

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

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

Α	For the 2008 ca	ilendar v	ear, or tax year beginning $10/01/08$, and ending $9/30/09$	_									
	Check if applicable	Please	C Name of organization	D Employ	er identification number								
	Address change	use IRS	SE AL MED CTR FOUNDATION, INC.		yer identification named								
\equiv	-	label or	Doing Business As	┨ ₂₀₋ ,	3726030								
\sqsubseteq	Name change	print or type.											
\sqcup	Initial return	See.	Number and street (or P O box if mail is not delivered to street address) Room/suite 1108 ROSS CLARK CIRCLE		ne number								
П	Termination	Specific			-793-8850								
\equiv		Instruc-	City or town, state or country, and ZIP + 4	G Gross receip	ots\$ 404,974								
닏	Amended return	tions.	DOTHAN AL 36301										
Ш	Application pending	F Nam	e and address of principal officer	H(a) Is this a group return for									
		1		affiliates H(b) Are all a									
				included	Yes No								
				If "No," :	attach a list (see instructions)								
<u></u>	Tax-exempt stat												
<u>J</u>	Website: ▶		SAMCFOUNDATION.ORG	H(c) Group e	xemption number								
	Type of organization	_X <u>c</u>	rporation Trust Association Other L Year of formation	1	State of legal domicile								
F	<u>Part I</u> S	<u>umma</u>	<u>ry</u>										
	1 Briefly o	escribe	the organization's mission or most significant activities										
ø	TO	SUPPO	RT SOUTHEAST ALABAMA MEDICAL CENTER BY										
auc													
ern	SOU	ESTABLISHING PARTNERSHIPS TO ENHANCE HEALTH AND WELLNESS IN SOUTHEAST ALABAMA, NORTHWEST FLORIDA AND SOUTHWEST GEORGIA.											
ESTABLISHING PARTNERSHIPS TO ENHANCE HEALTH AND WELLNESS IN SOUTHEAST ALABAMA, NORTHWEST FLORIDA AND SOUTHWEST GEORGIA. Check this box If the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) Total number of employees (Part V, line 2a) Total number of volunteers (estimate if necessary) Ta Total gross unrelated business revenue from Part VIII, line 12, column (C)													
ر ص	3 Number	3	15										
es	4 Number	of indep	4	15									
Ϋ́	5 Total nu	5	0										
ತ್ತ	6 Total nu	mber of	volunteers (estimate if necessary)	6									
2	7a Total gr	oss unre	lated business revenue from Part VIII, line 12, column (C)	7a									
			usiness taxable income from Form 990-T, line 34	7b	0								
		-	Prior		Current Year								
	8 Contrib	utions ar	d grants (Part VIII, line 1h)	45,458	400,654								
逗	9 Progran	n service	revenue (Part VIII, line 2g)										
8	10 Investm	ent inco	me (Part VIII, column (A), lines 3, 4, and 7d)	2,656	4,320								
Œ	11 Other re	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1 (4).										
瞾	12 Total re	venue-	add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3), lines 12), AUC 16 2010	48,114	404,974								
\overline{z}	13 Grants	and sımı	iar amounto para (rarent, column (ri), inico i o) [[[[]]]										
S	14 Benefits	paid to	or for members (Part IX, column (A), line 4)		·								
penseSCANNEGe-SELP	15 Salaries	, other o	compensation, employee benefits (Part IX, column (A), lines (E) EN, U		- "								
nse	16a Profess	ional fun	draising fees (Part IX, column (A), line 11e)	-	_								
ē	b Total fu	ndraising	g expenses (Part IX, column (D), line 25) 109, 966										
Ä				80,830	341,140								
	18 Total ex	penses		80,830	341,140								
	19 Revenu	•		67,284	63,834								
Net Assets or	S S S S S S S S S S S S S S S S S S S			g of Year	End of Year								
sets	20 Total as	sets (Pa	urt X, line 16) 3	19,089	395,853								
t As	21 Total lia	bilities (Part X, line 26)	3,391	16,321								
ž	22 Net ass	ets or fu	nd balances Subtract line 21 from line 20	15,698	379,532								
F	Part II S	ignatu	re Block										
	U	nder pena	ilties of perjury, I declare that I have examined this return, including accompanying schedules and statement t is/true, correct, and complete Declaration of preparer (other than officer) is based on all information of whit	s, and to the bes	t of my knowledge								
	a	nd belief, i	t is true, correct, and complete Declaration of preparer (other than officer) is based on all information of white	ch preparer has	any knowledge								
Sig	gn 📗	8/	2/10										
He	ere	Signati	ure of officer	Date									
			ALERIE M. BARNES EXECUTIVE DIRECTOR										
		Туре о	r print name and title										
	Р	reparer's		ck if	Preparer's identifying number								
	aid _{si}	gnature	(1/1/10) self		(see instructions) P00208778								
	eparer's		REVIS FRERENCE BROWNING WALKER & STEWA	D.M.	► 63-1241501								
Us	36 OIII		1501 THOM MATH CHRIST		► 02 T74T20T								
		self-empl ddress, ar	object), P 1321 WEST MAIN STREET DOTHAN, AL 36301-1313	Phone	334-793-4883								
N40			return with the preparer shown above? (see instructions)	no ▶									
_			d Paperwork Reduction Act Notice, see the separate instructions.		Yes No Form 990 (2008)								

