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DLN: 93493227015010

Form **990**

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)

2008

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A Fo	rthe 2	2008 ca <u>le</u>	ndar yea	r, or tax year beginning	10-01-2008	and ending 09-30-20	09		
_		- I	lease	C Name of organization THE MEDICAL CENTER FOL	UNDATION INC				ntification number
_	Iress cha	la	se IRS abel or	Doing Business As				58-1694820 E Telephone nu	
_	me chan	t	rint or ype. See					(770) 219-6	646
_	ial returi	I	pecific nstruc-	Number and street (or P C 743 SPRING STREET) box if mail i	s not delivered to street addr	ess) Room/suite	G Gross receipt	
_	mınatıor		ions.						
_	ended r			City or town, state or cour GAINESVILLE, GA 3050138		+ 4			
App	olication	pending							
				ne and address of Princi	pal Officer			s a group return	
				E Gardner Jr RING STREET			affilia	tes?	ΓYes Γ Nο
				SVILLE,GA 30501389		_	H(b) Are all	l affiliates include	d?
[Ta:	x-exem	pt status	У 501(c)	(3) (Insert no) 49	47(a)(1) or	527	- 1	•	See instructions)
W	eb site	e: ► WWW	NGHSC	ОМ			H(c) Grou	p Exemption Nur	nber 🟲
К Тур	e of orga	anization 🔽	Corporati	on trust association	other ►		L Year of Fo	rmation 1986 M	State of legal domicile GA
Da	rt I	Summ	arv						
ΓŒ	_		•	e organization's mission	or most sid	inificant activities			
				NTER FOUNDATION (O TO DEVELO	P AND (See Sch	edule O) MAINTAIN
<u> </u>	I			TEER SERVICES AND I		,		•	,
₹		INC AND	ITSAF	FILIATED ENTITIES					
<u>စ</u>			_					_	
Governance			,	of the organization disco					
			-	nembers of the governin	•	, ,		_	14
Acuvilles &			•	dent voting members of	-		b)	_	10
Ĕ				nployees (Part V , line 2 a	-			5 _	0
រ្មី វ				lunteers (estimate if ned				6 _	0
•		-		ed business revenue fro					0
	ь	Net unrela	ated busi	ness taxable income fro	m Form 990	D-T, line 34		7b	0
							Pric	or Year	Current Year
a)	8			grants (Part VIII, line	•		•	1,860,820	2,281,080
enu	9			revenue (Part VIII, line			•		C
Revenu	10			ne (Part VIII, column (A				477,063	361,952
	11		=	art VIII, column (A), lın					С
	12	Total rev	/enue—ad	ld lines 8 through 11 (m	nust equal P	art VIII, column (A), lii	ne	2,337,883	2,643,032
	13	Grants a	nd sımıla	r amounts paid (Part IX	, column (A), lines 1-3)		2,857,256	3,051,358
	14	Benefits	paid to o	r for members (Part IX,	column (A)	, line 4)			C
	15	Salaries	, other co	mpensation, employee l	benefits (Pa	rt IX, column (A), lines	5 –		
Expenses		10)						484,995	503,683
₹	16a			raising fees (Part IX, co		•			44,732
ठ	b	•		oenses, Part IX, column (D), l	<u></u>	<u> </u>			
	17			Part IX, column (A), line				-101,541	297,658
	18		•	add lines 13–17 (must	•			3,240,710	3,897,431
. 07	19	Revenue	less exp	enses Subtract line 18	from line 1	2		-902,827	-1,254,399
පර කුළු							Beginni	ng of Year	End of Year
Net Assets of Fund Balances	20	Total as:	sets (Par	t X, line 16)				16,831,208	16,446,928
4 E	21	Total lia	bilities (P	art X, line 26)				2,191,360	2,411,636
	22			d balances Subtract line	e 21 from lı	ne 20		14,639,848	14,035,292
Pai	rt II		ture Blo						
				rjury, I declare that I have ex correct, and complete Declara					
Plea	se	*****	•	, .		,	1	-08-15	,
Sign	1	Sıgnatu	re of office	r			Date	00 13	
Here	2	anthon	y herdener	vice president/cfo					
			r print nam						
		Preparer's	<u> </u>			Date	Check If	Preparer's PTIN (See Gen Inst)
Paid		signature	•				self-		,
	arer's	Eirm's ===	0 (05 40	h Dorching Vooldog 9 #	eciatos D.C		empolyed 🕨		
Use (Firm's nam if self-emp	loyed),					EIN Þ	
, JU	,	address, ar	nd ZIP + 4	One Cherokee Mills 2220) Sutherland			Dhama hara	TEN 672 0044
				Knoxville, TN 37919236	53			Phone no 🕨 (86	5) 673-0844

