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## 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)

2010

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public  
Inspection

## A For the 2010 calendar year, or tax year beginning , 2010, and ending

## B Check if applicable.

- ☒ Address change  
☒ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

Meritus Medical Center Auxiliary, Inc.  
 11116 Medical Campus Road  
 Hagerstown, MD 21742

## D Employer Identification Number

23-7372305

## E Telephone number

301-790-8486

G Gross receipts \$ 1,158,834.

F Name and address of principal officer Barbara Resh  
 Same As C Above

H(a) Is this a group return for affiliates? ☐ Yes ☒ NoH(b) Are all affiliates included? ☐ Yes ☐ No

If 'No,' attach a list (see instructions)

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) (insert no ) ☐ 4947(a)(1) or ☐ 527

J Website: www.meritushealth.com

H(c) Group exemption number

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of Formation 1968

M State of legal domicile MD

## Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>The mission of the Meritus Medical Center Auxiliary is to cooperate and assist the Meritus Medical Center (MMC) in promoting MMC's work in the community and raising money for charitable and educational distributions for the benefit of MMC.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	31
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	31
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	464
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	2,421.	4,174.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	35,841.	33,603.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8, 9, 10e, and 11e)	1,686.	1,303.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	562,454.	496,723.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	602,402.	535,803.
	14	Benefits paid to or for members (Part IX, column (A), lines 4-6)	30,000.	30,000.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a	Professional fundraising fees (Part IX, column (A), line 11)		
	b	Total fundraising expenses (Part IX, column (D), line 26)		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	835,188.	420,338.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	865,188.	450,338.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	-262,786.	85,465.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	394,349.	379,814.
	22	Net assets or fund balances. Subtract line 21 from line 20	270,565.	170,565.

## Part II Signature Block

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	Signature of officer	Barbara Resh	President	Date	
	Type or print name and title	Barbara Resh	Auxiliary President	5-13-11	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name				N/A
	Firm's address			Firm's EIN	N/A
				Phone no	(301) 790-8872

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 12/21/10

Form 990 (2010) 10

SCANNED JUN 15 2011

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III

☒

- 1 Briefly describe the organization's mission

See Schedule O

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐Yes ☒

No

If 'Yes,' describe these new services on Schedule O

- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐Yes ☒

No

If 'Yes,' describe these changes on Schedule O.

- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code 445,022) (Expenses \$ 445,022. including grants of \$ 30,000.) (Revenue \$                     )

After expenses, the excess revenue from the largest fundraising programs, with exception of the Tree of Lights project, is deposited into the MMC Auxiliary's general fund. General fund monies are budgeted for distribution to benefit and support MMC and patient care in the following ways: sleepsack swaddle gift to each newborn, daily newspaper for each patient, one annual donation to the nursing scholarship fund, thirty annual scholarships for health care students, one annual donation to the Meritus Healthcare Foundation for a mutual hospital project, funding of capital equipment requests and the remaining balance goes toward a pledge for the capital campaign of the Meritus Healthcare Foundation. The money raised by the Tree of Lights goes toward a special project selected by the Tree of Lights committee each year, usually to fund a piece of medical equipment or a patient program.

4b (Code:                     ) (Expenses \$                      including grants of \$                     ) (Revenue \$                     )4c (Code                     ) (Expenses \$                      including grants of \$                     ) (Revenue \$                     )

- 4d Other program services. (Describe in Schedule O )

(Expenses \$                      including grants of \$                     ) (Revenue \$                     )4e Total program service expenses ▶ 445,022.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)		X
<b>3</b> 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		X
<b>4 Section 501(c)(3) organizations</b> 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		X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III		
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
<b>9</b> Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		X
<b>11</b> If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	X	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII		X
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X		X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV		X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
<b>20 a</b> Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X
<b>b</b> If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>		X
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i>	X	
<b>23</b> Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25</i>		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i>		X
<b>25b</b> Is the organization 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? <i>If 'Yes,' complete Schedule L, Part I</i>		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II</i>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III</i>		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>28a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
<b>28c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
<b>a</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)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

BAA

Form 990 (2010)

**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	0	
<b>1b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	0	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b> If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.		
<b>4a</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)?		X
<b>b</b> If 'Yes,' enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b> If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b> If 'Yes,' indicate the number of Forms 8282 filed during the year.	7d	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the organization make any taxable distributions under section 4966?		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10 Section 501(c)(7) organizations.</b> Enter		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12.	10a	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
<b>11 Section 501(c)(12) organizations.</b> Enter		
<b>a</b> Gross income from members or shareholders.	11a	
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	12b	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
<b>c</b> Enter the amount of reserves on hand.	13c	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		

**Part VI Governance, Management and Disclosure** For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

☒**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 31	
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 31	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	<b>2</b>	X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	<b>3</b>	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? See Sch O	<b>4</b> X	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>	X
<b>6</b> Does the organization have members or stockholders? See Schedule O	<b>6</b> X	
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? See Schedule O	<b>7a</b> X	
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? See Sch O	<b>7b</b> X	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b> The governing body?	<b>8a</b> X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b> X	
<b>9</b> Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	<b>9</b>	X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates?	<b>10a</b>	X
<b>b</b> If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	<b>10b</b>	
<b>11a</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b> X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O		
<b>12a</b> Does the organization have a written conflict of interest policy? If 'No,' go to line 13	<b>12a</b>	X
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	<b>12c</b>	
<b>13</b> Does the organization have a written whistleblower policy?	<b>13</b>	X
<b>14</b> Does the organization have a written document retention and destruction policy?	<b>14</b>	X
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	X
<b>b</b> Other officers of key employees of the organization	<b>15b</b>	X
If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	X
<b>b</b> If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	<b>16b</b>	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed None

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

**19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Schedule O

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

Larry Summers 11116 Medical Campus Road Hagerstown MD 21742 301-790-8143

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Doris Young Director	3	X						0.	0.	0.
(2) Katherine Burtner Director	3	X						0.	0.	0.
(3) Linda Hovis Director	3	X						0.	0.	0.
(4) Jean Goodnight Director	3	X						0.	0.	0.
(5) Sandra Busey Director	3	X						0.	0.	0.
(6) Ingrid Cronise Director	3	X						0.	0.	0.
(7) Lois Davies Director	3	X						0.	0.	0.
(8) Lucille Ecker Director	3	X						0.	0.	0.
(9) Elizabeth Everhart Director	3	X						0.	0.	0.
(10) Carole Feigley Director	3	X						0.	0.	0.
(11) Sue Fiedler Director	3	X						0.	0.	0.
(12) Doris Fisher Director	3	X						0.	0.	0.
(13) Patricia Geiman Director	3	X						0.	0.	0.
(14) Carolyn Gish Director	3	X						0.	0.	0.
(15) Joanne Hilton Director	3	X						0.	0.	0.
(16) Faye Katchur Director	3	X						0.	0.	0.
(17) Judy Meagher Director	3	X						0.	0.	0.



