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SCANNED JUN 0 9 2014

Department of the Treasury Internal Revenue Service

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)

OMB No 1545-0047

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

Open to Public Inspection

ΑI	For th	e 2012 calendar year, or tax year beginning $\;$	UL 1, 2012 and	l ending	<u>J</u> UN 30, 2013	<u> </u>						
В	Check i applical	C Name of organization			D Employer identif	ication number						
	Addr chan		g Hospital Cent	er								
	Nam chan	•			23-2	146875						
	Initia retur		ivered to street address)	Room/sui	te E Telephone numbe	er						
	Term				484-	884-0130						
	Ame	City, town, or post office, state, and ZIP cod	e		G Gross receipts \$	394,004.						
	Appl	Bethlehem, PA 18017			H(a) Is this a group r	eturn						
	pend	$^{ ext{ing}}$ F Name and address of principal officer: $ ext{Eil}$	een McCarroll		for affiliates?	Yes X No						
		same as C above			H(b) Are all affiliates in	cluded? Yes No						
T	Tax-e	tempt status: X 501(c)(3) 501(c) ()		or 5:	– 1 ''	list (see instructions)						
_		ite: ▶ n/a		·	H(c) Group exemption	·						
_			sociation Other >	L Ye		M State of legal domicile: PA						
_	art I			•								
	1	Briefly describe the organization's mission or most	significant activities. Volu	nteer	Organizatio	n						
Activities & Governance		supporting the tax exempt	purposes of th	e Leh	igh Valley H	ospital -						
rna	2	Check this box I if the organization disco	ntinued its operations or dispo	osed of mo	ore than 25% of its net a	ssets						
ove	3	Number of voting members of the governing body			з	20						
Ğ	4	Number of independent voting members of the go	·		4	20						
SS	5	Total number of individuals employed in calendary	/ear 2012 (Part V, line 2a)		5	0						
Ϋ́Ε̈́	6	Total number of volunteers (estimate if necessary)	, , , ,		6	60						
cti	7 a	Total unrelated business revenue from Part VIII, co	olumn (C), line 12		7a	0.						
٩	l t	Net unrelated business taxable income from Form	990-T, line 34		7b	0.						
			DECEN	15-50	Prior Year	Current Year						
o	8	Contributions and grants (Part VIII, line 1h)	RECEN	VEUE	1,605.	1,675.						
пé	9	Program service revenue (Part VIII, line 2g)		- [) 20,350.	22,169.						
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4	, and 7d 6 MAY 1 4	2014 E	159.	109.						
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8d	, 9c, 10c, and 11e)		109,249.	109,776.						
	12	Total revenue - add lines 8 through 11 (must equal			131,363.	133,729.						
	13	Grants and similar amounts paid (Part IX, column (A), lines [1-3]	I, [] [71,460.	38,164.						
	14	Benefits paid to or for members (Part IX, column (A	A), line 4)" – ———————————————————————————————————		0.	0.						
Š	15	Salaries, other compensation, employee benefits (0.	0.								
Expenses	16a	Professional fundraising fees (Part IX, column (A),	0.	0.								
xbe	b	Total fundraising expenses (Part IX, column (D), lin	e 25) 🕨	<u>0.</u> [
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d	, 11f-24e)		53,800.	37,590.						
	18	Total expenses. Add lines 13-17 (must equal Part I	X, column (A), line 25)		125,260.	75,754.						
_	19	Revenue less expenses. Subtract line 18 from line	12		6,103.	57,975.						
Net Assets or Fund Balances					Beginning of Current Year	End of Year						
Set	20	Total assets (Part X, line 16)		L	99,867.	157,842.						
Age	21	Total liabilities (Part X, line 26)		<u> </u>	0.	0.						
컐	22	Net assets or fund balances Subtract line 21 from	line 20		99,867.	157,842.						
_	art II	<u></u>										
		alties of perjury, I declare that I have examined this return,				iy knowledge and belief, it is						
true	, corre	ct, and complete. Declaration of preparer (other than office	er) is based on all information of w	hich prepar	rer has any knowledge.							
		Simulation My Carnot			5-8	-14						
Sig	n	Signature of officer			Date							
Hei	re	Eileen McCarroll, Trea Type or print name and title	surer									
_		<u> </u>	<u></u>		Date Check	II PTIN						
D-1	_	Print/Type preparer's name	Preparer's signature		Date Check L							
Pai					self-employ	red						
	Preparer Firm's name Firm's EIN											
USE	Use Only Firm's address ▶											
_		<u> </u>			Phone no.							
		RS discuss this return with the preparer shown about				Yes No						
2320	001 12				C	Form 990 (2012)						
		See Schedule O for Organiz	ation mission S	catem	ent Continua							
						12/W						
						<i>•</i> . <i>•</i>						

Form	1990 (2012) Auxiliary of Muhlenberg Hospital Center 23-214	16875	Page 2
Pa	rt 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:		
'		- ho	
	Volunteer Organization supporting the tax exempt purposes of t	-116	
	Lehigh Valley Hospital - Muhlenberg and its related entities.		
2	Did the organization undertake any significant program services during the year which were not listed on		
2			X No
	the prior Form 990 or 990-EZ?	L Yes	LAJ 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?	└─ U Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	·		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	expenses, a	ınd
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 75,754 • including grants of \$ 38,164 •) (Revenue \$	132,0	054.)
	The Auxiliary is a volunteer organization supporting the tax of		
	purpose of Lehigh Valley Hospital - Muhlenberg and its related		
		<u> </u>	
	entities.		
		_	
4b	(Code) (Expenses \$		
	/ (Leverage a) (Leverage a)		—— <i>'</i>
	-		
			-
40	10.1		
4c	(Code) (Expenses \$		
		_	
	· · · · · · · · · · · · · · · · · · ·		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$		
4e	Total program service expenses ► 75,754.		
		- O(2012)