May the IRS discuss this return with the preparer shown above? (See instructions) $\ \ . \ \ \ .$

Briefly describe the organization's mission

Part III Statement of Program Service Accomplishments (See the instructions.)

4e	Total program service e	xpenses \$	2,953,821	. Must equal Part IX, L	ıne 25, column (B).	
4d	Other program services (Expenses \$		dule O) ding grants of	\$) (Revenue \$)
4d	Other program services	(Describe in Sche	dule O)			
	•	, () +		J J 4	, (4	,
4c	(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
	Accomplishments Continuation	.,				
		nter and to work for the			The Foundation raises funds to the community See Schedule	
4a	·) (Expenses \$	2,953,821	including grants of \$	3,051,358) (Revenue \$)
	others, the total expenses					
4					rgest program services by port the amount of grants a	
	If "Yes," describe these c	hanges on Schedul	e O			
3	Did the organization ceas services?	e conducting or ma	ke significant	changes in how it cond	ucts any program	┌ Yes ┌ No
_	If "Yes," describe these n					
~	Did the organization unde the prior Form 990 or 990	0-EZ?		· · · · · · ·	which were not listed on	┌ Yes ┌ No
 2	Did the organization unde	rtaka any significan	ot program cou	ruses during the year w	which were not listed on	
	Georgia Medical Center, Inc. and			and manners quant, venue		and the second s
	The Medical Center Foundation (ormed to develor	and maintain quality volun	teer services and manage fundr	aising activities for Northeast

Part 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)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	4	Yes	
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
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, IX, or X as applicable	11	Yes	
12	Did the organization receive 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, Parts XI, XII, and XIII.	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		No
b	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	14b		No
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? <i>If "Yes," complete Schedule F, Part II</i>	15		No
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? <i>If</i> "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	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		No
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		No
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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part VI . . .

Part IV Checklist of Required Schedules (Continued)

			res	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 employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
	IV	28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
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		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
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	Yes	
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		Νο
36	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		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related	37		Νο

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			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			
	1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this			
	return			
Ь	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this			
	return?	3a		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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, securities account, or other financial account)?	4a		l No
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, <i>Report of Foreign Bank and</i>			
	Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5с		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	٠.		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	- -	V	
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a	Yes	
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7с		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year			
•	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
_	benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as		.,	
_	required?	7h	Yes	
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have			
	excess business holdings at any time during the	8		
	year?			 I
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	0-		
_	Did the organization make any taxable distributions under section 4966?	9a 9b		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	90		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
D	facilities			
11	Section F01/cV12) organizations. Enter			
	Section 501(c)(12) organizations Enter Gross uncome from members or shareholders			
а	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?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A	Δ.	Governing	Body	and	Management
	٦.	JOV CI IIIII 9	Doug	ana	rianagement

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 14			
Ь	Enter the number of voting members that are independent 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
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		Νo
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νo
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? \cdot \cdot	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
Ь	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		o N
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	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	11		Νο

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	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			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
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		No
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

- 17 List the States with which a copy of this Form 990 is required to be filed GA
- 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

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

LINDA D NICHOLSONCONTROLLER

743 spring street

gainesville, GA 305013899

(770) 219-6646

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

🔽 Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees 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, or 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

		Posit	(C lon (d hat a	chec		I			(5)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations