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)**

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Ruth Middlekauff Director	3	X						0.	0.	0.
(19) Connie Nakopoulos Director	3	X						0.	0.	0.
(20) Lynn Rice Director	3	X						0.	0.	0.
(21) Delores Rice Director	3	X						0.	0.	0.
(22) Carolyn Sebum Director	3	X						0.	0.	0.
(23) Mary Snook Director	3	X						0.	0.	0.
(24) Jackie Korrell Vice President	6			X				0.	0.	0.
(25) Betty Dattilio Past President	6			X				0.	0.	0.
(26) Donna Schnurr President Elect	6			X				0.	0.	0.
(27) Barbara Resh President	6			X				0.	0.	0.
(28) Thelma Summers Rec. Secretary	6			X				0.	0.	0.
(29) Thomas Brewer Asst. Treasurer	6			X				0.	0.	0.
<b>1 b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								0.	0.	0.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

**3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	<b>1 a</b> Federated campaigns	<b>1 a</b>				
	<b>b</b> Membership dues	<b>1 b</b>				
	<b>c</b> Fundraising events	<b>1 c</b>				
	<b>d</b> Related organizations	<b>1 d</b>				
	<b>e</b> Government grants (contributions)	<b>1 e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1 f</b> 4,174.				
	<b>g</b> Noncash contributions included in lns 1a-1f \$					
	<b>h Total.</b> Add lines 1a-1f		4,174.			
<b>PROGRAM SERVICE REVENUE</b>		<b>Business Code</b>				
	<b>2 a</b> Thrift Shop		26,658.	26,658.		
	<b>b</b> Baby pictures		5,474.	5,474.		
	<b>c</b> Membership Dues & Assessments	900099	1,471.	1,471.		
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f		33,603.			
<b>OTHER REVENUE</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts)		1,303.	1,303.		
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6 a</b> Gross Rents	(i) Real (ii) Personal				
	<b>b</b> Less: rental expenses					
	<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	<b>b</b> Less cost or other basis and sales expenses					
	<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss)					
	<b>8 a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	<b>a</b> 104,849.				
	<b>b</b> Less: direct expenses	<b>b</b> 76,323.				
	<b>c</b> Net income or (loss) from fundraising events		28,526.			28,526.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>				
	<b>b</b> Less direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities					
	<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b> 985,235.				
	<b>b</b> Less cost of goods sold	<b>b</b> 546,708.				
	<b>c</b> Net income or (loss) from sales of inventory		438,527.			438,527.
	<b>Miscellaneous Revenue Business Code</b>					
<b>11 a</b> Canteen		28,002.			28,002.	
<b>b</b> Uniforms		1,570.			1,570.	
<b>c</b> Prepaid Phone Cards		98.			98.	
<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d		29,670.				
<b>12 Total revenue.</b> See instructions		535,803.	34,906.	0.	496,723.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
<b>2</b> Grants and other assistance to individuals in the U S See Part IV, line 22	30,000.	30,000.		
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
<b>7</b> Other salaries and wages				
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes				
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other				
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	4,448.	3,336.	1,112.	
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	3,334.		3,334.	
<b>20</b> Interest				
<b>21</b> Payments to affiliates	42,995.	42,995.		
<b>22</b> Depreciation, depletion, and amortization	896.	896.		
<b>23</b> Insurance				
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
<b>a</b> Contracted services	320,397.	320,397.		
<b>b</b> Thrift Shop	19,892.	19,892.		
<b>c</b> Baby Sleep Sacks	15,980.	15,980.		
<b>d</b> Library/Newspapers	8,993.	8,993.		
<b>e</b> Uniforms/emoles	2,426.	2,426.		
<b>f</b> All other expenses	977.	107.	870.	
<b>25</b> Total functional expenses. Add lines 1 through 24f	450,338.	445,022.	5,316.	0.
<b>26</b> Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	1 Cash — non-interest-bearing		1	265.
	2 Savings and temporary cash investments	349,705.	2	320,601.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	43,749.	8	47,023.
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 31,787.		
	b Less: accumulated depreciation	10b 19,862.	895.	10c 11,925.
	11 Investments — publicly traded securities		11	
	12 Investments — other securities. See Part IV, line 11		12	
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34).	394,349.	16	379,814.	
<b>LIABILITIES</b>	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	270,565.	25	170,565.
	26 <b>Total liabilities.</b> Add lines 17 through 25.	270,565.	26	170,565.
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29 and lines 33 and 34.</b>			
	27 Unrestricted net assets	107,237.	27	189,793.
	28 Temporarily restricted net assets	16,547.	28	19,456.
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances</b>	123,784.	33	209,249.
34 <b>Total liabilities and net assets/fund balances</b>	394,349.	34	379,814.	

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Form 990 (2010)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	535,803.
2	Total expenses (must equal Part IX, column (A), line 25)	2	450,338.
3	Revenue less expenses Subtract line 2 from line 1	3	85,465.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	123,784.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	209,249.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐

- 1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both  
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a	X	
2b		X
2c	X	
3a		X
3b		

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Form 990 (2010)

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

Department of the Treasury  
Internal Revenue Service

**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. ▶ See separate instructions.

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

Meritus Medical Center Auxiliary, Inc.

Employer identification number

23-7372305

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I      b ☐ Type II      c ☐ Type III — Functionally integrated      d ☐ Type III — Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

Schedule A (Form 990 or 990-EZ) 2010

**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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants'.)						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to it 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a 33-1/3% support test – 2010.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
<b>b 33-1/3% support test – 2009.</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 – 2010.</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 – 2009.</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"/>		

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Schedule A (Form 990 or 990-EZ) 2010

**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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants'.)	5,912.	1,724.	6,244.	2,421.	4,174.	20,475.
<b>2</b> 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	660,786.	592,859.	507,277.	598,295.	532,120.	2,891,337.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						0.
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						0.
<b>6 Total.</b> Add lines 1 through 5	666,698.	594,583.	513,521.	600,716.	536,294.	2,911,812.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
<b>b</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.	0.	0.	0.	0.	0.
<b>c</b> Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						2,911,812.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6	666,698.	594,583.	513,521.	600,716.	536,294.	2,911,812.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	791.	1,338.	3,794.	1,686.	1,303.	8,912.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
<b>c</b> Add lines 10a and 10b	791.	1,338.	3,794.	1,686.	1,303.	8,912.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	667,489.	595,921.	517,315.	602,402.	537,597.	2,920,724.

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

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)).	<b>15</b>	99.7 %
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	<b>16</b>	99.4 %

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

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)).	<b>17</b>	0.3 %
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17	<b>18</b>	0.6 %

**19a 33-1/3% support tests – 2010.** 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 – 2009.** 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 D  
(Form 990)**Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Financial Statements**

- ▶ Complete if the organization answered 'Yes,' to Form 990,  
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2010****Open to Public  
Inspection**

Employer identification number

Meritus Medical Center Auxiliary, Inc.

23-7372305

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

1a Beginning of year balance

b Contributions

c Net investment earnings, gains, and losses

d Grants or scholarships

e Other expenditures for facilities and programs

f Administrative expenses

g End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
1b					
1c					
1d					
1e					
1f					
1g					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ \_\_\_\_\_ %

b Permanent endowment ▶ \_\_\_\_\_ %

c Term endowment ▶ \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		31,787.	19,862.	11,925.
e Other				

**Total.** Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) ▶ 11,925.

BAA

Schedule D (Form 990) 2010

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
<b>Total.</b> (Column (b) must equal Form 990 Part X, column (B) line 12.) ▶		

**Part VIII Investments—Program Related.** (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶		

**Part IX Other Assets.** (See Form 990, Part X, line 15) N/A

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

**Total.** (Column (b) must equal Form 990, Part X, column (B), line 15) ▶**Part X Other Liabilities.** (See Form 990, Part X, line 25)

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) Pledge Commitment	170,565.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25) ▶	170,565.