	SE AL MED CTR F		0-8726030	Page 2
		rvice Accomplishments (see instru	uctions)	
	ibe the organization's mission	ADAMA MEDICAI CENMED I	2.37	
		LABAMA MEDICAL CENTER E IPS TO ENHANCE HEALTH A		
		THWEST FLORIDA AND SOUT		
5001115110	or mandani, nore	THE DOT THORIDITY THE BOOT	IIWESI GEORGIA.	
2 Did the organ	nızatıon undertake any signıfica	int program services during the year which we	ere not listed on	
	m 990 or 990-EZ?			☐ Yes 🏻 No
	cribe these new services on Sc			
_	nization cease conducting, or m	nake significant changes in how it conducts, a	ny program	
services?	cribe these changes on Schedu			Yes X No
		s for each of the organization's three largest p	rogram services by expenses	
		ns and section 4947(a)(1) trusts are required to	=	
		d revenue, if any, for each program service re	· ·	
4a (Code) (Expenses \$	231, 174 including grants of \$) (Revenue \$)
SERVICES		THER GENERAL PURPOSE HI	SALTH RELATED	
SEKAICES				
		·		
4b (Code) (Expenses \$	including grants of \$) (Revenue \$	
`			, ,	•
		•		
			•	
	•			
•				
	\ /5 A	and the second of the second o		
4c (Code:) (Expenses \$	including grants of \$) (Revenue \$)
•		•		
	·			
				•
		•		•
4d Other progra	am services (Describe in Sche	dule O)		
(Expenses		ncluding grants of \$) (Revenue \$)
4e Total progra	am service expenses > \$	231,174 (Must equal Part I	X, Line 25, column (B))	
				Form 990 (2008)