Pai	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			-110
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	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	3		x
4	Section 501(c)(3) organizations. 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	4		x
5	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	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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	6		Х
7	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	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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	9	_	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			1
	as applicable	·		<u> </u>
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
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	11b		Х
С	Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X
d	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			Х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	1 1f		Х
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1 11		
124	Schedule D, Parts XI and XII	12a	i	х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	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	15		X
16	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	16		X
17	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	17		<u> </u>
18	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	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			37
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a l		Λ

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20b

Form **990** (2012)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	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? If "Yes," complete Schedule I, Parts I and III	22		х
23	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? If "Yes," complete			
	Schedule J	23		Х
24a	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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_ X
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? If "Yes," complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		激	* *
	instructions for applicable filing thresholds, conditions, and exceptions)	222	<u> </u>	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			7,7
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	:		v
0.4	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			х
20	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u>32</u>		
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	 ~~		
•	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	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? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	_X_	
		Form	990 ((2012

Page 5

Service the number reported in Box 3 of Form 1096 Enter-0-if not applicable 1a 0		Check if Schedule O contains a response to any question in this Part V			
b Enter the number of Forms W-2G included in time 1a Enter-O- if not applicable Old the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gamining) with many received on Form W-3, Transmitted of Wage and Tax Statements, life of for the calendar year ending with or within the year covered by this return It class to no is reported on line 2a, did the organization the all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-five (see instructions) 3a bid the organization have unrelated business gross income of \$1,000 or more during the year? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account)? 4b If Yes, "enter the name of the foreign country [such as a bank account, securities account, or other financial account)? 5c en entructions for financial requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5d Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5d Was the organization a party to a prohibited tax shelter transaction? 6d 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 deductibles? 7 organizations that may receive deductible contributions under section 170(c). 8d But the organization have annual gross receipts that are normally greater than \$100,000, and did the payor? 7a X 7b If Yes," did the organization notify the where yes obligation an express statement that such contributions or grifs were not tax deductibles as chardable contributions? 7 organizations that may receive deductible contributions under section 170(c). 8d But the organization selection of the value of the goods or services provided? 7a If Yes," did the organization notify the year. Pay premiums on a personal benefit con				Yes	No
Coult the organization comply with backup withholding roles for reportable payments to vendors and reportable gaming (ambhing) winnings to prize winners? 2 Enfet the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, feed for the calendar year ending with or within the year covered by this return? Note. If the sum of lines 1a and 2 as greater than 250, you may be required to e-file (see instructions) 10 If at least one is reported on line 2a, did the organization file all required federal employment tax return? Note. If the sum of lines 1a and 2 as greater than 250, you may be required to e-file (see instructions) 10 If "Yes," has it filed a Form 990-T for the year? If "No." provide an explanation in Schedule O 11 If "Yes," and the dark of rom 990-T for the year? If "No." provide an explanation in Schedule O 12 If "Yes," and the file organization have an interest in or a spatiative or other authority over, a financial account, an foreign country (such as a bank account, securities account, or other financial account)? 12 If "Yes," and the thing are of the foreign country (such as a bank account, securities account, or other financial accounts? 13 If "Yes," and the organization that it was or is a party to a prohibeted tax shelter transaction? 14 If "Yes," and the organization that it was or is a party to a prohibeted tax shelter transaction? 15 If "Yes," to line Sa or Sb, did the organization file Form 8886-7? 16 Obest the organization enclude with every solicitation an express statement that such contributions origins were not tax deductable? 16 If "Yes," did the organization neclude with every solicitation an express statement that such contributions origins were not tax deductable? 16 If "Yes," did the organization in enclude with every solicitation an express statement that such contributions or grifts were not tax deductable? 16 If "Yes," did the organization receive a contribution of cause the form to the form \$200 or the very solicitation and express that th	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, Idea for the calendar year ending with or within the year covered by this return. Jean 1 I all least one is reported on line 2a, did the organization tile all required federal employment tax returns? Note, if the sum of lains 1 and 2 as greater hand 250, you may be required to e-Me (see instructions) Jean 1 I all least one is reported on line 2a, did the organization tile all required federal employment tax returns? Note, I five 1 with a site did a Form 9907 for the year II "No, *provide an explanation in Schedule O Jean 1 I all any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly of the site of 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)? Jean 1 I all the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountry. Jean 1 I all the signature of the foreign country (such as a bank account, securities account, or other financial Accounts. See instructions for filing requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts. Jean 1 I all the signature of the organization that it was or is a party to a prohibited tax shelter transaction? Jean 2 I all the signature of the organization file Form 8888.77 Delian transmit and the organization file Form 8888.77 Delian transmit and the organization file Form 8889 as the signature of the organization shall are signature or the signature of t	b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			1
2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, iffed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more duming the year? 3 At any time during the calendary year, did the organization have an incress (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?) 4 At any time the financial account in a foreign country (such as a bank account, securities account, or other financial accounts? 5 If "Yes," the line 5 are 5 b, 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 accounts? 5 If "Yes," the line 5 are 5 b, did the organization file Form 8888.7? 6 If "Yes," to line 5 are 5 b, did the organization file Form 8888.7? 6 Does the organization have a initial gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions are contributions? 6 If "Yes," the line 5 are 5 b, did the organization file Form 8888.7? 6 Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Uniform that the section of the value of the goods or services provided? 9 Uniform that the organization in the file of the value of the goods or services provided? 10 Uniform that the organization in the file of the value of the goods or services provided? 10 Uniform that the organization more than one organization in property for which it was req	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			!
teed for the calendar year ending with or within the year covered by this return. 2a 0		(gambling) winnings to prize winners?	1c		
teed for the calendar year ending with or within the year covered by this return. 2a 0	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-fife (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? If Yes,* has if field a Form 890°T for this year? If Yo, "provide an explanation in Schedule O. All At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account, or 10 organization organization field in the contributions of the fire quience from 10°F 90°22.1, Report of Foreign Bank and Financial accounts. See instructions for filing requirements for Form TD F 90°22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90°22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90°22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90°22.1, Report of Foreign Bank and Financial Accounts. See instructions for the great requirements for Form TD F 90°22.1, Report of Foreign Bank and Financial Accounts. See instructions for the great requirements for Form TD F 90°22.1, Report of Foreign Bank and Financial Accounts. See instructions for the great requirements for Form TD F 90°22.1, Report of Foreign Bank and Financial Accounts. See instructions for the great requirements for Form TD F 90°22.1, Report of Foreign Bank and Financial Accounts. See instructions for the great requirements for Form TD F 90°22.1, Report of Foreign Bank and Financial Accounts. See instructions for the great requirements for Form See See See See See See See See See Se		lack			
Section 50 (17 Yes, "has tifled a Form 990-T for this year? If "No," prowde an explanation in Schedule O	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
b If "Yes," has it field a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a 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, control refinancial account)? 5 If "Yes," enter the name of the foreign country. 5 See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 If "Yes," to line 5a of 5b, die the organization in file Form 8980-7? 6 Does the organization have annual gross receipts that are normally greater than \$10,000, and did the organization solicit any contributions that them on tax deductible as charitable contributions? 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization shall, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 822? d If "Yes," indicate the number of Forms 8282 filed during the year. b Of the organization received a contribution of cars, boats, arrigance, or other vehicles, did the organizations. Did the wear, pay premiums, directly or indirectly, on a personal benefit contract? 7 If If the organization received a contribution of cars, boats, arrigance, or other vehicles, did the organizations. Did the supporting organizations and activitude of cars, boats, arrigance, or other vehicles, did the organizations. Did the supporting organizations maintaining donor advised funds and section 5968? 9 Sponsoring organization make any taxable distributions un		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a X 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)? b If Yes,** embre 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. S Was the organization of the foreign Earth transaction at any time during the tax year? b D did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If Yes,** to line Eao r 5b, of the organization in fel Form 888617 6b	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
If "Yes," enter the name of the foreign country	b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
b If "Yes," enter the name of the foreign country See instructions for flung requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 8 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 8 D any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 8 D Exemplar of the organization shall was or is a party to a prohibited tax shelter transaction? 8 D Obes 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 as charitable contributions? 8 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9 If "Yes," did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? 9 If "Yes," did the organization notity the donor of the value of the goods or services provided? 10 If the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 10 If the organization notity the donor of the value of the goods or services provided? 11 If "Yes," did the organization notity the donor of the value of the goods or services provided? 12 If "Yes," with clicket the number of Forms 8282 filed during the year 13 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 14 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 15 If the organization received a contribution of qualified intellectual property, did the organization file Reports of the supporting organization, or a donor advised funds and section \$989(a) (s) supporting organizations. Brief in Institution seed to subsect the subsect of the supporting organiz	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
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8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9a 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.					
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					X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		000	(0040)

