

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 black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

**2009**Open to Public  
Inspection**A** For the 2009 calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010****B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type See Specific Instructions

**C** Name of organization**SKYLINE AUXILIARY, INC.**

Number and street (or P.O. box, if mail is not delivered to street address)

**3441 DICKERSON PIKE**

City or town, state or country, and ZIP + 4

**NASHVILLE, TN 37207****D** Employer identification number**62-1574998****E** Telephone number**615 769-2200****F** Group Exemption Number ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method: ☐ Cash ☒ Accrual  
Other (specify) ▶**I** Website: ▶ **N/A****J** Tax-exempt status (check only one) — ☒ 501(c) ( **3** ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **134,150.****Part I** **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

|            |   |  |         |          |
|------------|---|--|---------|----------|
| Revenue    | 1   | Contributions, gifts, grants, and similar amounts received   | 1       | 6,057.   |
|            | 2   | Program service revenue including government fees and contracts  | 2       |          |
|            | 3   | Membership dues and assessments  | 3       | 448.     |
|            | 4   | Investment income  | 4       |          |
|            | 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   | Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>       |         |          |
|            | a   | Gross revenue (not including \$ _____ of contributions reported on line 1)   | 6a      | 26,571.  |
|            | b   | Less: direct expenses other than fundraising expenses  | 6b      |          |
| c          | Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | 6c   | 26,571. |          |
| 7a         | Gross sales of inventory, less returns and allowances <b>STMT 5</b>                     | 7a   | 92,574. |          |
| b          | Less: cost of goods sold  | 7b   | 56,898. |          |
| c          | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)          | 7c   | 35,676. |          |
| 8          | Other revenue (describe ▶ <b>SEE STATEMENT 4</b> )                                      | 8  | 8,500.  |          |
| 9          | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8                           | 9  | 77,252. |          |
| Expenses   | 10  | Grants and similar amounts paid (attach schedule)  | 10      |          |
|            | 11  | Benefits paid to or for members  | 11      |          |
|            | 12  | Salaries, other compensation, and employee benefits  | 12      | 28,389.  |
|            | 13  | Professional fees and other payments to independent contractors  | 13      | 6,189.   |
|            | 14  | Occupancy, rent, utilities, and maintenance  | 14      |          |
|            | 15  | Printing, publications, postage, and shipping  | 15      |          |
|            | 16  | Other expenses (describe ▶ <b>SEE STATEMENT 1</b> )  | 16      | 52,263.  |
|            | 17  | <b>Total expenses.</b> Add lines 10 through 16   | 17      | 86,841.  |
| Net Assets | 18  | Excess or (deficit) for the year (Subtract line 17 from line 9)  | 18      | <9,589.> |
|            | 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      | 357,225. |
|            | 20  | Other changes in net assets or fund balances (attach explanation)  | 20      |          |
|            | 21  | Net assets or fund balances at end of year. Combine lines 18 through 20  | 21      | 347,636. |

**Part II** **Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

|  | (A) Beginning of year | (B) End of year |
|--|-----------------------|-----------------|
| 22 Cash, savings, and investments  | 303,169.              | 22 299,350.     |
| 23 Land and buildings  | 39,929.               | 23 36,427.      |
| 24 Other assets (describe ▶ <b>SEE STATEMENT 2</b> )                           | 17,958.               | 24 18,542.      |
| 25 Total assets  | 361,056.              | 25 354,319.     |
| 26 Total liabilities (describe ▶ <b>SEE STATEMENT 3</b> )                      | 3,831.                | 26 6,683.       |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 357,225.              | 27 347,636.     |

932171  
02-08-10

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

## Expenses

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

|     |        |
|-----|--------|
| 28a | 8,947. |
|-----|--------|

|     |         |
|-----|---------|
| 29a | 27,580. |
|-----|---------|

30a 12,197.