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	535,803.
2	Total expenses (Form 990, Part IX, column (A), line 25)	450,338.
3	Excess or (deficit) for the year Subtract line 2 from line 1	85,465.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	85,465.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	639,040.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	125,555.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	125,555.
3	Subtract line 2e from line 1	3	513,485.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV) See Part XIV	4b	22,318.
c	Add lines 4a and 4b	4c	22,318.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	535,803.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	553,575.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	125,555.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	125,555.
3	Subtract line 2e from line 1	3	428,020.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV) See Part XIV	4b	22,318.
c	Add lines 4a and 4b	4c	22,318.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	450,338.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>Book Fair</u> (event type)	(b) Event #2 <u>Tree of Lights</u> (event type)	(c) Other events <u>3</u> (total number)	(d) Total events (add column (a) through column (c))
REVENUE	1 Gross receipts	42,563.	18,229.	27,679.	88,471.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	42,563.	18,229.	27,679.	88,471.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	36,987.	325.	24,578.	61,890.
	10 Direct expense summary Add lines 4- through 9 in column (d)				61,890.
11 Net income summary Combine line 3, column (d), and line 10				26,581.	

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine lines 1, column (d) and line 7				

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?

☐ Yes ☐ No

b If 'No,' explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

b If 'Yes,' explain: \_\_\_\_\_

- |           |   |                              |                             |
|-----------|---|------------------------------|-----------------------------|
| <b>11</b> | Does the organization operate gaming activities with nonmembers?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- 13** Indicate the percentage of gaming activity operated in

**a** The organization's facility

<b>13a</b>	%
------------	---

**b** An outside facility

13b	%
-----	---

- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name 

Address ►

- 15a** Does the organization have a contact with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

- b** If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

- c** If 'Yes,' enter name and address of the third party

Name 

Address ►

- ## 16 Gaming manager information

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶

☐ Director/officer

☐ Employee

☐ Independent contractor

- ## 17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

Meritus Medical Center Auxiliary, Inc.

Part I General Information on Grants and Assistance

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.  
▶ Attach to Form 990.

OMB No 1545-0047

2010

Open to Public  
Inspection

Employer identification number

23-7372305

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ Yes ☒ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.

Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

TEEA3901L 10/29/10

Schedule I (Form 990) 2010





**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.

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

Meritus Medical Center Auxiliary, Inc.

Employer identification number

23-7372305

**Form 990, Part III, Line 1 - Organization Mission**

The mission of the Meritus Medical Center Auxiliary is to cooperate and assist in the work of the Meritus Medical Center, promote the Hospital's work in the community, supplement the work of the medical staff, nursing staff, administrative staff and other hospital personnel in making the patient's stay in the hospital more comfortable and pleasant; and raising money for charitable and educational distributions and for the benefit of new hospital equipment, building projects and programs.

**Form 990, Part VI, Line 4 - Significant Changes to Organizational Documents**

The Bylaws and Standing Rules were updated to reflect the name change of the Auxiliary to Meritus Medical Center Auxiliary, Inc.

**Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder**

Most of the organization's members are retired individuals. The majority of the members are women. They come from a variety of backgrounds including nursing, teaching, engineering, banking, accounting, sales and administrative positions. All of the members are volunteers in service positions at Meritus Medical Center, as well as elected or appointed leaders of the Auxiliary.

**Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body**

The President of the Auxiliary and the Executive Board appoints a nominating committee every two years to get candidates for upcoming open offices. The slate is then presented at a required general meeting of the members for a vote. The Auxiliary president, with the guidance of the Director of Volunteer Services, may appoint volunteers to chair specific fundraising events. Per the Auxiliary bylaws, the Board of Directors is required to meet monthly and hold at least one general meeting of the membership each year. At least fifteen members must be in attendance to vote on any business transactions. Regular board meetings are conducted by

Name of the organization

Employer identification number

Meritus Medical Center Auxiliary, Inc.

23-7372305

**Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body (continued)**

following parliamentary procedures. A parliamentarian is an appointed member of the board. At each meeting the previous minutes are corrected and approved. The treasurer reports on the financial statements for the preceding month. Reports are heard from the various committees and chairpersons. Old and new business is considered, debated, and voted on. The Director of Volunteer Services, who is a Meritus Medical Center employee, sits in on the meetings to provide guidance and advice. The Director of Volunteer Services is not a member and has no vote on the business proceedings. The senior management and various executives of MMC are invited to the meetings each month.

Special committees may be appointed by the president of the Auxiliary to carry out certain work and then are discharged when the work is completed. Standing committees include the following:

- (1) Fundraising committees include the Tree of Lights, annual bazaar, baby photos, art in the hallway, raffle, book fair, uniform sale, bag sale and jewelry sale. Fundraising committees usually consist of an appointed chairperson and volunteers. These committees give reports to the board either monthly or quarterly depending on activity.
- (2) The Finance committee prepares the budget for presentation and approval by the executive board. This committee works with the MMC's Finance and Business Integrity departments for oversight. The committee meets at least twice each year and reports activity to the board.
- (3) The Scholarship committee reviews student applications for the Auxiliary scholarship and awards the scholarships based on specific criteria. The Finance committee budgets for the scholarships with board approval.
- (4) The Gift and Memorial committee accepts and acknowledges donations in honor or memory of individuals. The chairperson of the committee

Name of the organization

Meritus Medical Center Auxiliary, Inc.

Employer identification number

23-7372305

**Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body (continued)**

reports activity to the board. By a special motion of the board, donations may be made from the Auxiliary treasury to honor people who have supported the Auxiliary and medical staff officers.

(5) The Time committee keeps records of all hours of service provided by volunteers. A report is presented to the board monthly.

(6) The Nominating committee reports to the board and with approval presents a slate of officers for election by the general membership every other year in June.

**Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or Shareholders**

Regular monthly business of the board is voted upon by the elected board after following parliamentary procedure with a quorum present. Any decision affecting the bylaws or standing rules must be presented to the members for a vote during a general open meeting of the members, with at least 50 members of the general membership present. At least one such meeting is required annually whether there is to be a vote or not. Amendments are passed by general majority vote.

**Form 990, Part VI, Line 11b - Form 990 Review Process**

The Form 990 is reviewed by an independent audit firm. A final copy of the 2010 Form 990 is provided to each board member.

**Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available**

The governing documents and financial review are available upon request. In addition, the financial review is available on the organization's website.

**2010****Schedule D, Part XIV - Supplemental Information****Page 6****Client 4****Meritus Medical Center Auxiliary, Inc.****23-7372305**

5/13/11

01 48PM

**Schedule D, Part XII, Line 4b****Other Revenue Included On Form 990 But Not Included In F/S**

4b-Reclass Thrift Shop Expense	\$	19,892.
4b-Reclass Uniform Expense		2,426.
Total	\$	<u>22,318.</u>

**Schedule D, Part XIII, Line 4b****Other Expenses Included On Form 990 But Not Included In F/S**

4b-Reclass Thrift Shop Expense	\$	19,892.
4b-Reclass Uniform Expense		2,426.
Total	\$	<u>22,318.</u>

## 2010

Name of the Organization

Employer Identification number

Meritus Medical Center Auxiliary, Inc.