Form 990 (2012) Auxiliary of Muhlenberg Hospital Center 23-2146875 Page 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				X						
Sec	tion A. Governing Body and Management										
	don't do tolimig body and managomone			Yes	No						
10	Enter the number of voting members of the governing body at the end of the tax year	20		/ >	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\						
14	If there are material differences in voting rights among members of the governing body, or if the governing		١,	16	1 30						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		* /	امي د	* 34.						
		20	*, >	12.	87 87						
			٠,	, ()	₩.						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1	2		X						
_	officer, director, trustee, or key employee?										
3	Did the organization delegate control over management duties customarily performed by or under the direct supervi	ISION	3		Х						
	of officers, directors, or trustees, or key employees to a management company or other person?		4		X						
4											
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5	X	Х						
6	Did the organization have members or stockholders?		6	<u> </u>							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		_	x							
	more members of the governing body?		7a	^							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			х							
_	persons other than the governing body?		7b	<u> </u>							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	J.		X							
_	The governing body?		8a	X							
ь	Each committee with authority to act on behalf of the governing body?		8b								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				x						
Č	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9								
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)										
		1	40	Yes	No X						
	Did the organization have local chapters, branches, or affiliates?		10a								
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliate	es,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		X						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	ne form?	11a								
	Describe in Schedule O the process, if any, used by the organization to review this Form 990		11.7		X						
12a			12a								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		40-								
	in Schedule O how this was done		12c		Х						
13	Did the organization have a written whistleblower policy?		13		X						
14	Did the organization have a written document retention and destruction policy?	4	14								
15	Did the process for determining compensation of the following persons include a review and approval by independent	ent	4:	2 2 3 3	1,000						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		. Š	مُستسد	**************************************						
a	The organization's CEO, Executive Director, or top management official		15a		$\frac{x}{x}$						
b	Other officers or key employees of the organization		15b	X	, š						
46	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		36.3	4.380	100						
ıоа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		أَسْتُهُ أَسَا	Marie Com	X						
	taxable entity during the year?		16a	^′ .Å.	· · · · ·						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participati	ion									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		10	<u> </u>	عكم						
800	exempt status with respect to such arrangements?		16b								
	List the states with which a copy of this Form 990 is required to be filed None										
17		\(\0\n \c-\-\-\-	احليون								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c	ภูเอาะ only) a	ıvallat	ie							
	for public inspection. Indicate how you made these available. Check all that apply.										
46	Own website X Another's website X Upon request Other (explain in Schedule O)		4.	•							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interes	τ policy, an	d finar	ncial							
^^	statements available to the public during the tax year.										
20	State the name, physical address, and telephone number of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who p	ne organizat	ion: 🏴								
	The Organization - 484-884-0130										
23200	2545 Schoenersville Road, Bethlehem, PA 18017			000							

23-2146875 Form 990 (2012) 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

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.