|     |  |
|-----|--|
| 31a |  |
|-----|--|

|    |         |
|----|---------|
| 32 | 48,724. |
|----|---------|

932172  
02-08-10

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

|  | Yes | No  |
|--|-----|-----|
| 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity  | 33  | X   |
| 34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes  | 34  | X   |
| 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.  |     |     |
| a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?   | 35a | X   |
| b If "Yes," has it filed a tax return on Form 990-T for this year?   | 35b | N/A |
| 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N   | 36  | X   |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.   | 37a |     |
| b Did the organization file Form 1120-POL for this year?   | 37b | X   |
| 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 period covered by this return?   | 38a | X   |
| b If "Yes," complete Schedule L, Part II and enter the total amount involved   | 38b | N/A |
| 39 Section 501(c)(7) organizations. Enter:   |     |     |
| a Initiation fees and capital contributions included on line 9   | 39a | N/A |
| b Gross receipts, included on line 9, for public use of club facilities  | 39b | N/A |
| 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:<br>section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.   |     |     |
| 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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | X   |
| 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 ▶ 0.   |     |     |
| d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.   |     |     |
| 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 | X   |
| 41 List the states with which a copy of this return is filed. ▶ NONE   |     |     |
| 42a The organization's books are in care of ▶ THE ORGANIZATION Telephone no. ▶ 615 769-2200<br>Located at ▶ 3441 DICKERSON PIKE, NASHVILLE, TN ZIP + 4 ▶ 37207   |     |     |
| 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 | X   |
| If "Yes," enter the name of the foreign country: ▶<br>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 ▶ <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A  |     |     |
| 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  | 44  | X   |
| 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ   | 45  | X   |

Form 990-EZ (2009)

**Part VI** **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 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."

|     | Yes | No |
|-----|-----|----|
| 46  |     | X  |
| 47  |     | X  |
| 48  |     | X  |
| 49a |     | X  |
| 49b |     |    |

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| NONE   |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |

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

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

|  |   |  |
|--|---|--|
| Sign Here  | 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. |  |
|  | Signature of officer<br><i>Mary Elizabeth Field</i>   | Date<br>11/8/10                            |
| Paid Preparer's Use Only   | Type or print name and title<br><i>Mary Elizabeth Field Treasurer</i>   |  |
|  | Preparer's signature<br><i>AARON MAYNARD</i>  | Date<br>11/03/10                           |
|  | Check if self-employed <input type="checkbox"/>   | Preparer's identifying number (See instr.) |
| Firm's name (or yours if self-employed), address, and ZIP + 4<br>DEMPSEY VANTREASE & FOLLIS PLLC<br>724 WEST MAIN STREET<br>LEBANON, TENNESSEE 37087 |   | EIN<br>Phone no. (615) 444-4125            |

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

Form 990-EZ (2009)



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

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")   |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3  |          |          |          |          |          |           |
| <b>5</b> 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) |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009  | (f) Total |
|---|----------|----------|----------|----------|-----------|-----------|
| <b>7</b> Amounts from line 4  |          |          |          |          |           |           |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   |          |          |          |          |           |           |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on   |          |          |          |          |           |           |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  |          |          |          |          |           |           |
| <b>11 Total support.</b> Add lines 7 through 10   |          |          |          |          |           |           |
| <b>12</b> Gross receipts from related activities, etc. (see instructions)   |          |          |          |          | <b>12</b> |           |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/> |          |          |          |          |           |           |

**Section C. Computation of Public Support Percentage**

|  |           |   |
|--|-----------|---|
| <b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))   | <b>14</b> | % |
| <b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14   | <b>15</b> | % |
| <b>16a 33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>  |           |   |
| <b>b 33 1/3% support test - 2008.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>   |           |   |
| <b>17a 10% -facts-and-circumstances test - 2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>    |           |   |
| <b>b 10% -facts-and-circumstances test - 2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> |           |   |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>  |           |   |