Part VII	Continu	ed
	Continu	-u

				(tion that a			all			(E)		(F)	
	(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related	0	Estima amount o compens from t rganizati relati organiza	fother sation the on and ed
			<u> </u>								_		
1b	Total							 		0 2,906,	879		1,224,453
1b 2	Total	ng those in 1						•	00,000 in reporta		879		1,224,453
	Total number of individuals (including	ng those in 1						•	00,000 in reporta		879	Yes	1,224,453
	Total number of individuals (including compensation from the organization but the organization list any former	ng those in 1 ►0 officer, direc	a) who	recei	ved e, k	mor	re thar	n \$1 /ee,	or highest compe	able			No
3	Total number of individuals (including compensation from the organization but the organization list any former on line 1a? If "Yes," complete Schedu	ng those in 1 ▶0 officer, direc	a) who	recei ruste	e, k	ey e	employ	n \$1 /ee,	or highest compe	nsated employee	879 3		
2	Total number of individuals (including compensation from the organization but the organization list any former on line 1a? If "Yes," complete Schedut For any individual listed online 1a, if organization and related organization	officer, directive of the sum of	a) who individu	ruste	e, k	ey e	employ	/ee,	or highest compe	nsated employee	3	Yes	No
3 4	Total number of individuals (including compensation from the organization but the organization list any former on line 1a? If "Yes," complete Schedutor organization and related organization individual	officer, directle J for such sthe sum of ns greater the sum of ns greater the sum of the	a) who notes to rort individual reporta nan \$15	ruste ual ble c 0,00	e, k	ey e	employ ation /es,"co	ee, and ompi	or highest compe other compensat ete Schedule J for	nsated employee Ion from the such			No
3	Total number of individuals (including compensation from the organization but the organization list any former on line 1a? If "Yes," complete Schedut For any individual listed online 1a, if organization and related organization	officer, directive J for such as the sum of	a) who	ruste ual ble c 0,00	e, k omp 0? l	ey e ens	employ ation estion of the services of the ser	ee, and ompi	or highest compe other compensate ete Schedule J for elated organization	nsated employee on from the such	3	Yes	No
2 3 4 5	Total number of individuals (including compensation from the organization but the organization list any former on line 1a? If "Yes," complete Schedut For any individual listed online 1a, if organization and related organization individual	officer, directle J for such sthe sum of ns greater the sum of ns	a) who	ruste ual ble c 0,00	e, k omp 0? l	ey e ens	employ ation estion of the services of the ser	ee, and ompi	or highest compe other compensate ete Schedule J for elated organization	nsated employee on from the such	3	Yes	No No
2 3 4 5	Total number of individuals (including compensation from the organization of the organ	officer, directle J for such sthe sum of ns greater the sum of ns greater the sum of ns greater the sum of according to the su	a) who distributed and \$15	ruste ual ble c 0,00 ensa	e, k omp 0? i	ey e eens (f "Y froi	employ ation cation ces,"cc ation many erson	s \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1	or highest compe other compensat lete Schedule J for other	nsated employee Ion from the such In for services	3	Yes	No No
3 4 5	Total number of individuals (including compensation from the organization Did the organization list any former on line 1a? If "Yes," complete Schedus For any individual listed online 1a, in organization and related organization individual	officer, directle J for such sthe sum of ns greater the sum of ns greater the sum of ns greater the sum of the	a) who distributed and \$15	ruste ual ble c 0,00 ensa	e, k omp 0? i	ey e eens (f "Y froi	employ ation cation ces,"cc ation many erson	s \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1	or highest compe other compensat lete Schedule J for other	nsated employee on from the such n for services	3	Yes	No No
3 4 5	Total number of individuals (including compensation from the organization but the organization list any former on line 1a? If "Yes," complete Schedus For any individual listed online 1a, in organization and related organization individual	officer, directle J for such sthe sum of ns greater the sum of ns greater the sum of ns greater the sum of according to the su	a) who distributed and \$15 and	ruste ual ble c 0,00 ensa	e, k omp 0? i	ey e eens (f "Y froi	employ ation cation ces,"cc ation many erson	s \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1	or highest compersormed or highest compensations of the compensations of	nsated employee Ion from the such In for services	3	Yes	No No
3 4 5	Total number of individuals (including compensation from the organization but the organization list any former on line 1a? If "Yes," complete Schedus For any individual listed online 1a, in organization and related organization individual	officer, directle J for such sthe sum of ns greater the sum of ns greater the sum of ns greater the sum of the	a) who distributed and \$15 and	ruste ual ble c 0,00 ensa	e, k omp 0? i	ey e eens (f "Y froi	employ ation cation ces,"cc ation many erson	s \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1	or highest compersormed or highest compensations of the compensations of	nsated employee Ion from the such In for services	3	Yes Yes (C	No No
3 4 5	Total number of individuals (including compensation from the organization but the organization list any former on line 1a? If "Yes," complete Schedus For any individual listed online 1a, in organization and related organization individual	officer, directle J for such sthe sum of ns greater the sum of ns greater the sum of ns greater the sum of the	a) who distributed and \$15 are composed ulcomposed ulco	ruste ual ble c 0,00 ensa	e, k omp 0? i	ey e eens (f "Y froi	employ ation cation ces,"cc ation many erson	s \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1	or highest compersormed or highest compensations of the compensations of	nsated employee Ion from the such In for services	3	Yes Yes (C	No No