11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, X, or X as applicable 12 Did the organization report and amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts XI, XII, and XIII 13 Is the organization a school described in section 170(b)(1)(A)(ii) If "Yes," complete Schedule E 14 Did the organization a school described in section 170(b)(1)(A)(ii) If "Yes," complete Schedule E 15 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S? If "Yes," complete Schedule F, Part I 15 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S? If "Yes," complete Schedule F, Part II 16 Did the organization or 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, Part II 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part II 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule H, Part II 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule H, Parts I and III 20 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 21 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 questions 24b Zid Did the organization have a tax-exempt bond issue with an outstanding at any time during the year? 24d Did the organization m		•		Yes	No
2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 Dot the organization engage in direct or indirect political campaling activities? If "Yes," complete Schedule C, Part II 3 Section 501(c)(3) organizations. Dot the organizations engage in lobbying activities? If "Yes," complete Schedule C, Part II 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. In the organization subject to the section 6033(e) ricles and reporting requirement and proxy lax? If "Yes," complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advise on the distribution or investment of amounts in such tunks or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, histonic fund areas, or historic structures? If "Yes," complete Schedule D, Part III 8 Did the organization maintain collections of works of arth, historical treatives, or other similar assets? If "Yes," complete Schedule D, Part III 8 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed an Part X, or provide credit counseling, debt management, credit repair, or debt negoliation serveces? If "Yes," complete Schedule D, Part V 10 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed an Part X, or provide credit counseling, debt management, credit repair, or debt negoliation serveces? If "Yes," complete Schedule D, Part V 10 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed an Part V 11 Did the organization report more manum in Part X, line 21; 12; 13, 15, or 25? If "Yes," complete Schedule D, Part V 12 Did the organization report more manum in Part X, line 21; 12; 13, 15, or 25? If "Yes," complete Schedule D, Part V 13 Did the organization manum in part X, line 21; 14; 15; 15; 15; 15; 1	1			v	
3 Ly the organization regage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II " 5 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II " 5 Section 501(c)(6), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy lux? If "Yes," complete Schedule C, Part II " 5 Section 501(c)(6), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy lux? If "Yes," complete Schedule C, Part II " 5 Did the organization maintain and your object sections in such funds or accounts? If "Yes," complete Schedule C, Part II " 7 Did the organization maintain and celections of works of art, instorical treasures, or other similar assets? If "Yes," complete Schedule D, Part II " 8 Did the organization maintain collections of works of art, instorical treasures, or other similar assets? If "Yes," complete Schedule D, Part II " 9 Did the organization maintain and part X, Inne 21; serve as a custodian for arrounts not Isted in Part X, or provided cord counseling, debt management, credit repair, or debt negoliation services? If "Yes," complete Schedule D, Part IV " 10 Did the organization report an amount in Part X, Inne 21; serve as a custodian for arrounts not Isted in Part X, or provided cord counseling, debt management, credit repair, or debt negoliation services? If "Yes," complete Schedule D, Part V II Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Part V II II X II Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Part V II II X II X II II X II X II X II X	2	·		Λ	X
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4 Schedule C, Part II 5 Section 501(c)(3) organizations. Dut the organization engage in tobbying activities? If "Yes," complete 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization authect to the section 6033(e) notice and reporting requirement and priory tax? If "Yes," complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, instruct learned areas, or historic structures? If "Yes," complete Schedule D, Part II 8 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or growder cerd counseling, dieth management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or growder cerd counseling, dieth management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization report an amount in Part X, line 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Part V 11 Did the organization report an amount in Part X, line 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Part V 12 Did the organization report an amount in Part X, line 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Part V 13 Did the organization report an amount in Part X, line 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Part V 14 Did the organization report an amount in Part X, line 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Part V 15 Did the organization report an amount in Part X, line 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Part II 16 Did the organization and accordance with CAAP? If "Yes," complete Schedule	•		3		Х
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5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 603(e) notice and reporting requirement and proxy tas "of "Yes," complete Schedule C, Part III 5 5 7 7 7 7 7 7 7 7			4		Х
6 but the organization maintain any donor advised funds or any accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 7 but 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 8 bild the organization report an amount in Part X, line 21; serve as a custodian for emounts not listed in Part X, or provide credit conseigning, debt management, credit repair, or debt negoliation services? If "Yes," complete Schedule D, Part IV 8 9 but the organization report an amount in Part X, line 21; serve as a custodian for emounts not listed in Part X, or provide credit conseigning, debt management, credit repair, or debt negoliation services? If "Yes," complete Schedule D, Part V 10 but the organization report an amount in Part X, line 21; serve as a custodian for emounts not listed in Part X, or provide credit conseigning, debt management, credit repair, or debt negoliation services? If "Yes," complete Schedule D, Part V 10 but the organization report an amount in Part X, lines 10, 12, 13, 15, or 28? If "Yes," complete Schedule D, Part V 11 X 11 X 11 X 12 X 13 X 13 X 13 X 14 X 15	5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
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Schedule D. Part I Did the organization recolve 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part II Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide recretic curselinging, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D. Part V Did the organization report an amount in Part X, line 10, 12, 13, 15, or 25° II "Yes," complete Schedule D. Part V Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25° II "Yes," complete Schedule D. Part V Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25° II "Yes," complete Schedule D. Part V Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25° II "Yes," complete Schedule D. Part V Did the organization accordance with GAAP? If "Yes," complete Schedule D. Part X, IXI, and XIII S the organization accordance with GAAP? If "Yes," complete Schedule E Did the organization accordance with GAAP? If "Yes," complete Schedule D. Part X, IXI, and XIII Did the organization here aggregate revenues or expenses of more than \$10,000 from granthaving, fundrasing, business, and program service activities outside the U. S? If "Yes," complete Schedule F, Part II Did the organization report on Part IX, column (A), line 11er? If "Yes," complete Schedule G, Part II Did the organization report on Part IX, column (A), line 11er? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 on Part VIII, lines it cand Ba? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 on Part VIII, lines it cand Ba? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 on Part VIII	6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
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X or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V 10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Part SV II, VIII, IX, or X as applicable 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Part SV II, VIII, IX, or X as applicable 12 Did the organization areceive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Part SV, IX, III, and XIII 12 X 13 St the organization are conditions and it is shown and in a statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule E 13 X 14 Did the organization maintain an office, employees, or agents outside of the U S? 15 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U Sr If "Yes," complete Schedule F, Part II 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargetage grants or assistance to any organization or report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part II 16 X 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 on Part IX, column (A), line 12e? If "Yes," complete Schedule I, Parts I and III 20 Did the organization report more than \$5,000 on Part IX, column (A), line 21e If "Yes," complete Schedule I, Parts I and III 21 Did the organization report more than \$5,000 on Part IX, column (A), line 21e If "Yes," complete Schedule I, Parts I and III 22 D	8		8		X
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\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b–24d and complete Schedule K If "No," go to question 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I 25b X 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? If "Yes," complete Schedule L, Part II 26 X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or		·	23	<u> </u>	X
24b—24d and complete Schedule K If "No," go to question 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 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 Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I 25b X 26 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? If "Yes," complete Schedule L, Part II 26 X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or	24a				
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 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 Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I 25b X 26 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? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			1		١,,
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 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 Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I 25b X 26 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? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or					X
to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I 25b X 26 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? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or	D		246		\vdash
Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I 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? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or	C		245		
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 Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I 25b X 26 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? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or	ч				\vdash
with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I 25b X 26 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? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			240	 	\vdash
person from a prior year? If "Yes," complete Schedule L, Part I 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? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or		with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	X
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? If "Yes," complete Schedule L, Part II 26 X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or	þ	•			.,
disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or	00	·	25b		 ^
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or	26		26	L_	X
substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	· · · · · · · · · · · · · · · · · · ·			
		substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	Ц_	X