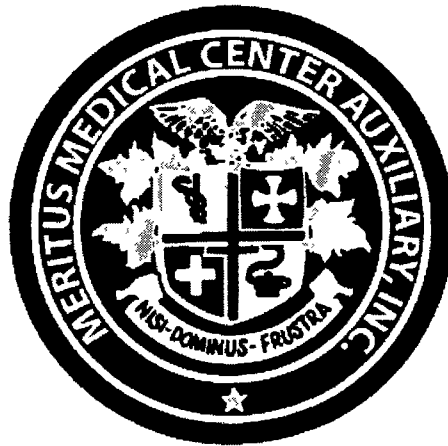
23-7372305

**Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

[illegible]

**MERITUS MEDICAL CENTER  
AUXILIARY, INC.**

**STANDING RULES**



**11116 MEDICAL CAMPUS ROAD  
HAGERSTOWN, MARYLAND 21742  
301-790-8143**

**REVISED – December 11, 2010**

## **GENERAL STATEMENTS REGARDING THE AUXILIARY AND AUXILIANS**

The Meritus Medical Center Auxiliary, Inc. is recognized as the primary volunteer organization at Meritus Medical Center.

Auxilians shall be at least 18 years of age or a high school graduate.

Volunteers belonging to the Auxiliary shall be called Auxilians (directive from American Hospital Association), however, in general practice, Medical Center volunteers may also be referred to as "volunteers".

Active Auxilians shall volunteer at least fifty (50) hours per year.

Annual dues for the Auxiliary shall run from January 1 to December 31. Annual dues are: Active members \$5.00; Associate members \$7.00; Life members \$100.00 (one-time payment) or 10,000 hours of volunteer service.

Medical Center employees desiring to participate in the Auxiliary may be Associate or Active Members. However, employees may not volunteer in the department that pays them or volunteer to perform the same duties for which they are paid.

Any Auxilian injured while working in the Medical Center during Auxiliary service can be given first aid and/or treated in the Emergency Department with a full incident report filed with Employee Health by the Director of Volunteer Services. The Medical Center will not be responsible for private physician's fees. An Auxilians' insurance is billed and whatever is not covered by insurance or Medicare is handled by the Medical Center on a case-by-case basis. Auxilians do not have health insurance coverage through Meritus Health.

No Auxilian may hold more than two positions as Chairperson or Vice-Chairperson of a service at any one time in the Auxiliary.

## **AUXILIARY CLOSINGS**

All Auxiliary services shall close each year for June Day and the Fall Education meeting.

All Auxiliary services will observe the following closing schedule:

- December 31 – January 1
- Easter Sunday
- Memorial Day – Sunday and Monday
- July 4
- Labor Day – Sunday and Monday
- Thanksgiving Day
- December 24 – 25
- Plus any additional designated Meritus Health holidays.

## **BENEFITS FOR ACTIVE AUXILIANS** provided by the Meritus Health Administration:

- Complimentary meal pass with a \$5 dollar limit, if working a 4-hour shift.
- A 10% discount at all Home Care Pharmacies for over-the-counter (OTC) products.
- A 12% discount for prescriptions at all Home Care Pharmacies.  
(For both of the above, must ask at the counter and show photo ID badge. Discount does not apply to co-pays nor may it be combined with other discount programs).
- Express admission and discharge.
- Complimentary annual influenza vaccination
- Invitation to annual holiday dinner when held
- Free television if television service isn't free.



## UNIFORMS

*The official uniform of the female Auxilian* shall be the blue pinafore, vest, polo shirt, pleated top or jacket. The jacket or vest should be worn with a plain white shirt. The blue uniform top should be worn with a white skirt, white pants or a solid dark colored skirt or pants such as dark blue, black, brown or tan. Note: jeans of any color, capri pants, cargo pants or shorts are not permitted.

If white is worn, shoes should be white. If dark colored skirt or pants are worn, the shoes may be a dark color. All shoes regardless of color should be closed toe. No sandals, flip flops of any kind or canvas shoes are permitted. Socks must be white if you wear white slacks. If dark slacks are worn, the socks should be dark in color. If hose are worn, they must be neutral in color; for example, tan. No white or black hose are permitted.

*The official uniform of the male Auxilian* shall be the blue vest, polo shirt, or jacket. The vest or jacket should be worn with a dress shirt, preferably white. A neck tie is optional. The male Auxilian may wear a white dress shirt with the Auxiliary patch on the shirt pocket. Pants should be dress slacks of a solid dark color such as dark blue, black, brown or tan. Note: jeans of any color, cargo pants, or shorts are not permitted. Shoe requirements will be similar to that of the female Auxilian.

*The official uniform of the Volunteen* shall be the blue volunteen polo shirt. Pants and shoes requirements are the same as for adults (see preceding descriptions).

*The official uniform of the student intern* shall be one of the blue uniform tops as previously described along with the same pants and shoes requirement.

Volunteers who wear any blue uniform top other than the polo shirt will also wear the official Auxiliary emblem or patch on the upper left breast side of the uniform and will wear the official Meritus Health Volunteer emblem or badge on the lower right pocket.

Service pins are generally worn on the left side of the blue uniform top, above the Auxiliary emblem.

The official uniform is to be worn at all times when the auxilian is on duty in the Medical Center and when representing the Auxiliary in the community and at the Auxiliary's annual June Day general meeting and at the Fall Education meeting.

All volunteers must wear a photo ID badge. If a volunteer forgets his or her badge, a temporary badge should be obtained from the Auxiliary office.

No excessive jewelry, flowers, corsages or perfume shall be worn by auxilians. No more than two pair of earrings may be worn and no facial or tongue rings may be worn while on duty.

*The official uniform of any auxilian-in-training, volunteen-in-training, or student-intern-in-training* may be a plain white shirt with pants and shoes as described above and a temporary badge. Certain student interns, who are processed by the volunteer services department for spiritual care services or the hospital pharmacy, will dress according to the dress codes of those departments.

All new volunteers will be encouraged to purchase their uniforms on the first day of training, but a grace period of up to four training sessions will be allowed prior to purchase. (See Auxilian-in-Training).

At the President's or the Director of Volunteer Service's discretion, if a Volunteen is unable to buy a uniform shirt, the uniform shall be given by the Auxiliary.

The Director of Volunteer Services and the Auxiliary President will be responsible for monitoring the dress of Auxilians and will determine when a breach of the dress code is serious enough for corrective action.

## **AUXILIAN-IN-TRAINING**

Among the requirements for full membership in the Auxiliary, a prospective member must complete:

1. The Medical Center volunteer orientation program including mandatory safety education and testing.
2. A training period lasting a minimum of 4 weeks in a given service or 16 hours of training.
3. Must work at least 4 times on a service.
4. A qualified Auxiliary member, department coordinator, or employee shall be assigned to instruct each new member on a specified service.

By the end of the training period, the new Auxilian must:

1. Purchase a uniform.
2. Pay dues.
3. Be assigned a specified service and work schedule.
4. Note: an Auxilian-In-Training is covered with liability insurance as long as she is volunteering within the parameters of her position description with a qualified auxilian or Medical Center employee.
5. Should any Auxilian desire to participate in other services of the Auxiliary, they will be required to fulfill all the requirements of an Auxilian-in-Training before serving on other services.

## **WHAT IS EXPECTED OF AUXILIANS**

Read, study, train, and learn the service Position Description and duties. All auxilians will be given a copy of their position description either at their interview or at orientation. The official position descriptions will be kept in the domain of the Volunteer Services Department on the Medical Center intranet.

Appear for duty in the authorized Auxiliary uniform including the official photo ID badge.

Auxilians are expected to sign-in and out for their regularly assigned volunteer shifts.

All auxilians will sign a confidentiality agreement and abide by HIPAA regulations.

