answer 10b below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

ra	irtiles Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?	toa	Yes	No
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		X
	b A family member of a person described in (a) above?	11b		X
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c	_	X
Sec	ction B. Type I Supporting Organizations	<u> </u>		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities if the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	X	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		X
Sec	ction C. Type II Supporting Organizations			
		- a	Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec	ction D. All Type III Supporting Organizations			
		1.3.73	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2	4	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3		70
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	a The organization satisfied the Activities Test Complete line 2 below			
	b The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i>			
	c The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstruci	tions).	
2	Activities Test Answer (a) and (b) below.		Yes	No
-	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
1	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
;	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3 a		
l	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		
		لتبل		

Pa	rt v. Type III Non-r unctionally integrated 509(a)(3) Supporting Orga	anıza	ations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	st on l	Nov 20, 1970 (explain in ust complete Sections A	Part VI) See through E
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_ 1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B – Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
	Average monthly value of securities	1a	,	
t	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
•	Total (add lines 1a, 1b, and 1c)	1d		
•	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		-
6	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		•
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4	DESCRIPTIONS	
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions)	egrate	d Type III supporting org	anızatıon

Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
10	Line 8 amount divided by line 9 amount		,	
9	Distributable amount for 2019 from Section C, line 6			
8	Distributions to attentive supported organizations to which the organization Part VI) See instructions	ion is responsive (provide	details	_ '
7	Total annual distributions. Add lines 1 through 6			,
6	Other distributions (describe in Part VI) See instructions			
5_	Qualified set-aside amounts (prior IRS approval required)			
4	Amounts paid to acquire exempt-use assets			
3	Administrative expenses paid to accomplish exempt purposes of s	upported organizations		•
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organizations	1	
1	Amounts paid to supported organizations to accomplish exempt pu	ırposes		
Sec	tion D - Distributions			Current Year
Pa	Type III Non-Functionally Integrated 509(a)(3) Si	upporting Organizat	t ions (continued)	
	edule A (Form 990 or 990-EZ) 2019 Magnolia Regional Me			02210 Page 7

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required — explain in Part VI) See instructions	144 THE STATE OF T		(1) (1) (1)
3 Excess distributions carryover, if any, to 2019	Magnitud Arthritis (Gray Child Shinki) (1987) W		a financialista anno actua. International anno anno anno actual a
a From 2014 . `			
b From 2015		的。这是人籍	
c From 2016		Mary Control	
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount	- P		
i Carryover from 2014 not applied (see instructions)	Local de la Company de la Comp	3000	
j Remainder Subtract lines 3g, 3h, and 3i from 3f		Caracana Caracana	
4 Distributions for 2019 from Section D, line 7 \$		And the second	Carl Arek Kelyalla arkilda
a Applied to underdistributions of prior years	A STATE OF THE STA		141-141-141-141-141-141-141-141-141-141
b Applied to 2019 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			and the second
5 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions	ade se		
7 Excess distributions carryover to 2020. Add lines 3j and 4c			Lichweit (1997)
8 Breakdown of line 7			And the second
a Excess from 2015	Color de la companya de la color de la col	grant and the Beau	
b Excess from 2016	жинет, пр и менация учения применения в сели при	Compression of the Compression o	
c Excess from 2017		ar on producing the production of the contract	
d Excess from 2018	Here was sured and the		12.46
e Excess from 2019			and the second second

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Schedule A (Form 990 or 990-EZ) 2019

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE O (Form 990 or 990-EZ)

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.

Attach to Form 990 or 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Magnolia Regional Medical Ctr Auxiliary

Employer identification number

71-0802210

Form 990-EZ, Part I, Line 16 Other Expenses

Depreciation Membership Expenses Office Expenses Projects

\$ 800. 7,949. 3,395. 25,747. Total \$ 37,891.

Form 990-EZ, Part II, Line 24 Other Assets

Inventorie	es	
Machinery	and	Equipment

	<u>Beginning</u>		<u>Ending</u>	
	\$	9,191.	\$	12,831.
		7,398.		6,598.
Total	\$	16,589.	\$	19,429.

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

THE AUXILIARY RUNS THE GIFT SHOP AND VENDING MACHINES FOR THE PATIENTS AT THE MAGNOLIA REGIONAL MEDICAL CENTER. ALL FUNDS RAISED ARE USED FOR THE BENEFIT OF THE MAGNOLIA REGIONAL MEDICAL CENTER.

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No