Checklist of Required Schedules (continued)

	·		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			ĺ
	employee), or an indirect business relationship through ownership of more than 35% in another entity			İ
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			ĺ
	Part IV	28a		<u>X</u>
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			i
	professional corporation) doing business with the organization? 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		Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I .	31		X
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		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		_X_
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
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		<u>X</u>
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			
		37		_X_

Form **990** (2008)

ra	Statements Regarding Other INS Filings and Tax Compliance									
10	Enter the number reported in Box 2 of Form 1000. Applied Commence and Transmitted of				Yes	No				
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	_	_							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1a	0							
	Did the organization comply with backup withholding rules for reportable payments to vendors and re	1b								
·	gaming (gambling) winnings to prize winners?	portabl	ie			v				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	[]		1c		X				
Lu	Statements, filed for the calendar year ending with or within the year covered by this return	_	0							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuin	2a		— <u>"</u>						
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	1157		2b						
	instructions)									
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d by								
	this return?	u o,		3a	İ	X				
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		•	3b		- 21				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authori	tv	- 52						
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial									
	account)?			4a		Х				
b	If "Yes," enter the name of the foreign country									
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank								
	and Financial Accounts.									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Χ				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?		5b		Χ				
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity									
	Regarding Prohibited Tax Shelter Transaction?			5c						
6a	Did the organization solicit any contributions that were not tax deductible?			6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or			- 1					
_	gifts were not tax deductible?			6b		:				
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more \$75?	than				37				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7a		_X				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			7b						
•	required to file Form 8282?	15		70		Х				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	·	7c						
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	-	al	-						
	benefit contract?	C130110	41	7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X				
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		X				
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	as								
	required?			7h	ĺ	Χ				
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec	tion								
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a spor	soring								
	organization, have excess business holdings at any time during the year?			8	[Χ				
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.									
а	Did the organization make any taxable distributions under section 4966?			9a		Χ				
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		Χ				
10	Section 501(c)(7) organizations. Enter.									
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:] , . 1	1							
a	Gross income from members or shareholders	11a								
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	11b			ŀ					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041? 12b	1	12a						
~	to an amount of tax exempt interest received or accided during the year	<u> 120</u>	L							

Form 990 (2008) SE AL MED CTR FOUNDATION, INC. 20-8726030 Page 6 Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.) Section A. Governing Body and Management Yes No For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions Enter the number of voting members of the governing body 1a Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 any other officer, director, trustee, or key employee? 3 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? 3 4 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? 8a Χ Each committee with authority to act on behalf of the governing body? 8b Does the organization have local chapters, branches, or affiliates? 9a 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? 9b Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations Χ 10 must describe in Schedule O the process, if any, the organization uses to review the Form 990 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 Χ Section B. Policies Yes No 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 Χ 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12¢ Does the organization have a written whistleblower policy? 13 13 14 Does the organization have a written document retention and destruction policy? 14 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 The organization's CEO, Executive Director, or top management official? 15a Other officers or key employees of the organization? 15b Describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a 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? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE 17 Section 6104 requires an organization to make its Form 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 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 19 policy, and financial statements available to the public

State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ DBA SOUTHEAST ALABAMA MEDICAL CENTE 1108 ROSS CLARK CIRCLE