Attend the annual Fall Education Day for volunteers.

Complete the annual mandatory safety tests and mail back promptly. Know the universal Maryland hospital emergency codes.

Follow infection control policies.

Arrange for substitutes or notify the service chairperson or the department if you will not be able to volunteer.

Read and abide by the Medical Center's code of conduct for business integrity and follow the standards of behavior.

Auxilians are expected to have a positive, can-do attitude and a willingness to help the Auxiliary and Meritus Health to meet their goals.

## **TERMINATION OF AN AUXILIAN'S MEMBERSHIP OR SERVICE**

The Volunteer Services Department maintains policy covering all unpaid staff. Certain policies regard fitness for duty and termination of an auxilian's service or membership due to various factors such as poor performance or unacceptable behavior. Termination of an auxilian's membership or service due to said factors may be recommended by the Auxiliary President, the Board of Directors, or a hospital manager, but may only be carried out by decision of the Director of Volunteer Services.

Grounds for immediate termination include grave misconduct such as, but not limited to, breach in confidentiality, sexual harassment or endangerment of others, or public misconduct. In the case of reoccurring

or increasing personal safety problems caused by declining physical condition or mental disorientation, an Auxilian may be asked to retire from active service and become an associate member. The policy in the Department of Volunteer Services regarding mandated retirement will be followed. Auxilians must be capable of independently carrying-out the duties of their position descriptions.

### **STUDENT INTERNS**

Student intern volunteers work within a specific department under the direct guidance of a Medical Center supervisor.

Student interns are volunteers for which the following is expected:

- at least 18 years of age or a high school graduate.
- in active pursuit of a specific educational degree at a college or university.
- same requirements as other volunteers, including the uniform, but they do not pay dues.
- student interns are granted the \$5 meal pass whenever they volunteer at least four hours, and are encouraged to get the free influenza vaccination. They also will be covered by Meritus Health's liability insurance coverage, but other benefits do not apply because they are not paying dues.

### **DEPARTMENT AUXILIAN**

A Department Auxilian volunteers for a specific Medical Center department. A supervisor or a designee from the department is responsible for training the volunteer for specific tasks and for coordinating the volunteer's schedule. The director of volunteer services is generally responsible for all department volunteers. Examples of departments that use volunteers include the Cancer Center, the Joint Center, and the Nursing Department.

Department Auxilians are members of the Auxiliary, and all requirements, conditions, and benefits previously stated apply to them.

### **VOLUNTEENS**

Volunteens are accepted for service on or after their 14<sup>th</sup> birthday. Volunteens 14 years of age must volunteer in the Meritus Medical Center cafeteria or at the Robin's Nest in the Robinwood Professional Center. Those reaching their 15<sup>th</sup> birthdays may work on another service if there is an opening such as the gift shop, thrift shop or flower room. If positions are available, 16 year old teens may volunteer in nursing unit support, Same Day Surgery or IV Infusion. Teens 17 years of age may volunteer in the Emergency Department if there are openings. The permission of the Director of Volunteer Services is required before the Volunteer may go to another service.

Volunteens should work at least one volunteer service per week.

Volunteens may stay in the program until they have graduated from High School or have reached their 18<sup>th</sup> birthday, whichever comes later.

Teens are required to wear the volunteer uniform and follow the requirements of the Auxilians' dress code, and all requirements, conditions, and benefits previously stated for Auxilians will apply to Volunteens.

Volunteens shall be given first consideration in the selection of candidates for Auxiliary sponsored scholarships.

All Volunteens moving up to the Auxiliary will be given credit for the Volunteer hours worked.

See Volunteer Handbook for additional information.

## OFFICERS

The Officers of the Auxiliary shall be the President, President Elect, Vice President, Recording Secretary, Corresponding Secretary, Treasurer, Assistant Treasurer, Immediate Past President, Parliamentarian and Office Chairperson.

### **Duties of Officers:**

President – the President shall preside at all Auxiliary Board meetings, be ex-officio member of all committees except the Nominating Committee, appoint Special committees when deemed necessary, and render a yearly report to the Auxiliary.

President Elect – the President Elect will understudy and assist the President. The President Elect shall assume the duties of the President when necessary. The President-Elect is responsible for the Hospitality Committee, a member of the Finance Committee, Scholarship Committee and the Executive Board. The President Elect shall work in the office one day per week.

Vice President – the Vice President shall assume, after the President Elect, the duties of President when necessary. The Vice President shall be responsible for the maintaining of records. The Vice President shall be a member of the Executive Board. The Vice President may serve as secretary in the Auxiliary office one day per week, if desired by the President.

Recording Secretary – the Recording Secretary shall record all proceedings of the Executive Board, the Board of Directors and the Auxiliary. The Recording Secretary shall keep a copy of the Bylaws, keep the Standing Rules and record all changes of the Bylaws and the Standing Rules. The Recording Secretary shall be a member of the Executive Board. The Recording Secretary may work as secretary in the Auxiliary office one day per week, if desired by the President.

Corresponding Secretary – the Corresponding Secretary shall conduct the general correspondence of the Auxiliary. The Corresponding Secretary shall be responsible for the notification of all Auxiliary meetings. The Corresponding Secretary shall be a member of the Executive Board. The Corresponding Secretary shall work in the Auxiliary office one day per week, if desired by the President.

Treasurer – the Treasurer shall be the Chief Fiscal Officer of the Auxiliary, shall receive all dues and deposit same. The Treasurer shall care for all the funds of the Auxiliary, keep an accurate account of receipts and payments, and submit a written annual audited report. The Treasurer shall be bonded and shall be a member of the Financial Oversight Committee and Executive Board. The Treasurer shall, if required by the President, work in the Auxiliary office one day per week.

Assistant Treasurer – the Assistant Treasurer shall assume the duties of Treasurer when called upon. The Assistant Treasurer shall be bonded and shall be a member of the Financial Oversight Committee and the Executive Board. The Assistant Treasurer shall work in the Auxiliary office one day per week, if desired by the President.

Immediate Past President – the Immediate Past President shall be a member of the Executive Board.

Parliamentarian – the Parliamentarian is appointed by the President and shall advise the presiding officer on points of parliamentary procedure. The Parliamentarian shall also give similar advice to the Board of Directors when requested to do so. The Parliamentarian is a member of the Executive Board.

Office Chairperson – the Office Chairperson is appointed by the President and shall work with the volunteer services department assistant to oversee the daily operation of the office.

On leaving office, the President shall not give gifts to the members of the Board of Directors. A note of appreciation is suggested.

## **BOARD OF DIRECTORS**

The President, President Elect, Vice President, Recording Secretary, Corresponding Secretary, Treasurer, Assistant Treasurer, Parliamentarian, Immediate Past President, Office Chairperson and the Chairperson of all Standing Committees and all Service Committees shall constitute the Board of Directors of the Meritus Medical Center Auxiliary, Inc.

The Board of Directors shall assist the President in accomplishing the objectives of the Auxiliary.

The management of the business and financial affairs of the Auxiliary shall be vested exclusively in the Board of Directors.

All requests for gifts from the Auxiliary to the Meritus Medical Center must come from the Administration and have the C.E.O.'s approval before being considered by the Auxiliary Board of Directors. The Board of Directors must approve all gifts and payments for gifts.

The Board of Directors shall meet the last Friday of the month at least ten (10) times per year.

Fifteen (15) members of the Board of Directors shall constitute a quorum of the Board of Directors for the purpose of conducting the Auxiliary business.