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

- 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.

(A) Name and Title	(B) Average hours per	box	, unie	Pos heck ss pe	rson	than	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer a		Highest compensated 4/2		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Polly Hollschwander	4.00	X						0.	0	0
Director (2) Laurine Dietrich	4.00	^	\vdash					0.	0.	0.
Director	4.00	x						0.	0.	0
(3) Josephine Druckenmiller	4.00	Λ	\vdash					U •	0.	0.
Director	4.00	х	:					0.	0.	0.
(4) Rita Ernst	4.00									
Director		X						0.	0.	0.
(5) Alma Askeland	4.00								-	
Director		Х						0.	0.	0.
(6) Judy Heydt	4.00				i					
Director		X			İ		L.	0.	0.	0.
(7) Linda Russo	4.00					i	İ.,			
Director		X						0.	0.	0.
(8) Elizabeth Bird	4.00								_	_
Director		Х				<u> </u>	Ш	0.	0.	0.
(9) Jeanne Sickar	4.00							_	_	_
Director	1 2 2 2	Х						0.	0.	0.
(10) Gwendolyn Singer	4.00							•		
Director	4 00	Х					<u> </u>	0.	0.	0.
(11) Lynn Conn	4.00	,,						0	•	
Director	4 00	X				_	\vdash	0.	0.	0.
(12) Joyce Silverblatt	4.00	x						0.	•	•
Director (13) Barbara Sullivan	4.00	^		-		_		0.	0.	0.
Director	4.00	x						0.	0.	0
(14) Paulette Roberts	4.00	^				-	\vdash	0.	U •	0.
President	4.00			х				0.	0.	0.
(15) Grace Ritter	4.00	├	\vdash	_		-	-	0.		
President-Elect & Recording Secretar				х				0.	0.	0.
(16) Kathy Hoffert	4.00	-			-					<u> </u>
Past President				х				0.	0.	0.
(17) Elizabeth Holland	4.00	H				H	\vdash			
Vice-President & Hospitality Chair				х				0.	0.	0.
22222	1									5 000 (2212)

232007 12-10-12

Section A. Officers, Directors, Trus	tees, Key Em	ploy	<u>/ees</u>	, an	d Hi	ighe	st (Compensated Employe	es (continuea)				
(A)	(B)	(C)						(D)	(E)			(F)	
Name and title	Average	(do		Pos			one	Reportable	Reportable	•	E:	stimate	ed
	hours per	box	, unle	ss pe	rson	ıs bot	h an		compensation		ar	nount	of
	week	-	officer and a di			Ji/u us	I ee,	1 ""	from related			other	
	(list any hours for	recto						the	organization			npensa	
	related	o o	<u>8</u>			sated		organization (W-2/1099-MISC)	(W-2/1099-MI	30)		rom th ganızat	
	organizations	ruste	ig.		8	nedr	l	(***2/1099***********************************			1	d relat	
	below	dalt	tona	L	pg g	st co						anızatı	
	line)	Individual trustee or director	Institutional trustee	Officer	Key emptoyee	Highest compensated employee	P F						
(18) Eileen McCarroll	4.00	一			Ť	Ē							
Treasurer		1		Х	ļ			0.		0.			0.
(19) Maryann McGonigle	4.00												
Asst. Treasurer & Historian		1		Х				0.		0.			0.
(20) Yvonne Gerlach	4.00								-				
Director & Membership Secretary		1		X				0.		0.			0.
		1						1					
		1			ĺ								
	-												
		1				1	ŀ						
		1				ļ	ļ						
													_
		1				•							
						Г							
		1				1							
1b Sub-total						┢		0.	-	0.			0.
c Total from continuation sheets to Part V	II. Section A					•		0.		0.			0.
d Total (add lines 1b and 1c)	,					•		0.		0.			0.
Total number of individuals (including but r	ot limited to th	ose	liste	ed al	bove	e) wl	no r	eceived more than \$100	0.000 of reportab	le			
compensation from the organization						,							0
												Yes	No
3 Did the organization list any former officer,	director, or tru	uste	e, ke	ey er	nplo	yee	, or	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J for s	•		,	•	•	•	•				3		X
4 For any individual listed on line 1a, is the si			amo	ensa	atior	n and	d ot	ther compensation from	the organization				<u> </u>
and related organizations greater than \$15								•	Ū		4	*********	X
5 Did any person listed on line 1a receive or	•								idual for services	;			
rendered to the organization? If "Yes," com	•							· ·			5		X
Section B. Independent Contractors													
Complete this table for your five highest co	mpensated in	dep	ende	ent c	onti	racto	ors :	that received more than	\$100,000 of con	npens	ation	from	
the organization. Report compensation for	the calendar y	ear	endı	ng v	vith	or w	ıthı	n the organization's tax	year.				
(A)								(B)			((C)	
Name and business	address	N	INC	Ξ				Description of s	ervices	C		nsatio	n
								_	_, _				
								_	·				
				_									
					_								
2 Total number of independent contractors (including but n	ot li	mıte	d to			ste	d above) who received n	nore than				
\$100,000 of companyation from the organi	ration -				(n .							