334-793-8850

AL 36301

DOTHAN

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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 the organ	·	nsate	any	/ offi	cer,	direc	tor,	trustee, or key employee		
(A)	(B) Average	Doc!	uon /) -book	-	hat ap	anha\	(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	hours per week		Institutional trustee	Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
RALPH FILLMORE CHAIRMAN	, MD							0	0	0
DARRYL MATHEWS V CHAIRMAN								0	0	0
MARIAN LOFTIN SECRETARY								0	0	0
LAMAR BROOKS TREASURER								0	0	0
DAVID DENNIS CHAIR ELECT								0	0	0
SAM CRAWFORD TRUSTEE			_					0	0	0
RONALD DEVANE TRUSTEE								0	0	0
WALTER BRACEWE TRUSTEE	LL							0	0	0
NELSON GWINN, TRUSTEE	MD		,					0	0	0
MARY JULIA LEE TRUSTEE								0	0	0
ROGER BURCHETT TRUSTEE								0	0	0
RONALD S. OWEN								0	0	. 0
MIKE SCHMITZ TRUSTEE								0	0	0
GEORGE VEALE, TRUSTEE	MD							0	0	0
DEBRA YOUNG TRUSTEE			-					0	0	0
SYBIL BURNHAM- TRUSTEE	INGRAM							0	0	0
ALISON CREEKBA TRUSTEE	UM							0		0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) Name and title	(B) Average hours per		(C) tion (check all Institut			k all that ap		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week	Officer Institutional trustee Individual trustee or director			Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
DAWN DUNNING TRUSTEE	-THEUNE							0	0	
DAVID ETHRIC TRUSTEE	GE							0	0	
BARBARA EVEF	ETT						_	0	0	
TRUSTEE ADAIR GILBER	T, PH.D.									
TRUSTEE REBECCA HALI								0	0	
TRUSTEE GLEN HERNDON					-			0	0	
TRUSTEE DON OWENS		_			_			0	0	
TRUSTEE JOE FRANK SM	ITH, MD							0	0	
TRUSTEE KENNY WHATLE	Y							0	0	
TRUSTEE BRUCE WOZOW,	DVM			-				0	0	
TRUSTEE VALARIE BARN				_				0	0	
EXC DIRECTOR		ļ	<u> </u>			-		0	0	
					(
	١				ļ					
1b Total							<u></u>			
2 Total number of indication ▶ 0	ividuals (including those in	1a)	wno	rece	ived	mor	e tn	an \$100,000 in reportable i	compensation from the	
	list any former officer, dir							oyee, or highest compensat	ed	Yes No.
the organization and								on and other compensation s," complete Schedule J fo		4 - X
	d on line 1a receive or act							ny unrelated organization fo	r	5 X
Section B. Independent										
Complete this table compensation from	the organization	ensa 	ted	ınder	end	ent o	conti	ractors that received more		
	Name and business address							Descrip	(B) ton of services	(C) Compensation
	<u> </u>						_			
		_						·		
2 Total number of ind compensation from		ıdıng	thos	se in	1) v	vho r	eœ	ived more than \$100,000 ir	···-	
DAA										Form 990 (200

			AD MED		LOOM	DATION	INC.	20-6/26030		Page 9
Pa	rt V	iii Staten	nent of Rev	<u>/enue</u>			(A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under sections
				······				revenue	revenue	512, 513, or 514
tt st	1a	Federated can	npaigns	1a			İ			
gra	b	Membership d	ues	1b						
s, c	С	Fundraising ev	ents	1c						
ar	d			1d						
a,e	e	Government grants (1e		_				
Contributions, gifts, grants and other similar amounts	f	All other contribution	•							
캶	•	and similar amounts		1f	Λ	00,654				Į.
i i	_	Name of the second of the seco				00,034				
aŭg	g	Noncash contribution		1a-1f \$			400 654			
	n	Total. Add line	s 1a-1f			, <u>P</u>	400,654			
ğ						Busn. Code			······································	
S	2a									
e e	þ									
ξ	C									
Ser	d									
Program Service Revenue	е				•					
ğ	f	All other progra	am service rev	/enue				-		
F		Total. Add line								
	3	Investment inc		a divider	nds intere				······································	
	•	other similar a		g airiaoi		,o., a.i.a	4,320	4,320		
	4	Income from in	,	av avam	nt hand n	roccodo	4,520	4,320		
		Royalties	ivestillerit or t	ax-exem	pi bona p	roceeus 🕨				
	5	Hoyanies	(ı) Real		(a) F	Personal			······································	
	٥-	O D4-	(i) Real		(11) F	ersonar				
	6a	Gross Rents								
	b	Less rental exps		_						
	С	Rental inc or (loss)								
	d	Net rental inco	me or (loss)			<u> </u>				
	7a	Gross amount from sales of assets	(ı) Securit	ties	(11)	Other				
		other than inventory								
	b	Less cost or other								
		basis & sales exps								
	С	Gain or (loss)	<u> </u>							
	d	Net gain or (lo	ss)			•				
	8a	Gross income fro		vents						
<u>o</u>		(not including \$	g c							
EI.		of contributions r	enorted on line t	le)						
ě		See Part IV, line								
F.				a						
Other Revenue		Less direct ex	-	b						
0		Net income or			events					
	9a	Gross income fro		ties.						
		See Part IV, line		а						
		Less direct ex		b						
		Net income or	_	_	tivities					
	10a	Gross sales of	inventory, les	S						
		returns and all	owances	а						
	b	Less cost of g	joods sold	b						
		Net income or		les of in	ventorv					
	_		ellaneous Reven			Busn. Code				
	11a					1				
	b							-		
			•							
	٦ 0	All other						-	·	
	d	All other reven				<u> </u>				
	e	Total. Add line								
	12	Total Revenue		1, 2g, 3,	4, 5, 6d, 7	ra, 8c, _				
		9c, 10c, and 1	<u>1e</u>			<u> </u>	404,974	4,320	0	0