Schedule A (Form 990 or 990-EZ) 2009

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   | 265.     | 230.     | 3,307.   | 8,015.   | 6,057.   | 17,874.   |
| 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 | 218,759. | 269,902. | 146,195. | 137,120. | 92,574.  | 864,550.  |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          | 8,568.   |          | 26,571.  | 35,139.   |
| 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  |          |          |          |          |          |           |
| 6 Total. Add lines 1 through 5   | 219,024. | 270,132. | 158,070. | 145,135. | 125,202. | 917,563.  |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          | 0.        |
| 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           |          |          |          |          |          | 0.        |
| c Add lines 7a and 7b  |          |          |          |          |          | 0.        |
| 8 Public support (Subtract line 7c from line 6)  |          |          |          |          |          | 917,563.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total                |
|--|----------|----------|----------|----------|----------|--------------------------|
| 9 Amounts from line 6  | 219,024. | 270,132. | 158,070. | 145,135. | 125,202. | 917,563.                 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   | 3,360.   | 19,758.  | 9,127.   | 9,594.   | 8,948.   | 50,787.                  |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |          |          |          |          |          |                          |
| c Add lines 10a and 10b  | 3,360.   | 19,758.  | 9,127.   | 9,594.   | 8,948.   | 50,787.                  |
| 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.)   | 742.     | 1,795.   |          |          |          | 2,537.                   |
| 13 Total support (Add lines 9, 10c, 11, and 12)  | 223,126. | 291,685. | 167,197. | 154,729. | 134,150. | 970,887.                 |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here |          |          |          |          |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |    |         |
|---|----|---------|
| 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) | 15 | 94.51 % |
| 16 Public support percentage from 2008 Schedule A, Part III, line 15                      | 16 | 96.16 % |

**Section D. Computation of Investment Income Percentage**

|  |    |        |
|--|----|--------|
| 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) | 17 | 5.23 % |
| 18 Investment income percentage from 2008 Schedule A, Part III, line 17                        | 18 | 3.45 % |

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☒

b **33 1/3% support tests - 2008.** 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 did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Schedule A (Form 990 or 990-EZ) 2009

| FORM 990-EZ                    | OTHER EXPENSES | STATEMENT | 1 |
|--------------------------------|----------------|-----------|---|
| DESCRIPTION                    |                | AMOUNT    |   |
| SCHOLARSHIPS                   |                | 22,560.   |   |
| PATIENT SUPPORT                |                | 3,928.    |   |
| COMMUNITY SUPPORT              |                | 7,177.    |   |
| TREES OF LIGHT & LIFE          |                | 171.      |   |
| SUPPLIES                       |                | 35.       |   |
| LICENSES                       |                | 441.      |   |
| DUES & SUBSCRIPTIONS           |                | 429.      |   |
| BANK CHARGES                   |                | 2,470.    |   |
| TRAINING                       |                | 507.      |   |
| OFFICE EXPENSE                 |                | 992.      |   |
| POSTAGE                        |                | 1,613.    |   |
| VOLUNTEER RECOGNITION          |                | 6,009.    |   |
| MARKETING                      |                | 182.      |   |
| INSURANCE                      |                | 2,321.    |   |
| TRAVEL                         |                | 325.      |   |
| OTHER EXPENSE                  |                | 1,004.    |   |
| UNREALIZED GAIN ON INVESTMENTS |                | <3,553.>  |   |
| PAYROLL TAX EXPENSE            |                | 2,150.    |   |
| DEPRECIATION                   |                | 3,502.    |   |
| TOTAL TO FORM 990-EZ, LINE 16  |                | 52,263.   |   |

| FORM 990-EZ                   | OTHER ASSETS | STATEMENT   | 2 |
|-------------------------------|--------------|-------------|---|
| DESCRIPTION                   | BEG. OF YEAR | END OF YEAR |   |
| ACCOUNTS RECEIVABLE           | 4,799.       | 6,380.      |   |
| INVENTORY                     | 13,159.      | 12,162.     |   |
| TOTAL TO FORM 990-EZ, LINE 24 | 17,958.      | 18,542.     |   |

| FORM 990-EZ                   | OTHER LIABILITIES | STATEMENT   | 3 |
|-------------------------------|-------------------|-------------|---|
| DESCRIPTION                   | BEG. OF YEAR      | END OF YEAR |   |
| ACCOUNTS PAYABLE              | 1,984.            | 4,979.      |   |
| TAXES PAYABLE                 | 1,847.            | 1,704.      |   |
| TOTAL TO FORM 990-EZ, LINE 26 | 3,831.            | 6,683.      |   |

| FORM 990-EZ                  | OTHER REVENUE | STATEMENT | 4 |
|------------------------------|---------------|-----------|---|
| DESCRIPTION                  |               | AMOUNT    |   |
| INTEREST & DIVIDENDS         |               | 8,468.    |   |
| OTHER                        |               | 32.       |   |
| TOTAL TO FORM 990-EZ, LINE 8 |               | 8,500.    |   |