Part Statement of Revenue VIII

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or
w w	1a	Federated camp	paigns 1a					514
Contributions, gifts, grants and other similar amounts	ь	•	es 1b					
₽ĕ	c	·	ents 1c	107.555				
# વ્યુસ		•						
<u>ਦੇਵ</u>	d	Government grants	ations 1d					
ST.S	e	_	·					
弄	f	similar amounts no	ons, gifts, grants, and 1f it included above	1,694,187				
흔횽	g		butions included in					
펄	١.	lines 1a-1f \$ _			2,281,080			
<u>ं</u> व	h	lotal (Add lines	s 1a-1f)					
<u>a</u>				Business Code				
e E	2a							
æ	b							
<u> </u>	c							
₹	d							
ය උ	e							
Program Serwce Revenue	f	All other progra	ım service revenue					
	g	Total. Add lines	2a-2f					
	3		ome (ıncludıng dıvıden					
			nounts)		482,286			482,286
	4		tment of tax-exempt bond	_				
	5	Royalties						
	6a	Gross Rents	(ı) Real	(II) Personal				
	ь	Less rental						
		expenses						
	С	Rental income or (loss)						
	d	Net rental incor	me or (loss)	•				
	_	Constant and the constant	(i) Securities	(II) O ther				
	7a	Gross amount from sales of	6,426,413					
		assets other than inventory						
	ь	Less cost or other basis and	6,546,747					
		sales expenses						
	c	Gain or (loss)	-120,334		-120,334			120 224
	d		s)		-120,334			-120,334
	8a	Gross income frevents (not incl \$52,	<u>-</u>					
ė		Ψ	reported on line 1c)					
듄		See Part IV, lin	e 18 <i>G if total exceeds</i>					
ě			a	197,565				
<u>.</u>	ь	. ,	penses b	137,303				
Other Revenue	c		loss) from fundraising					
0	9a		rom gaming activities					
		See part IV, line	e 19 ule G ıf total exceeds					
		\$15,000	o ,, total exceeds					
			а					
	ь		penses b					
	С		loss) from gamıng actı	vities				
	10a	Gross sales of i returns and allo	wances .					
	Ь	1000 000	aoodssold b					
	c	_	loss) from sales of inve	entory 🟲				
		Miscellaneous		Business Code				
	11a							
	ь						<u> </u>	
	c							
	d		ue					
	12		11a-11d		2,643,032	0	0	361,952
	**	9c, 10c, and 11	Add lines 1h, 2g, 3, 4, Le	ɔ, oa, /a, &c, ►	2,043,032	o d		301,932

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) organizations must complete column (A) but are not re).
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	3,051,358	3,051,358		<u> </u>
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	154,773	1,548	10,834	142,391
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	286,783	2,868		263,840
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,966	60	418	5,488
9	Other employee benefits	56,161	562	3,931	51,668
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	1,926	19	135	1,772
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17	44,732			44,732
f	Investment management fees	12,094	121	847	11,126
g	Other	161,471	2,062	14,434	144,975
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	3,788	38	265	3,485
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	1,388	14	97	1,277
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,262	73	508	6,681
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)				
а	DONOR RECOGNITION	85,947	859	6,016	79,072
b	SUPPLIES	37,341	373	2,614	34,354
c	OTHER TAXES	29,226	292	2,046	26,888
d	PRINTING	24,337	243	1,704	22,390
e	SOFTWARE SUPPORT	11,416	114	799	10,503
f	All other expenses	-78,538	-106,783	1,997	26,248
25	Total functional expenses. Add lines 1 through 24f	3,897,431	2,953,821	66,720	876,890
26	Joint Costs. Check 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				·