232008 12-10-12 Form **990** (2012)

			Check if Schedule O cont	ains a response	to any question	in this Part VIII			
					to any queetion	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	•		Federated campaigns Membership dues	1a 1b	1,675.		-		
ê, ê	9		Fundraising events	1c					
ar /	l		Related organizations	1d					ļ
S,C	Ι,		Government grants (contribut						
rioi	۱ ۱		All other contributions, gifts, gran						
를 다			similar amounts not included abo						
E G	١,	g	Noncash contributions included in lines	: 1a-1f \$					
<u>ರಿ ೯</u>		h '	Total. Add lines 1a-1f		<u> </u>	1,675.			
					Business Code				
9	2 :	a	Vending Machine	Commis	900099	22,169.	22,169.		
e Š	1	b							
Program Service Revenue	۱ ،	c į							
ran Sev		d .							
<u>6</u>	•	e .						·	
Δ.	1	f .	All other program service reve	enue					
	بــــا	_	Total. Add lines 2a-2f		<u></u>	22,169.			
	3		Investment income (including	dividends, intere	est, and	100	100		
	l		other similar amounts)		.	109.	109.		ļ
	4		Income from investment of ta	x-exempt bond p	proceeds				
	5		Royalties		_	3	,		4,
	_		_	(ı) Real	(II) Personal	*	```		×
			Gross rents			. *	, 4 8 8	% 4	, 197
			Less: rental expenses		 	,	^ `	*	
			Rental income or (loss)					o an hit to home and anyther on	
			Net rental income or (loss)		() 011				
:	' '		Gross amount from sales of	(i) Securities	(II) Other	·	、		*
	١.		assets other than inventory						
			Less: cost or other basis and sales expenses					3	
			Gain or (loss)		 				
			Net gain or (loss)	L			n nome n ann annaigh i	remark & come a document	
.	8 8		Gross income from fundraisin	a evente (not					
Other Revenue			including \$	of		,	\$		*
e.			contributions reported on line						
ά			Part IV, line 18	а		,			
the			Less direct expenses	b					
0			Net income or (loss) from fund	draising events	•	a manager and a special and a			
	i		Gross income from gaming ac						
			Part IV, line 19	а					
			Less direct expenses	b	·				
			Net income or (loss) from gam	ning activities		Total a seminar to a seminar se	Marketin is for t _{ense}		
	10 a	а	Gross sales of inventory, less	returns					
			and allowances		359,504.				
	1	b	Less cost of goods sold	b	260,275.				
	Ĺ	C_	Net income or (loss) from sale	s of inventory		99,229.	99,229.		
			Miscellaneous Revenu		Business Code				
	11 8	a	Luncheons, meeti	ngs,mis	900099	10,547.	10,547.		
	1	b.							
	١ ،	C.							
	۱ ۱		All other revenue	-	<u> </u>	10 545			
	٠ . ا		Total. Add lines 11a-11d		>	10,547.	122 054	- ^-	
23200 12-10	9		Total revenue. See instructions.			133,729.	132,054.	0.	0.
12-10	- 12								Form 990 (2012)