FORM 990-EZ

INCOME AND COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 7A

STATEMENT 5

## INCOME

|  |        |        |
|--|--------|--------|
| 1. GROSS RECEIPTS . . . . .                    | 92,574 |        |
| 2. RETURNS AND ALLOWANCES . . . . .            |        |        |
| 3. LINE 1 LESS LINE 2 . . . . .                |        | 92,574 |
| 4. COST OF GOODS SOLD (LINE 13) . . . . .      | 56,898 |        |
| 5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . . |        | 35,676 |

## COST OF GOODS SOLD

|  |        |        |
|--|--------|--------|
| 6. INVENTORY AT BEGINNING OF YEAR . . . . .      | 13,159 |        |
| 7. MERCHANDISE PURCHASED . . . . .               | 55,901 |        |
| 8. COST OF LABOR . . . . .                       |        |        |
| 9. MATERIALS AND SUPPLIES . . . . .              |        |        |
| 10. OTHER COSTS . . . . .                        |        |        |
| 11. ADD LINES 6 THROUGH 10 . . . . .             |        | 69,060 |
| 12. INVENTORY AT END OF YEAR . . . . .           | 12,162 |        |
| 13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). . |        | 56,898 |

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 6

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

FORM 990-EZ

PART IV - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES

STATEMENT 7

| NAME AND ADDRESS   | TITLE AND<br>AVRG HRS/WK              | COMPEN-<br>SATION | EMPLOYEE<br>BEN PLAN CONTRIB | EXPENSE<br>ACCOUNT |
|--|---------------------------------------|-------------------|------------------------------|--------------------|
| JUANITA NICHOLSON, 8643 SAWYER BROWN<br>ROAD, NASHVILLE, TN 37221    | PAST PRESIDENT<br>0.00                | 0.                | 0.                           | 0.                 |
| MARY NOLEN, 606 PARK DRIVE,<br>GOODLETTSVILLE, TN 37072              | HISTORIAN<br>0.00                     | 0.                | 0.                           | 0.                 |
| EVELYN SAWYER<br>805 FALCON DRIVE, MADISON, TN 37115                 | CORRESPONDING SECRETARY<br>0.00       | 0.                | 0.                           | 0.                 |
| MARY ELIZABETH FIELD, 2014 WOODWIND<br>CIRCLE, GREENBRIER, TN 37073  | TREASURER<br>0.00                     | 0.                | 0.                           | 0.                 |
| GWEN DUNNAWAY, 17 ROLLING MEADOWS<br>DRIVE, GOODLETTSVILLE, TN 37072 | ASSISTANT TREASURER<br>0.00           | 0.                | 0.                           | 0.                 |
| BARBARA BRAKE<br>621 CANTON PASS, MADISON, TN 37115                  | PRESIDENT<br>0.00                     | 0.                | 0.                           | 0.                 |
| NAN HARRIS, 117 WYNLANDS CIRCLE,<br>GOODLETTSVILLE, TN 37072         | PUBLIC RELATIONS LIASON<br>0.00       | 0.                | 0.                           | 0.                 |
| CARRIE HARGROVE<br>213 DIANE DRIVE, MADISON, TN 37115                | VICE PRESIDENT OF FUNDRAISING<br>0.00 | 0.                | 0.                           | 0.                 |
| PATTI HERRON, 274 LAKE TERRACE<br>DRIVE, HENDERSONVILLE, TN 37221    | VICE PRESIDENT OF MEMBERSHIP<br>0.00  | 0.                | 0.                           | 0.                 |
| JO SANDERS, 1167 MADISON CREEK ROAD,<br>GOODLETTSVILLE, TN 37072     | PARLIMENTARIAN<br>0.00                | 0.                | 0.                           | 0.                 |
| MARIE WALKER, 4314 SAUNDERS AVE,<br>NASHVILLE, TN 37216              | RECORDING SECRETARY<br>0.00           | 0.                | 0.                           | 0.                 |
| DORIS ANDERSON<br>319 WILEY STREET, MADISON, TN 37115                | MEMBER AT LARGE<br>0.00               | 0.                | 0.                           | 0.                 |
| BETTY PRICE, 946 OLD FOUNTAIN COURT,<br>HERMITAGE, TN 37076          | MEMBER AT LARGE<br>0.00               | 0.                | 0.                           | 0.                 |
| PERKY BRESNAHAN, 217 EDGEWOOD DRIVE,<br>HENDERSONVILLE, TN 37075     | MEMBER AT LARGE<br>0.00               | 0.                | 0.                           | 0.                 |