## **CHAIRPERSONS**

All Chairpersons are members of the Board of Directors and shall be required to attend all Board of Directors' meetings or have the Vice-Chairperson or other designated representative attend.

Chairpersons are responsible for the training and scheduling of volunteers in their service. A copy of the service schedule and position description must be filed in the Auxiliary office and updated as needed with the approval of the director of volunteer services. Official volunteer position descriptions will be maintained exclusively on the Medical Center intranet.

Chairpersons shall assist the Hospitality Chairperson when necessary at all Medical Center and Auxiliary functions, such as the Employee Christmas party. They shall support all Fund Raising and Community Projects of the Auxiliary.

All Chairpersons shall file a written report to the general membership at the end of each 2-year term.  
Exception: Time Chairperson reports annually.

Budget requests, if needed, must be filed with the Finance Committee by October 1.

All Chairpersons of Standing Committees will report quarterly to the Board of Directors. The Standing Committees are Fund Raising, Scholarship, Gift and Memorial, Public Relations and Publicity and Time.

Major non-budgeted items purchased for a service shall be paid for by the Auxiliary after the Chairperson has received approval for the purchase from the Board of Directors. The Chairperson shall notify the Office Manager of the actual delivery of the equipment, the location of the said equipment as well as any pertinent information such as model number and serial number.

Chairpersons for committees would include but not be limited to Tree of Lights, Bazaar, Raffle, and Community Service Programs etc.

Chairpersons are expected to substitute, when possible, on their services if they are unable to find a replacement for an absent volunteer.

## **TIME**

All Auxilians must keep a time record for service volunteered. Time is kept in increments of tenths of an hour. Auxilians are to sign in and out on the computer at the volunteer services office. In the event that the computer is not accessible, auxilians are to record their time in the appropriate notebook at the volunteer services office. Volunteers at off-campus locations, such as the thrift shop, will record time on a time sheet and fax or deliver it to the volunteer services office. The Time Committee shall be responsible for totaling each month's hours. Hours may not be altered once the month has been totaled.

Time may be transferred from another hospital upon receipt of a confirming letter from the other hospital Auxiliary.

Time will be granted for attendance at general membership meetings and will be recorded by the individual.

Time is allowed for all Maryland Association of Hospital Auxiliaries (MAHA) meetings. The attending auxilians shall turn the time spent in meetings in to the Time Chairperson.

### Time Given Annually to Officers and Chairpersons in Addition to Service Hours:

President	750
President Elect	500
Officers	200
Standing & Service	
Chairpersons	250
Co-Chairpersons	125
Special and Ad Hoc	
Chairpersons	40
Co-Chairpersons	20
Sub-Committee Chairpersons	10

If a Service is chaired by 2 or 3 people equally, the hours of Chairpersons and Co-Chairpersons will be added together and divided equally between the Chairpersons.

The outgoing President of the Auxiliary shall be given an Honorary Life Membership in the Auxiliary.

Auxilians working 10,000 hours will receive an Honorary Life Membership in the Auxiliary.

Auxilians who have worked 17,000 hours will be awarded a gold Auxiliary pin. After 17,000 hours, Auxilians will be awarded a gold guard pin for each additional 1,000 hours. These pins will be awarded at the annual June Day.

On June Day, hour guards will be presented. Old hour guards are to be turned in to the Auxiliary Office.

No time shall be given for telephone calls made by individuals in their committee assignments or for other activities outside the Medical Center, except those otherwise designated, and in certain cases volunteer work-

hours done at home for the benefit of the Auxiliary may be counted if approved by the director of volunteer services.

## **STANDING COMMITTEES**

### **Fund Raising**

**Purpose:** Each Fund Raiser will have a chairperson responsible for a specific project and that Chairperson will report back to the Board of Directors. (Ex.) Tree of Lights, Bazaar, Raffle etc.

### **Finance**

**Purpose:** To set the budget for the Auxiliary and present same to the Executive Board for their approval. Members of the Finance Committee are the President, who serves as the chairperson, the President Elect, Treasurer, Assistant Treasurer, and the Director of Volunteer Services will sit in as advisor. The approved budget is then presented to the Board of Directors for their information as well as to the Financial Oversight Committee for review. Members of the Financial Oversight Committee are the President, who serves as Chairperson; the President Elect, Treasurer and Assistant Treasurer, Director of Volunteer Services, Gift Shop Manager, Coffee Shop Manager, the Accounting Supervisor from Meritus Health and a representative of Business Integrity. Budget requests will be sought annually from all standing and Service Committee Chairpersons. The Committee shall meet as needed to review Auxiliary finances.

### **Scholarship**

**Purpose:** To provide applications, to interview applicants and to award scholarships to individuals pursuing a career in a health-related field. Meritus Medical Center Auxiliary Volunteers are given first consideration. Members of this Committee are the Chairperson, Vice-Chairperson, President, President Elect, Treasurer and Assistant Treasurer. The Director of Volunteer Services will sit in as advisor to the committee.

### **Gift and Memorial**

**Purpose:** To accept and acknowledge donations in honor or memory of individuals. To arrange for a contribution to the fund from the general treasury of the Auxiliary in memory of deceased Auxiliary members. By special motion of the Board of Directors, donations may be made in memory of non-Auxiliary people who have demonstrated exceptional support of the Auxiliary. A like contribution is also made in memory of medical staff members. This Committee consists of a Chairperson who reports directly to the Board of Directors.

### **Time**

**Purpose:** To maintain records of all Auxilian hours worked and to arrange for the purchase and awarding of hourly pins. Provelle software is used to keep these records for each individual. The hours are totaled by the Committee monthly. Annual time records will be kept for 2 years.

### **Nominating**

**Purpose:** Provide slate of officers for presentation to general membership for election and installation on alternate "June Day" meetings. Committee will be appointed no later than January and report back to the Board of Directors no later than the April Board Meeting.

All Standing Committees are required to meet regularly and to report to the Board of Directors at least once each quarter. Additional reports shall be made as necessary.

## **FINANCES**

1. The Auxiliary shall maintain an affiliation with Maryland Association of Hospital Auxiliaries (MAHA) and the American Hospital Association (AHA).
2. Requests for gifts for the Medical Center shall be screened and be approved by the Chief Executive Officer of the Medical Center before being presented to the Board of Directors for their consideration. The Auxiliary shall not pay for any gifts that have not been approved by the Board of Directors.
3. The Auxiliary will consult with the Capital Facility Task Force of the Medical Center concerning capital equipment gifts for the Medical Center from the Auxiliary.
4. The Board of Trustees has given permission to the Auxiliary to invest its monies in local banks (FDIC), Healthcare Family Federal Credit Union, in money market certificates, etc.
5. Fund Raising Projects are: Tree of Lights, Bazaar, Raffle and any other new projects approved by the Auxiliary Board of Directors and the Meritus Medical Center Board of Trustees. Recipients of the Tree of Lights proceeds will be approved by the Meritus Medical Center Administration.
6. Monies donated to the Auxiliary and not specifically designated for one of the special funds, (Scholarship, Gift & Memorial, Tree of Lights, etc.) shall be deposited in the general fund account.
7. The Auxiliary shall furnish and pay for layettes and blankets for indigent mothers and babies.
8. Copies of American Hospital Association publications shall be subscribed to for the President Elect. (The President receives national literature automatically).