Check if Schedule O contains a response to any question in the Part X (p) Do not include amounts reported on hims 60, 70, 80, 90, and 100 of Part VIVI Florida systems to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to governments, organizations in the United States. See Part IV, line 21 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, line 23 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, line 13 United States See Part IV, line 15 Grants and on individed thous, to disqualited persons (see Statined under section 4658(c)(4)) and persons secretion in enclored shows, to disqualited persons (see Statined under section 4658(c)(4)) and persons secretion in enclored shows, to disqualited persons (see Statined under section 4658(c)(4)) and persons secretion in enclored shows, to disqualited persons (see Statined under section 4658(c)(4)) and persons secretion in enclored shows, to disqualited persons (see Statined under section 4658(c)(4)) and persons secretion in enclored shows, to disqualited persons (see Part IV, line 17 Grants and disquality and d	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)										
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13 Office expenses Information technology Information technology Information technology Information technology Information technology Information technology Information technology Information technology Information technology Information technology Information technology Information technology Information technology Information technology Information technology Information technology Information technology Information texpenses Informa	Ū	column (A) amount, list line 11g expenses on Sch O.)									
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15 Royaltes Cocupancy Travel Travel 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) Supplies Miscellaneous All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here Intolowing SOP 98-2 (ASC 958-720)	13	Office expenses	14,799.	14,799.		·					
16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount, list line 24e expenses on Schedule 0.) 28 Supplies 29 Miscellaneous 20 14,447. 14,447. 21 11. 2,111. 21 11. 2,111. 22 111. 33 Unes 4 Interest 10 10 files 1 through 24e 75,754. 4 Interest 10 10 files 10 10 10 10 10 10 10 10 10 10 10 10 10	14	Information technology									
Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) Supplies Miscellaneous Dues All other expenses Total functional expenses. Add lines 1 through 24e Total functional expenses. Add lines 1 through 24e Total functional expenses. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)	15	Royalties				* ************************************					
18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 13 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, collum (A) amount, list line 24e expenses on Schedule 0.) 2 Supplies 3 Insurance 2 Other expenses on Schedule 0.) 4 Niscellaneous 5 Insurance 2 Other expenses on Schedule 0.) 5 Insurance 2 Other expenses on Schedule 0.) 6 Insurance 7 Insurance 9 Insurance 1 Insurance 1 Insurance 1 Insurance 2 Other expenses in line 24e. If line 24e above. If line 24e above. If line 24e amount exceeds 10% of line 25, collum (A) amount, list line 24e appears on Schedule 0.) 8 Insurance 1 Insurance 1 Insurance 1 Insurance 2 Other expenses in line 24e. If line 24e. If line 24e above. If line 24e above. Insurance above.	16	Occupancy	4. 44 -								
for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) Supplies Miscellaneous 2,111. Dues 1,068. 1,068. All other expenses Total functional expenses. Add lines 1 through 24e All other expenses Total functional expenses. Add lines 1 through 24e All other expenses Total functional expenses and fundraising solicitation. Check here (here for any federal, state, or local public officials (horizontal expenses) If following SOP 98-2 (ASC 958-720)	17	Travel	1,015.	1,015.							
19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a Supplies b Miscellaneous C Dues 1, 068. 4 Il other expenses 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 24e amount, list line 25e, column (A) 25e Joint costs. Itemize expenses in line 24e. If line 24e. If line 24e. If line 24e amount, list line 24e. If line 24e. If line 24e amount, list line 24e. If line 2	18	Payments of travel or entertainment expenses									
20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a Supplies b Miscellaneous c Dues 1,068. 1,068. 2,111. 2,111. 2,111. 2,111. 5 Dues 4 Il other expenses 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here in following SOP 98-2 (ASC 958-720)		for any federal, state, or local public officials									
Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a Supplies Miscellaneous C Dues 11,068. 11,068. Total functional expenses. Add lines 1 through 24e All other expenses. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here in following SOP 98-2 (ASC 958-720)											
Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a Supplies Miscellaneous 2,111. Dues 1,068. 1,068. All other expenses Total functional expenses. Add lines 1 through 24e All other expenses. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here Infollowing SOP 98-2 (ASC 958-720)											
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Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a Supplies b Miscellaneous c Dues 1,068. 1,068. 1,068. 2,111. 2,111. 1,068. All other expenses Total functional expenses. Add lines 1 through 24e 75,754. 75,754. 0. 0.		· · · · · · · · · · · · · · · · · · ·		- .							
above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a Supplies b Miscellaneous c Dues 14,447. 14,447. 2,111. c Dues 1,068. 4 e All other expenses Total functional expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)											
a Supplies b Miscellaneous c Dues 1,068. 1,068. 2,111. 2,111. 1,068. 1,068. 4 e All other expenses 25 Total functional expenses. Add lines 1 through 24e 75,754. 75,754. 0. 0. 0. 1, following SOP 98-2 (ASC 958-720)	24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)			~						
b Miscellaneous c Dues 1,068. 1,068. 1,068. 2,111. 2,111. 1,068. 1,068. 2,111. 2,111. 1,068. 1,068. 2,111. 2,111. 1,068. 1,068. 2,111. 2	9		14,447.	14,447.							
c Dues d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 75,754. 75,754. 0. 0. 0. Check here Infollowing SOP 98-2 (ASC 958-720)											
e All other expenses 25 Total functional expenses. Add lines 1 through 24e 75,754. 75,754. 0. 0. 0. Check here Infollowing SOP 98-2 (ASC 958-720)	-										
e All other expenses 25 Total functional expenses. Add lines 1 through 24e 75,754. 75,754. 0. 0. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here in it following SOP 98-2 (ASC 958-720)	_			<u>.</u>							
Total functional expenses. Add lines 1 through 24e 75,754. 75,754. 0. 0. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here in following SOP 98-2 (ASC 958-720)		All other expenses									
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here In following SOP 98-2 (ASC 958-720)		· ————————	75,754.	75,754.	0.	0.					
educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	_	Joint costs. Complete this line only if the organization				-					
Check here If following SOP 98-2 (ASC 958-720)		reported in column (B) joint costs from a combined									
		educational campaign and fundraising solicitation.									
		Check here if following SOP 98-2 (ASC 958-720)				5 000 (2010)					

Part X

Check if Schedule O contains a response to any question in this Part X (B) (A) Beginning of year End of year 24,859. 25,617. Cash · non-interest-bearing 1 75,008. 132,225. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Loans and other 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 instr) Complete Part II of Sch L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c 11 11 Investments - publicly traded securities 12 Investments - other securities See Part IV, line 11 12 Investments · program-related See Part IV, line 11 13 13 14 Intangible assets 14 Other assets See Part IV, line 11 15 15 99,867. 157,842 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D Liabilities Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 0. 0. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here 4.3 1, 3 complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 99,867. 157,842. 27 27 Unrestricted net assets Temporarily restricted net assets 28 28 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 99,867. 157,842. 33 33 Total net assets or fund balances 99,867. 157,842. Total liabilities and net assets/fund balances

Form 990 (2012)

'Form	990 (2012) Auxiliary of Muhlenberg Hospital Center	23-	-2146875	Pag	ge 12
	t 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		3 <u>,</u> 7	
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,7	
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>75.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	99	7,8	<u>67.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses .	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
,	column (B))	10	157	7,8	<u>42.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		· · · · · · · · · · · · · · · · · · ·		<u> </u>
			F	Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	22.2	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		wind de	
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			الشُّنسُدُ	للأسند
þ	Were the organization's financial statements audited by an independent accountant?		2b	2.	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	s,		3 5
	consolidated basis, or both		\$ 7 × 3 × 3		ž.
	Separate basis Consolidated basis Both consolidated and separate basis			8.4	. * **
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	·	:	سگط
	review, or compilation of its financial statements and selection of an independent accountant?		2c	\dashv	
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		· ` \	4	â
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngie AL			X
	Act and OMB Circular A-133?		3a	-+	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ired au	ait 3b		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		Form	<u> </u>	2010
			rorm :	33U (2012)