Part X	Balance	Sheet

					(A) Beginning of year		(B) End of year
l	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			1,967,987	2	1,332,892
	3	Pledges and grants receivable, net			3,584,413	3	3,467,255
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L		ployees or		5	
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of S			6		
	7	Notes and loans receivable, net		140,875	7	119,635	
	8	Inventories for sale or use		•		8	
ا بو	9	Prepaid expenses and deferred charges				9	
Assets	10a	Land, buildings, and equipment cost basis	_{10a}	3,494,719			
•	ь	Less accumulated depreciation Complete Part VI of Schedule D	10b	106,023	3,393,877	10c	3,388,696
	11	Investments—publicly traded securities			6,776,217	11	7,276,750
	12	Investments—other securities See Part IV, line 11 <i>Complete Pa Schedule D</i>	rt VII of			12	
	13	Investments—program-related See Part IV, line 11 Complete Part IV, lin	nrt VIII			13	
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		967,839	15	861,700	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			16,831,208	16	16,446,928
	17	Accounts payable and accrued expenses .			92,946	17	98,866
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20	_	
es S	21	Escrow account liability Complete Part IV of Schedule D			21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
E.		persons Complete Part II of Schedule L	•		22		
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable				24	
	25	Other liabilities Complete Part X of Schedule D		2,098,414	25	2,312,770	
	26	Total liabilities. Add lines 17 through 25			2,191,360	26	2,411,636
ses		Organizations that follow SFAS 117, check here ▶ 🔽 and complethrough 29, and lines 33 and 34.	ete lines	s 27			
Balance	27	Unrestricted net assets			4,323,733	27	4,795,005
- B	28	Temporarily restricted net assets			9,101,735	28	7,682,437
둳	29	Permanently restricted net assets			1,214,380	29	1,557,850
Fund		Organizations that do not follow SFAS 117, check here 🕨 🦵 and	d comple	te			
or		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds	•			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31	
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32	
Net	33	Total net assets or fund balances			14,639,848	33	14,035,292
	34	Total liabilities and net assets/fund balances			16,831,208	34	16,446,928
Pa	rt XI	Financial Statements and Reporting					

Dart YT	Financial	Statements	and Reporting

	_			
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		N o
b	If "Yes," did the organization undergo the required audit or audits?	3b		

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As Filed Data -

DLN: 93493227015010

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

	me of the organization E MEDICAL CENTER FOUNDATION INC						Em	ployer ide	ent if icat io	n number		
IHE	IEDICAL	CENTER FOUR	IDATION INC					5.8	-1694820	n		
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganizatio					
				ation because it is (Please					11150100			
1	Ī			nurches, or association of ch					(A)(i).			
2	,	•		tion 170(b)(1)(A)(ii). (Attac					. ,,,			
3	,			e hospital service organizati			t ion 170(l	b)(1)(A)(i	i ii). (A ttac	h Schedul	le H)	
4	, T	•	·	zation operated in conjuncti			-		- '		•	
	·		name, city, and	,					()()	. , ,		
5	Г	•		for the benefit of a college or	universit	v owned o	r operated	l by a gov	ernmental	unit desc	rıbed ın	
	·	Section 170(b)(1)(A)(iv). (Complete Part II)										
6	Г			overnment or governmental	unıt descr	ıbed ın Se	ction 170	(b)(1)(A)	(v).			
7	<u></u>	•	-	ally receives a substantial p						n the gene	eral public	
	·	=)(1)(A)(vi) (Complete Par		• •				-	•	
8	Г		-	ped in Section 170(b)(1)(A)	•	nplete Par	tII)					
9			•	ally receives (1) more than		•	•	ontribution	ns, membe	rship fees	s, and gross	
		receipts fro	om activities re	lated to its exempt functions	s—subject	to certair	nexceptio	ns, and (2) no more	than 331/	/3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess section	on 511 ta:	x) from bu	sinesses	
		acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III)										
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ction 509	(a)(4). (S	ee instruc	tions)	
11	Γ	An organiza	atıon organızed	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to o	arry out t	he purposes of	
		one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check										
		the box that describes the type of supporting organization and complete lines 11e through 11h a										
	_		• •				-		u na ar mai			
е	,	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 50		- 9		,	3				(. , (. ,	
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organization,	
		check this		as the organization accepted	d any gift.	or contrib	ution from	any of the			ı	
g		following pe		as the organization accepted	u any gni	or contrib		ally of the	;			
				r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No	
		and (III) be	low, the governi	ng body of the the supported	d organiza	tion?				11g	(i)	
		(ii) a family	/ member of a p	erson described in (i) above	,?					11g((ii)	
		(iii) a 35%	controlled enti	ty of a person described in ((ı) or (ıı) al	bove?				11g(iii)	
h		Provide the	following infor	mation about the organizatio	ns the org	janızatıon	supports					
							,					
		me of	(ii) EIN	(iii) Type of organization		s the		ou notify		s the	(vii) A mount of	
		orted ization		(described on lines 1-9 above or IRC section	-	ation in Iisted in		inization i) of your		ation in organized	support?	
	Organ	12411011		(See Instructions))		verning		ort?		US?		
				(ment?						
		Yes No Yes No Yes No										