## **DISASTER PLAN – CODE “YELLOW”**

A call tree, made up of the entire Board of Directors, shall be utilized. In the event of an actual disaster, the Director of Volunteer Services, the President, and the President Elect shall call the officers, chairpersons and vice-chairpersons to either come to the hospital as needed or stay home, if required. The chairpersons will then call the assigned volunteers for that day and advise them whether to stay home or come in, based on the particular type of disaster. The Medical Center I.D. Badge will serve as a disaster pass to get in to the Medical Center.

## **GIFT AND MEMORIAL**

All monies received shall be recorded in a separate book by the Treasurer. Sums donated shall not be publicized. The Memorial Book is kept in the Auxiliary/Volunteer Services offices. The record book is kept with names of donors, “in memory” names, and amounts.

A \$15.00 contribution will be transferred from the general treasury to the Gift and Memorial Fund upon the death of any Auxilian regardless of position held or length of service in the Auxiliary. A like contribution will be made in memory of any deceased medical staff member. If an Auxilian is an Active/Inactive Auxilian who has 1,000 hours or more of service and whose dues are paid at the time of death, he or she will be eligible to have their name inscribed on a plaque in the Memorial Gardens at Meritus Medical Center. An Honorary Life Auxilian's or a Past President's name will be added to the plaque at the Memorial Gardens. The names of those



who died in 1999 or later will be eligible to have their names inscribed on the plaque located in the Memorial Gardens, also.

Other donations may be made only at the direction of the Board of Directors of the Auxiliary.

The name of the fund shall be the Meritus Medical Center Auxiliary Gift and Memorial Fund. Purchases from this fund must be patient-related.

### **MERITUS MEDICAL CENTER AUXILIARY, INC. SCHOLARSHIP FUND**

The purpose of this fund is to provide permanent funding for the Auxiliary's Scholarship Fund which awards scholarships to students in health-related career studies. Interest earned on the monies in the fund will be used by the Scholarship Committee with the goal being for the interest to provide all monies necessary for the scholarships. When Honorary Life or Honorary Associate memberships are awarded by the Auxiliary, the money for these memberships will be transferred from the general funds to the Scholarship Fund annually. In addition donations may be made directly to the fund.

### **PAID EMPLOYEES**

The Gift Shop Supervisor is responsible for the paid gift shop staff who are Medical Center employees and for scheduling the gift shop volunteers.

The Gift Shop Supervisor is a Medical Center employee and is directly responsible to the Director of Volunteer Services.

The Volunteer Services Department Assistant is a Medical Center employee and is directly responsible to the Director of Volunteer Services.

#### **Beauty Cart:**

Beauticians are independent contractors with the Auxiliary and are not hospital employees. They are paid 85% of all they earn and the 15% balance goes to the Auxiliary for supplies. They must sign an annual contract with the Auxiliary and provide a copy of their business license.

#### **General Policies:**

Employees working for the Auxiliary and the Volunteer Services Department may be asked to attend service meetings as needed with the Auxiliary President, Service Chairperson and any others invited to attend. They may attend the Education and June Day meetings of the Auxiliary. Hourly employees will clock-in and be paid for any of these meetings which they attend.

Gift Shop and Volunteer Services Department employees may be Associate members of the Auxiliary if they desire.

### **AMENDMENTS**

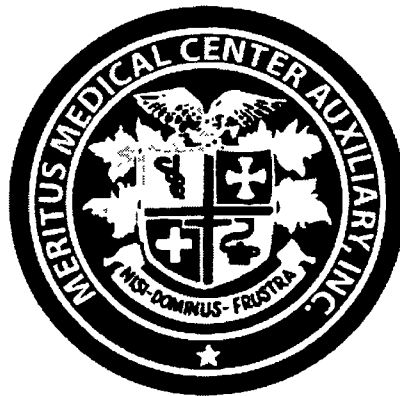
These Standing Rules of the Meritus Medical Center Auxiliary, Inc. may be amended by a majority vote of the Meritus Medical Center Auxiliary Board of Directors.

Revised January 2007

Overall revision August 23, 2010 to update to actual practice and to make relative to Meritus Medical Center.

# **MERITUS MEDICAL CENTER AUXILIARY, INC.**

## **BYLAWS**



**11116 MEDICAL CAMPUS ROAD  
HAGERSTOWN, MARYLAND 21742  
301-790-8143**

**REVISED – December 11, 2010**

## **BYLAWS**

### **THE MERITUS MEDICAL CENTER AUXILIARY, INC.**

**REVISED DECEMBER 11, 2010**

#### **ARTICLE I - NAME**

The name of this organization shall be The Meritus Medical Center Auxiliary, Inc.

#### **ARTICLE II - PURPOSE**

The purposes for which the Corporation is formed are as follows:

To cooperate with and assist in the work of the Meritus Medical Center, hereinafter referred to as Medical Center and to interpret the Medical Center to the Community.

Said Corporation is organized exclusively for charitable, and educational purposes including making distributions to the Medical Center and affiliated organizations so long as the Medical Center and such other organizations qualify as exempt organizations under 501 (c) (3) of the Internal Revenue Code or corresponding section of future tax code.

To supplement medical staff, nursing staff, administrative staff and other Medical Center personnel in helping to make the patient's stay in the Medical Center more comfortable and pleasant.

#### **ARTICLE III – FINANCE**

Section 1 - All money earned in excess of expenses by any Auxiliary service shall be distributed to the Medical Center or other affiliated organization so long as the Medical Center or other organization qualify as exempt organizations under 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future tax code.

Section 2 - In the event of the formal dissolution of the Corporation, assets if any, shall be paid over, transferred, assigned and delivered to the Medical Center or other organization providing that the Medical Center or affiliated organization is exempt within the meaning of section (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

#### **ARTICLE IV – MEMBERSHIP**

Section 1 - All persons subscribing to the purpose for which this Auxiliary is formed are eligible for membership without regard to race, sex, color, national origin or religion.

Section 2 - Types of membership shall be Active, Associate, Life, Honorary Associate, Honorary Community and Honorary Life.

Section 3 - A member whose continued commitment to the purpose of the Auxiliary and whose dues are current and paid in full and has completed any annual requirements of Meritus Health or Auxiliary shall be considered a member in good standing.

Section 4 - A member in good standing shall have the right to vote, to hold office, and to participate in any business meeting of the Auxiliary. This privilege shall not be extended to Honorary Associate Members or to Honorary Community Members.

Section 5 - The President of the Meritus Medical Center Auxiliary has the authority and responsibility to take appropriate action based on an investigation to remove or dismiss an Auxilian if the Auxilian's behavior is inconsistent with the Meritus Health's Core Values, breach of confidentiality, and/or unacceptable language.

## **ARTICLE V – DUES**

Section 1 - Dues are as follows:

- A. Active Members shall pay the designated dues annually as determined by vote of the Board of Directors and are expected to give a minimum of fifty (50) active service hours a year.
- B. Associate Members shall pay the designated dues annually as determined by vote of the Board of Directors; service is not required.
- C. Life Members shall pay the designated amount of dues in one payment. They shall be exempt from further payment of dues. Service is optional.
- D. Honorary Associate Members are Medical Center employees who are elected annually by the Board of Directors for outstanding service to the Auxiliary. Neither service nor dues are required.
- E. Honorary Community memberships are awarded to individuals outside of Meritus Health who have exhibited extraordinary efforts to benefit the Auxiliary by promoting the goals and objectives of the organization. Memberships are granted by vote of the Board of Directors. Small recognition plaques will be presented to the individuals by a board member. No service hours or annual dues are required.
- F. Each out-going President of the Auxiliary automatically becomes an Honorary Life Member.
- G. Honorary Life Members are Auxilians who have given 10,000 hours or more of outstanding service to the Auxiliary.