' 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

Open to Public Inspection

Name of t	he organizati	on						E	mployer	identification number	
	•	Auxilia	ry of Muhlen	berg	Hospi	tal C	enter		2	3-2146875	
Part I	Reason	for Public Char	rity Status (All organiz	ations mu	st complet	e this par	t.) See ins	tructions.			
The organ	zation is not a	private foundation	because it is (For lines	1 through	11, check	only one b	ox)				
1 🗀			s, or association of chur).			
2	A school des	cribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E.)							
з 🔲	A hospital or	a cooperative hosp	tal service organization (described	ın 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 na										
	city, and stat	e·								<u></u>	
5	An organizati	on operated for the	benefit of a college or ui	niversity o	wned or op	perated by	a govern	mental un	t descnb	ed in	
	section 170	(b)(1)(A)(ıv). (Compl	ete Part II.)								
6 🖳	-	•	ent or governmental uni								
7 📖	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit o	or from the	general	public described in	
	-	b)(1)(A)(vi). (Comple	•								
8 🖳	•		section 170(b)(1)(A)(vi).	•	-						
9 🗀			eives: (1) more than 33								
			nctions - subject to certa								
			axable income (less sect	tion 511 ta	ex) from bu	sinesses a	acquired b	y the orga	inization	after June 30, 1975	
40 [509(a)(2). (Complete		_+ fbl	la aafatu G	Saa aaatia	= E00/a)/	4)			
10 L	-	•	perated exclusively to te perated exclusively for th	-	-				y out the	nurnosos of one or	
[43]	-	•	ations described in secti								
			organization and compl		-		-, 000 301)o.,	идол . Оп.	ook the box that	
	a X Type				nctionally			TVD	e III - Nor	n-functionally integrated	
e X			at the organization is not		-	-					
·			han one or more publicly								
f			tten determination from						. , . ,	, , , ,	
		rganization, check t									
g	Since Augus	t 17, 2006, has the	organization accepted ar	ny gift or c	ontribution	from any	of the foll	owing per	sons?		
	(i) A perso	n who directly or inc	lirectly controls, either al	lone or tog	ether with	persons o	described	ın (ıı) and (III) below	, Yes No	
	the gov	erning body of the s	upported organization?							11g(i) X	
	(ii) A family	member of a perso	n described in (i) above?	•						11g(ii) X	
	(iii) A 35% (controlled entity of a	ı person described in (i) (or (II) abov	e?					11g(iii) X	
h	Provide the f	ollowing information	about the supported or	ganızatıon	(s).						
		l	I	(iv) Ic the	organization	(v) Did vo	u notify the	(vi) Is	the I	/ IIV A	
	of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	, ,	sted in your		ion in col.	organizáti (i) organiz	on in col. I	(vii) Amount of monetary support	
orga	anization	:	above or IRC section		document?		r support?	U.S	.?	support	
			(see instructions))	Yes	No	Yes	No	Yes	No		
Lehig											
Valle	y Hospi	23-2367707	501(C)3		X	X		X		37,300	
								ļ			
				1							
		-		 	 			-			
	_				ļ			ļ			
Total	1		* * * * * * * * * * * * * * * * * * * *	₩.	1.	. ,		,	* * * * * * * * * * * * * * * * * * * *	37,300	

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

Schedule A (Form 990 or 990-EZ) 2012

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.)

<u> </u>	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received (Do not								
	include any "unusual grants ")								
2	Tax revenues levied for the organ-	,							
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to					İ			
	the organization without charge				<u> </u>				
	Total. Add lines 1 through 3								
5	The portion of total contributions					İ			
	by each person (other than a	(\$ %	<						
	governmental unit or publicly	* `	,						
	supported organization) included	,							
	on line 1 that exceeds 2% of the		*			2) (3)			
	amount shown on line 11, column (f)	~ g+	, "	,	.]	; , ,			
_	.,	* } , , , , , , , ,	*		\$ \$ \$ \$ \$ \$				
	Public support. Subtract line 5 from line 4	* \$ \$ 1 /4 ">	\$ * ,	1					
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
	Amounts from line 4	(8) 2000	(6) 2003	(0) 2010	(4) 2011	10/2012	Witotal		
	Gross income from interest,					-			
Ü	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar sources								
9	Net income from unrelated business								
Ū	activities, whether or not the								
	business is regularly carried on					1			
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part IV)								
11	Total support. Add lines 7 through 10	3	` <i>*</i>		4	,			
	Gross receipts from related activities	, etc. (see instructi	ions)	•	•	12			
	First five years. If the Form 990 is fo			rd, fourth, or fifth t	tax year as a sectio	n 501(c)(3)			
	organization, check this box and stop	p here					▶□		
Sec	tion C. Computation of Pub	ic Support Pe	rcentage						
14	Public support percentage for 2012 (line 6, column (f) d	livided by line 11,	column (f))		14	9/		
15	Public support percentage from 2017	I Schedule A, Part	II, line 14			15	9/		
16a	33 1/3% support test - 2012. If the	organization did no	ot check the box	on line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and		
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	n			▶□		
b	33 1/3% support test - 2011. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	is box		
	and stop here. The organization qua	lifies as a publicly	supported organi	zation			▶└┈		
17a	10% -facts-and-circumstances tes	-							
	and if the organization meets the "fac	ots-and-circumstar	nces" test, check	this box and stop	here. Explain in Pa	rt IV how the organ	ızatıon		
	meets the "facts-and-circumstances"	and-circumstances" test. The organization qualifies as a publicly supported organization							
b	0% -facts-and-circumstances test - 2011. 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 t	he "facts-and-cırcı	umstances" test, o	check this box and	i stop here. Explair	n in Part IV how the			
	organization meets the "facts-and-cir						▶ <u>∟</u>		
18	Private foundation. If the organization	on did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box a	and see instructions	<u> </u>		
					Sche	edule A (Form 990	or 990-EZ) 201		

'Schedule A (Form 990 or 990-EZ) 2012 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 fa	ails to
Gualify under the tests listed below places complete Det II.)	