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).

		(A)		(a)	
	not include amounts reported on lines 6b,	Total expenses	(B) Program service	(C) Management and	(D) Fundraising
_7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U S See Part IV, line 22				
3	Grants and other assistance to governments,				
_	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)		·		
-	and section 403(b) employer contributions)				
9	Other employee benefits				
				· · · · · · · · · · · · · · · · · · ·	
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	· · · · · · · · · · · · · · · · · · ·			
14	Information technology				<u> </u>
15		- -			
	Royalties				
16	Occupancy .				
17	Travel	· · · · · · · · · · · · · · · · · · ·			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				L
21	Payments to affiliates				
22	Depreciation, depletion, and amortization		<u> </u>		
23	Insurance				
		· · · · · · · · · · · · · · · · · · ·			
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
_	GENERAL PURPOSE	119,542	71 040		47 500
a			71,949		47,593
b	HEART AND VASCULAR	113,205			29,423
C	CANCER SCREENING	80,012	52,181		27,831
d	KOHL'S GRANT	23,262	23,262		
е	GRANTS	5 , 000			5,000
f	All other expenses	119			119
25	Total functional expenses. Add lines 1 through 24f	341,140	231,174		109,966
26	Joint Costs. Check here if following				
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				
DAA			L		. 000
					Form 990 (2008)

1 Cash—non-interest bearing					(A) Beginning of year		(B)					
2 Savings and temporary cash investiments 2 Page and grains recovable, net 3 Pideges and grains recovable, net 4 Accounts recovable, net 5 Recovables from current and former officers, directors, hustens, key employees, or other related pathes. Complete Part I of Schedule L 6 Recovables from other designalised persons also defined under section 4958(f)(1)) and persons desembed in section 4958(c)(3)(6). Complete Part I of Schedule L 6 Page 1 Propad copenses and deferred charges 10 Perpose of Schedule L 7 Notes and loans receivable, net 10 Investments of scale or use 10 Less accumulated depreciation Complete Part V of Schedule D 10 Investments—other securities See Part IV, ine 11 11 Investments—other securities See Part IV, ine 11 12 Investments—other securities See Part IV, ine 11 13 Investments—other securities See Part IV, ine 11 14 Intergoles essess 15 Other assess. See Part IV, ine 11 15 Total assests. Add lines 1 through 15 (must equal line 34) 17 Accounts propalle and acrued expenses 19 Deferred revenue 19 Deferred revenue 19 Deferred revenue 19 Deferred revenue 20 Tax-evempt bond labilities 21 Escrew account labibity. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustess, key employees, highest compensated employees, and dequalified persons. Complete Part IV of Schedule D 25 Total labilities. Add lines 1'through 29. and dequalified persons. Complete Part IV of Schedule D 25 Total labilities. Add lines 1'through 29. and dequalified persons. Complete Part IV of Schedule D 26 Total labilities. Add lines 1'through 29. and lines 33 and 34. 27 Unrestricted net assets 29 Payables to current and former officers, directors, trustess, key employees, highest compensated employees. and dequalified persons. Complete Part IV of Schedule D 26 Total labilities. Add lines 1'through 29. and lines 33 and 34. 29 Unrestricted net assets 20 Organizations that folio National Schedule D 30 Organizations that folio National Schedule D 31 Total labilities. Add lines 1'through 29. and line		1	Cash—non-interest bearing	-		1			190			
3 Pledges and grains receivable, net 77, 342 3 57, 861 4 Accounts payable from current and former offices, directors, trustees, key 5 Receivables from current and former offices, directors, trustees, key 5 Receivables from current and former offices, directors, trustees, key 5 Receivables from other dequalified persons (as defined under section 4958(c)(3)(6) Complete 7 7		١.	-									
4 Accounts receivable, net 207 4 295		3		•								
S Recevables from current and former officers, directors, trustees, key employees, or other relates parties. Complete Part I of Schedule L S		l _										
employees, or other related parties Complete Part II of Schedule L 6 Recoverables from other decided parties (as defined under section 4958(n)(3)(8) Complete 7 Repart II of Schedule L 7 Repart II of Schedule L 7 Repart II of Schedule L 7 Repart II of Schedule L 7 Repart II of Schedule L 7 Repart II of Schedule L 7 Repart II of Schedule L 7 Repart II of Schedule L 7 Repart II of Schedule L 7 Repart II of Schedule L 7 Repart II of Schedule L 8 Repart II of Schedule L 8 Repart II of Schedule L 9 Repart II of Schedule L 10 Investments—other securities See Part IV, line II II Investments—other securities See Part IV, line II II Investments—other securities See Part IV, line II II Investments—other securities See Part IV, line II II Interpretated See Part IV Interpretated See Part IV Interpretated See Part IV Interpretated See Part IV Interpretated See Part IV Interpretated See Part IV Interpretated See Part IV Interpretated See Part IV Interpretated See Part IV Interpretated See Part IV Interpretated See Part IV Interpretated See Part IV Interpre		5	• •	stees, kev	201	7			<u>- </u>			
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15 Other assets. See Part IV, line 11 16 16 16 16 16 16 16												
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b If "Yes," did the organization undergo the required audit or audits?	3			undergo an audit or audits	as set forth in							
			-		•							
		<u>) "</u>	res, and the organization undergo the required audit or audi	ITS'Y								