Section 2 - Payment of Dues

- A. Dues are payable by January first of each year.
- B. If a member's dues are not paid by the June General Membership Meeting, a member shall be considered in default, and the member's name shall be struck from the membership rolls.
- C. Members in default shall be required to pay dues for the preceding year before reinstatement.
- D. If a member's due are paid in full, and the member submits his /her resignation, the member will be considered a former member in good standing. At a later date, the former member may request reinstatement in the Auxiliary without penalty.
- E. Members who join the Auxiliary and pay dues in November or December will receive dues credit for the following year.

## **ARTICLE VI – OFFICERS AND DUTIES**

### **Section 1 - The officers of the Auxiliary shall be the following:**

- A. President, President-Elect, Vice President, Recording Secretary, Corresponding Secretary, Treasurer and Assistant Treasurer.
- B. Election of this slate of officers shall be held every two (2) years. All officers shall serve a term of two (2) years. Officers shall not be eligible for the same office until one two (2) year term has elapsed with the exception of the Treasurer, Assistant Treasurer, Recording, and Corresponding Secretary who may be eligible for nomination for three (3) consecutive terms (6 years).
- C. The President-Elect automatically becomes a candidate for President.
- D. The President may serve a second term of two (2) years if the President-Elect or Vice President has not served a two- (2) year term in preparation for the office of President.

### **Section 2 - The Board of Directors:**

- A. There shall be a Board of Directors, which shall be composed of the Officers of the Auxiliary, the Immediate Past President, the Chairmen of all Committees, Office Chairman and the Parliamentarian.
- B. The Board of Directors shall assist the President in accomplishing the objectives of the Auxiliary.
- C. The management of the business and financial affairs of the Auxiliary shall be vested exclusively in the Board of Directors.

### **Section 3 - The Parliamentarian:**

- A. The Parliamentarian shall be appointed by the President.
- B. The Parliamentarian shall advise the presiding officer on points of Parliamentary procedure and also give similar advice to the Board of Directors.

### **Section 4 - The Office Chairman**

- A. The Office Chairman shall be appointed by the President.
- B. The Office Chairman shall oversee the daily operation of the office & its volunteer staff.

### **Section 5 - Duties of the Officers:**

- A. The President shall preside at all Auxiliary and Board meetings; be an Ex-officio member of all committees except the Nominating Committee; appoint special committees when deemed necessary; tender a yearly report to the Administration and the Board of Trustees of the Medical Center and to the Auxiliary.
- B. The President-Elect shall understudy and assist the President. The President-Elect shall assume the duties of the President whenever necessary. The President-Elect shall assume the duties assigned by the President, subject to the approval of the Executive Board.

- C. The Vice President shall assume the duties of the President whenever necessary. The Vice President shall assume those duties assigned by the President, subject to the approval of the Executive Board.
- D. The Recording Secretary shall record the proceedings of the Board of Directors and the Auxiliary. The Recording Secretary shall also keep a copy of the Bylaws and the Standing Rules.
- E. The Corresponding Secretary shall conduct the general correspondence of the Auxiliary, as directed by the President.
- F. The Treasurer shall be the Chief Fiscal Officer. The Treasurer shall receive all dues and care for all funds of the Auxiliary, keep an accurate account of receipts and payments; submit a written annual, audited report. The Treasurer shall be bonded.
- G. The Assistant Treasurer shall assume any duties of the Treasurer when called upon. The Assistant Treasurer shall be bonded.

Section 6 - Any vacancy, which occurs in any office, shall be filled by the Executive Committee.

## **ARTICLE VII - COMMITTEES**

Section 1 - The Executive Committee shall consist of the President, President-Elect, Vice President, Recording Secretary, Corresponding Secretary, Treasurer, Assistant Treasurer, Immediate Past President, Parliamentarian, and Office Manager. This Committee shall have the power of the membership between regular meetings, to act in an emergency providing the majority of the Executive Committee approves the action. All action shall be reported to the Board of Directors.

Section 2 - Standing Committees:

- A. All standing committees deemed necessary for carrying out the purpose of the Auxiliary shall be formed by the Executive Committee.
- B. The Chairman of these standing committees shall be appointed by the President and approved by the Executive Committee.
- C. Chairmen may have one or more vice-chairmen who must be approved by the Executive Committee. Vice-Chairmen shall assume the duties of chairmen in the absence of the Chairman.
- D. Chairmen and Vice-Chairmen shall serve terms of two (2) years. Their terms shall expire with the term of the President under whom they were appointed.

Section 3 - Special Committees:

- A. Special Committees for specific purposes may be appointed by the President and shall be automatically discharged when that purpose has been accomplished. Special Committees shall have the power to act unless such power is specified in the motion which created the committee.

#### **Section 4 - Nominating Committee:**

- A. The Nominating Committee shall be appointed biannually by the Executive Committee, no later January of the election year. This committee shall consist of five (5) members; one (1) from the Board of Directors; two (2) from the general membership; Chairman of the outgoing Committee and the Immediate Past President who will serve as Chairman.
- B. This Committee shall prepare a slate of nominees for officers and present this slate to the Board of Directors for approval at the time designated by the Auxiliary's Standing Rules. The general membership shall be notified of the proposed slate prior to the Annual membership meeting, at which time the new officers are installed.
- C. Nominations may be made from the floor provided the nominee has given written consent.

### **ARTICLE VIII - MEETINGS**

Section 1 - The Auxiliary shall meet at least twice a year. Those present shall constitute a quorum.

Section 2 - The annual membership meeting shall be in June.

Section 3 - The Board of Directors shall meet the last Friday of the month at least ten (10) times a year. By action of the Executive Committee, this portion of the Bylaws may be suspended. Fifteen (15) members of the Board of Directors constitute a quorum.

Section 4 - Special meetings of the Board of Directors may be called by the President or any five (5) members of the Board. Members must be in receipt of written notification at least 48 hours before the proposed special Board of Directors meeting.

Section 5 - Special meetings of the general membership may be called by order of the Executive Committee, by order of the Board of Directors, or by written call, filed with the Recording Secretary, of not less than fifty (50) members. The general membership must be in receipt of written notification at least 48 hours before the proposed special general membership meeting.

### **ARTICLE IX – PARLIAMENTARY AUTHORITY**

The rules contained in Robert's Rules of Order Revised shall govern the proceedings of this organization except in such cases as are governed by these Bylaws.

### **ARTICLE X - CONSTITUTION**

Section 1 - A copy of these Bylaws shall be available to every member after which they shall be adopted at any regular meeting and shall become effective immediately.

Section 2 - These Bylaws may be amended by a majority vote at any regular meeting or at any special meeting called for that purpose, provided amendments have been presented to the membership in writing two (2) weeks before the meeting at which time they will be voted upon.

Section 3 - Amendments to these Bylaws or to the Articles of Incorporation must be reviewed and approved by the Board of Trustees of the Medical Center before becoming effective.

## **ARTICLE XI – STANDING RULES**

### **Section 1 - The Policies and Procedures:**

- A. The Policies and Procedures of the Auxiliary shall be specified in the Standing Rules as established by majority vote of the Board of Directors.
- B. These Standing Rules may be changed or amended by the majority vote of the Board of Directors at any Board Meeting.