Total

Part II Support Schedule for Organizations Described in IRC 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.)

	(Complete only if you chec	ked the box o	n line 5, 7, or	8 of Part I.)				
	ublic Support							
	endar 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")	4,790,521	2,509,595	3,853,483	1,860,820		2,281,080	15,295,499
2	Tax revenues levied for the organization's benefit and either paid to or expended on							
_	its behalf The value of services or facilities						\longrightarrow	
3	furnished by a governmental unit to the organization without charge							
4	Total. Add line 1-3	4,790,521	2,509,595	3,853,483	1,860,820		2,281,080	15,295,499
5	The portion of total contribution by each							
	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column							2,609,285
6	(f) Public Support subtract line 5 from line							
٠	4							12,686,214
Т	otal Support		•	•				
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	4,790,521	375,085	3,853,483	1,860,820		2,281,080	15,295,499
8	Gross income from interest, dividends,							
	payments received on securities loans, rents, royalties and income from similar sources	194,344	375,085	504,408	438,422		482,286	1,994,545
	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)							17,290,044
12	Gross receipts from related activities, etc	(See instruction	s)			12		210,141
13 C	First Five Years. If the Form 990 is for the organization, check this box and stop here omputation of Public Support Perc		rst, second, third	l, fourth, or fifth	tax year as a 5	01(c)(▶ ┌
14	Public Support Percentage for 2008 (line 6		ed by line 11 co	lumn (f))		14		73.370 %
15	Public Support Percentage for 2007 Sched		•	.,,		15		65.420 %
	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization di	a publicly supp	orted organizati	on	·			▶ ✓
17a	box and stop here. The organization qualification from the stop here. The organization qualification from the stop here. The organization meets the "factor of the stop here."	If the organization	on did not check	a box on line 13				
b	organization meets the "facts and circumst 10% Facts and Circumstances Test - 2007. more, and if the organization meets the "fac	ances" test The If the organization	e organization qu on did not check	ualifies as a pub a box on line 1:	licly supported 3, 16a, 16b, or	organı 17a aı	ızatıon nd lıne 15 ı	▶
18	the organization meets the "facts and circu Private Foundation. If the organization did	mstances" test	The organizatio	n qualifies as a	publicly suppor	ted or	ganızatıon	▶□ ▶□

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar 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						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	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						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
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 30 June, 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 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	monutation of Dublic Compant Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% 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

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

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

Schedule A (Form 990 or 990-EZ) 2008

Political Campaign and Lobbying Activities OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- ◆ Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