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Inspection

Employer identification number

OMB No 1545-0047

2008

			SE	AL MED	CT	'R F	OUND	MOITA	, I	NC.					20	-8726	503	0	
P	art I	Reas		Public Cha							comple	te this	part.)	(see i	nstruc	ctions)		-	
The	orga			foundation b															
1		A church, cor	nvention	of churches, of	or ass	ociatio	on of chur	ches desc	cribed i	ın sectio i	n 170(b)(1)(A)(i).							
2	Ш	A school des	cribed in	section 170(b)(1)(/	A)(ii).	(Attach So	chedule E	<u>.</u> .)			,							
3		A hospital or	a cooper	rative hospital	servi	ce org	anızation	described	in sec	ction 170	(b)(1)(A)	(iii). (Atta	ach Sch	edule H)				
4				rganization op												ospital's n	ame.		
		city, and state					·		•			•		•				,	
5		An organizati	ion opera	ated for the be	enefit c	of a co	llege or u	niversity o	owned	or operat	ed by a c	overnme	ental uni	it descri	bed in				
				iv). (Complete			•	,			, 3	,			J04 ///				
6		-		cal governmer			mental un	t describe	ed ın s	ection 17	70/b)/1)/ <i>A</i>	A)(v).							
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	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																		
е								•		, ,		one or m	_ ^.						
	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		, , , ,		eived a writte	n dete	ermina	tion from	the IRS th	nat it is	a Type I	Type II	or Type	III sunne	ortina					
•		organization,			00.0	,,,,,,,,			iat it io	u Type I	, Type II,	or Type	iii suppi	orting					\Box
				6, has the org	anizat	tion ac	rcented a	ov aift or a	contrib	ution from	n any of t	ha		•					Ш
g		following per	_	o, nao ino org	juinzu	tion ac	ocepica ai	iy giit or c	,01111101	ation non	i arry or t	116							
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	on line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)	•					871,408
6	Public support. Subtract line 5 from line 4		<u>l</u>			<u> </u>	598,848
	tion B. Total Support	4) 000 1	1 "				
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4			280,459	543,024	646,773	1,470,256
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			3,503	2,656	4,320	10,479
9	Net income from unrelated business activities, whether or not the business is regularly carried on	·····					
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	•					
11	Total support. Add lines 7 through 10	······		<u> </u>			1,480,735
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the	organization's firs	st, second, third, for	urth, or fifth tax year	as a section 501 (c	:)(3)	_
	organization, check this box and stop her						<u> </u>
	tion C. Computation of Public Su						
14	Public support percentage for 2008 (line 6	• •	-	n (f))		14	40.4426 %
15	Public support percentage from 2007 Scho					15	97.7887 %
16a	33 1/3 % support test—2008. If the organ				3 1/3 % or more, cl	neck this box	_
	and stop here. The organization qualifies						▶ X
b	33 1/3 % support test—2007. If the organ				5 is 33 1/3 % or mo	re, check this	
	box and stop here. The organization quali						> _
17a	10%-facts-and-circumstances test—200						
	more, and if the organization meets the "fa						_
	organization meets the "facts-and-circums						▶ [
b	10%-facts-and-circumstances test—200						
	more, and if the organization meets the "fa						_
	organization meets the "facts-and-circums						▶
18	Private foundation. If the organization did	not check a box	on line 13, 16a, 16l	b, 17a, or 17b, chec	k this box and see	instructions	▶∟
					s	chedule A (Form 99	0 or 990-EZ) 2008