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not			į			
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose		İ		<u> </u>		
3	Gross receipts from activities that				_		
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-				1		i
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge		<u> </u>				
6	Total. Add lines 1 through 5				<u> </u>		
	Amounts included on lines 1, 2, and					<u> </u>	
,,	3 received from disqualified persons	!					
ŀ	Amounts included on lines 2 and 3 received						
•	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the					i	
	amount on line 13 for the year Add lines 7a and 7b						
			<u> </u>		, ·		
	Public support (Subtract line 7c from line 6)	<u> </u>				.]	
	endar year (or fiscal year beginning in)	(=) 2008	(h) 2000	(c) 2010	(4) 2011	(=) 0010	(f) Total
	Amounts from line 6	(a) 2008	(b) 2009	(6) 2010	(d) 2011	(e) 2012	(i) rotai
	Gross income from interest,	<u> </u>				-	
100	dividends, payments received on	1			l		
	securities loans, rents, royalties				[
	and income from similar sources		<u> </u>			 	
ŗ	Unrelated business taxable income			:			
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975		<u> </u>			1	
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b.						
	whether or not the business is						
40	regularly carried on					<u> </u>	
12	Other income. Do not include gain or loss from the sale of capital				i		
	assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12)				<u></u>	<u></u>	
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,
_	check this box and stop here						
	ction C. Computation of Publ						
	Public support percentage for 2012 (•	column (f))		15	%
	Public support percentage from 2011					16	%
	ction D. Computation of Inve						
17	Investment income percentage for 20)12 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
	Investment income percentage from					18	%
198	a 33 1/3% support tests - 2012. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	e organization qual	ifies as a publicly	supported organiz	zation	▶□
t	33 1/3% support tests - 2011. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box and st	top here. The orga	anızatıon qualıfıes	as a publicly supp	orted organization	▶ <u></u>
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	structions	<u> </u>
					C-1	andula A (Farm 00	0 000 ET 0040

232023 12-04-12

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

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
2012
ZU IZ
Open to Public ?
Inspection 🗐 🗥

Internal Revenue Service

Employer identification number Name of the organization Auxiliary of Muhlenberg Hospital Center 23-2146875 Form 990, Part I, Line 1, Description of Organization Mission: Muhlenberg and its related entities. Form 990, Part VI, Section A, line 6: The Organization has 185 members. Form 990, Part VI, Section A, line 7a: The members elect the governing board annually. Form 990, Part VI, Section A, line 7b: Decisions of the board are not subject to membership approval. Form 990, Part VI, Section B, line 11: The governing body does not review the 990 prior to its filing. Form 990, Part VI, Section C, Line 18: 990's are available on Guidestar. Form 990, Part VI, Section C, Line 19: The governing documents, conflict of interest policy, and financial statements aren't made available to the public.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

SCHEDULE!	
(Form 990)	

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ➤ Attach to Form 990.

2012 Open to Public Inspection

Schedule I (Form 990) (2012)

Department of the Treasury Internal Revenue Service

Name of the organization							Employer identificati	
Auxiliary of Muhlenberg Hospital Center						23-21	46875	
Part I General Information on Grants	and Assistance							
 Does the organization maintain records 	to substantiate th	e amount of the grants	s or assistance, the	grantees' eligibilit	ty for the grants or as:	sistance, and the selec		
criteria used to award the grants or ass							Yes	X No
2 Describe in Part IV the organization's pr								
Part II Grants and Other Assistance to		_			anization answered "	res" to Form 990, Part	t IV, line 21, for any	
recipient that received more than		· ·	, , , , , , , , , , , , , , , , , , , 		(f) Method of	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	valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of or assistance	
Tabank Wallan Wanashal								
Lehigh Valley Hospital -	1		1					
Muhlenberg - 2545 Schoenersville Road - Bethlehem PA 18017	23-2367707	501(c)3	37,300.	0.				
Road - Bechlehem, PA 18017	23-2307707	501(0)3	37,300.	٠.				
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							L	
				L		L	<u></u>	
2 Enter total number of section 501(c)(3)	•	-	ne line 1 table				<u> </u>	
3 Enter total number of other organization						· · · · · · · · · · · · · · · · · · ·		
LHA For Paperwork Reduction Act Notice	e, see the Instruc	tions for Form 990.					Schedule I (Form	. 990) (2012

Schedule I (Form 990) (2012) Auxiliary	of Muhlenberg	Hospital	Center		23-2146875	Page
Part III Grants and Other Assistance to Individuals Part III can be duplicated if additional space is	in the United States. Cons needed	plete if the organia	zation answered "Yes	to Form 990, Part IV, line 22		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non cast	n assistance
			 		<u> </u>	
	1				•	
						
Part IV Supplemental Information. Complete this p.	art to provide the information	on required in Part i	l line 2. Part III. colum	nn (b), and any other additional ii	nformation	
		.				
						
						
						
			-			
						
32102 12-18 12		17			Schedule I (Fo	orm 990) (20°