SKYLINE AUXILIARY, INC.

62-1574998

|   |                           |    |    |    |
|---|---------------------------|----|----|----|
| SHERRY STOREY, 105 VALERIE COURT,<br>GOODLETTSVILLE, TN 37072 | PRESIDENT ELECT<br>0.00   | 0. | 0. | 0. |
| JULIE DAVIS, 1109 LIVINGFIELD COURT,<br>GALLATIN, TN 37066    | DIRECTOR<br>0.00          | 0. | 0. | 0. |
| SARA GENTRY<br>3600 LEGACY DR, SPRINGFIELD, TN 37172          | GIFT SHOP MANAGER<br>0.00 | 0. | 0. | 0. |
| EUNICE DOUGLAS, 921 N. GRAYCROFT<br>AVE, MADISON, TN 37115    | MEMBER AT LARGE<br>0.00   | 0. | 0. | 0. |
| TOTALS INCLUDED ON FORM 990-EZ, PART IV                       |                           | 0. | 0. | 0. |

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STATEMENT 8

## PATIENT SUPPORT-

VOLUNTEER VISITOR PROGRAM: VISITS EACH NEWLY ADMITTED PATIENT AND PROVIDES TOILETRIES THEY MAY HAVE FORGOTTEN AND WOULD NOT OTHERWISE BE PROVIDED

MOTHERS & BABIES PROGRAM: GIFT PACK DELIVERED BY A VOLUNTEER TO EACH NEW MOTHER AND BABY LEAVING THE HOSPITAL

BELONGING BAGS PROGRAM: PROVIDES A DRAWSTRING VINYL BAG TO EACH PATIENT IN WHICH TO PLACE CLOTHING AND VALUABLES

HOLIDAY DECORATIONS: HOLIDAY DECORATIONS ARE PLACED IN THE WAITING ROOMS BY VOLUNTEERS FOR THE BENEFIT OF PATIENTS AND THEIR FAMILIES WHO MUST SPEND TIME IN A HOSPITAL DURING THE CHRISTMAS SEASON.

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STATEMENT 9

## COMMUNITY SUPPORT-

GIFTS TO LOCAL COMMUNITY ORGANIZATIONS TO SUPPORT THE LOCAL COMMUNITY IN  
WHICH SKYLINE MEDICAL CENTER IS LOCATED

SKYLINE AUXILIARY, INC IS A NONPROFIT CORPORATION LOCATED IN NASHVILLE, TENNESSEE. THE AUXILIARY IS INCORPORATED TO RENDER ASSISTANCE TO SKYLINE MEDICAL CENTER, ITS PATIENTS AND FAMILIES, AND THE COMMUNITY AT LARGE THROUGH SERVICES, PUBLIC RELATIONS, AND FUNDRAISING AS APPROVED BY THE HOSPITAL ADMINISTRATOR. THE AUXILIARY'S SUPPORT COMES PRIMARILY FROM GIFT SHOP SALES, FUNDRAISING EVENTS, AND CONTRIBUTIONS.