Schedule A (Form 990 or 990-EZ) 2008 SE AL MED CTR FOUNDATION, INC.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

2	0-	8	7	2	6	0	3	0	

	(Complete only if you che	ecked the box	on line 9 of Pa	art I.)			
	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5		_	ļ			
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)				<u> </u>		
Sec	tion B. Total Support		<u> </u>		I	<u></u>	
_	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6			, ,	(2)	(0,000	(4) . 5.1
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
14	and 12) First five years. If the Form 990 is for the	organization's fire	t second third fo	urth or fifth toy ::=	t as a cost on FO:	1(0)(3)	
1-7	organization, check this box and stop here		i, second, iriira, to	orui, or muritax ye	ai as a section 50°	i (U)(3)	. □
Sec	tion C. Computation of Public Su		tage				
15	Public support percentage for 2008 (line 8			nn (fl)		15	%
16	Public support percentage from 2007 Scho		•	(///	•	16	
	tion D. Computation of Investme						
17							%
18							%
19a	• • • • • • • • • • • • • • • • • • • •						_
	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—2007. 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 bo	x and see instructi	ons	<u></u>
DAA						Schedule A (Form 9	90 or 990-EZ) 2008

Schedule A (Form 990 or 990-EZ) 2008 SE AL MED CTR FOUNDATION, INC. 20-8726030

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE O

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information. 2008
Open to Public Inspection

Name of the organization

SE AL MED CTR FOUNDATION, INC

Employer identification number 20-8726030

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES THE FOUNDATION WORKS TO STRENGTHEN RELATIONSHIPS BETWEEN THE MEDICAL CENTER AND ITS AFFILIATES AND THE COMMUNITY SERVED WHILE HELPING FUND BOTH PRESENT AND FUTURE EOUIPMENT, TECHNOLOGY, FACILITY EXPANSION AND PROGRAM NEEDS. SPECIFICALLY, THE MEDICAL CENTER FOUNDATION SEEKS TO: SUPPORT THE FEASIBILITY, DESIGN AND CONSTRUCTION OF PHYSICAL STRUCTURES OUTLINED IN THE LONG-RANGE FACILITY IMPROVEMENT PLAN FOR SOUTHEAST ALABAMA MEDICAL CENTER AND TTS AFFILIATES: ASSIST IN UNDERWRITING NEW TECHNOLOGY AND LIFESAVING MEDICAL EQUIPMENT; PREVENT OR LESSEN THE IMPACT OF DISEASE PROCESSES THROUGH COMMUNITY EDUCATION, EARLY DETECTION PROGRAMS AND INTERVENTION; FACILITATE INITIATIVES THAT ENCOURAGE A HEALTHY COMMUNITY; IDENTIFY AND CULTIVATE FUNDING PARTNERS INTERESTED IN IMPROVING ACCESS TO HEALTH SERVICES; OFFER COMMUNITY EDUCATION OPPORTUNITIES FOR NURSES AND ALLIED HEALTH PROFESSIONALS; AND SUPPORT MEDICAL EDUCATION, HEALTHCARE-RELATED RESEARCH AND BIO-MEDICAL INITIATIVES. THE FOUNDATIONS ANNUAL OPERATING COST ARE UNDERWRITTEN BY THE MEDICAL CENTER SO THAT 100 PERCENT OF ALL DONATED GIFTS BENEFIT THE DESIGNATED HOSPITAL PROGRAM OR HEALTH INITIATIVE.

Fund Raising Management & General Form 990, Part IX, Line 24f - All Other Expenses Program Service Federal Statements Total Expenses 20796 SE Al Med Ctr Foundation, Inc. Description AUTISM SUPPORT GROUP FYE: 9/30/2009 20-8726030 TOTAL 20796 SE Al Med Ctr Foundation, Inc.
Federal Statements

20-8726030 FYE: 9/30/2009

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	 Total	Excess		
	\$ 901,023	\$	871,408	
TOTAL	\$ 901,023	\$	871,408	