	e organization answered "Ye ection 501(c)(4), (5), or (6) organi	s," to Form 990, Part IV, Line 5 (zations complete Part III	Proxy Tax)		
	nme of the organization E MEDICAL CENTER FOUNDATION INC	·		Employer ider 58-1694820	tification number
Par		y all organizations exempe the instructions for Schedule			527
1	Provide a description of the or	ganızatıon's dırect and ındırect pol	itical campaign act	tivities in Part IV	
2	Political expenditures				\$
3	V olunteer hours				
Pai	To be completed b for Schedule C for d	y all organizations exempetails.)	t under sectio	n 501(c)(3). (See the	instructions
1	Enter the amount of any excise	e tax incurred by the organization i	ınder section 4955	5	\$
2	Enter the amount of any excise	e tax incurred by organization mana	agers under sectio	n 4955	\$
3	If the organization incurred in	a section 4955 tax, did it file Form	4720 for this year	٠٦	┌ Yes ┌ No
4a	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Part IV				
Pai		y all organizations exemp for Schedule C for details.)	t under section	n 501(c), except sect	tion 501(c)(3).
1	Enter the amount directly expe	ended by the filing organization for	section 527 exem	pt function activities	\$
2	Enter the amount of the filing of 527 exempt funtion activities	rganızatıon's ınternal funds contrıl	outed to other orga	nizations for section	\$
3	Total of direct and indirect exe 1120-POL, line 17b	mpt function expenditures Add lin	es 1 and 2 and ent	ter here and on Form	\$
4	Did the filing organization file I	Form 1120-POL for this year?			┌ Yes ┌ No
5	were made Enter the amount p political contributions received	nd Employer Identification Number paid and indicate if the amount was d and promptly and directly deliver action committee (PAC) If addition	paid from the filing ed to a separate po	g organization's own interna olitical organization, such a	l funds or were s a separate
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0 -	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -
					1

d Grassroots non-taxable amount

f Grassroots lobbying expenditures

e Grassroots ceiling amount (150% of line d, column (e))

P	art II-A To be completed by (election under sec						768
	Check If the filing organization	belongs to an affili	ated group				
<u>B</u>	Check If the filing organization Limits on Lo (The term "expenditure	bbying Expend	litures—		bly	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion	(grass roots lob	bying)			
ь	Total lobbying expenditures to influe	nce a legislative b	ody (direct lobby	yıng)			
c	Total lobbying expenditures (add line	es 1a and 1b)					
d	Other exempt purpose expenditures						
e	Total exempt purpose expenditures	(add lines 1c and 1	Ld)				
f	Lobbying nontaxable amount Enters columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000		taxable amount				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% o	of the excess over \$	500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% o	of the excess over \$	51,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of	f the excess over \$1	1,500,000			
	Over \$17,000,000	\$1,000,000					
	Grassroots nontaxable amount (ente	er 25% of line 1f)					
h	Subtract line 1g from line 1a Enter	0- ıflıne g ıs more	than line a				
i	Subtract line 1f from line 1c Enter-	0- ıflıne fıs more t	than line c				
j	If there is an amount other than zero section 4911 tax for this year?	on either line 1h c	or line 11, did the	organization file	Form 4720 rep	porting Yes No	
	(Some organizations tha columns below.		on 501(h) el	ection do not	: have to cor		he five
	Lobb	ying Expendit	ures During	4-Year Avera	ging Period		
	Calendar year (or fisca beginning in)	l year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
_2a	Lobbying non-taxable amount						
	Lobbying ceiling amount (150% of line 2a, column(e))						
	: Total lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2008

Part II-B	To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form
	5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

		(a)		(b)
		Yes	No	A mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		Νo	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		Νo	
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo	
i	Other activities If "Yes," describe in Part IV	Yes		Ç
j	Total lines 1c through			Ġ
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912		'	
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912		ļ	
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current Year	2a \$	
b	Carryover from last year	2b\$	
c	Total	2c \$	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 \$	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political		
	expenditure next year?	4 \$	
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 \$	·

Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
Part II-B, Line 11	Activities	The Medical Center Foundation, Inc pays membership dues to Association for Healthcare Philanthropy A portion of these dues are designated for lobbying activities by these organizations

1 \$

Part IV Supplemental I	Part IV Supplemental Information					
Ident if ier	Return Reference	Explanation				

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number Name of the organization THE MEDICAL CENTER FOUNDATION INC

			58-1694820
Pa	organizations Maintaining Donor Actor organization answered "Yes" to Form 99		Funds or Accounts. Complete if the
	organization answered Tes to Form 95	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o		onor advised Yes No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the bendimpermissible private benefit?		
Pa	rt II Conservation Easements. Complete	ıf the organızatıon answered "Yes'	to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space	on or pleasure) Preservation of Preservation of	an historically importantly land area certified historic structure
2	Complete lines 2a-2d if the organization held a quali on the last day of the tax year	fied conservation contribution in the fo	Held at the End of the Year
а	T-4-1		2a
b	Total number of conservation easements		
	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified his	. ,	2c
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d
3	Number of conservation easements modified, transfe	rred, released, extinguished, or termina	ated by the organization during
	the taxable year 🕨		
4	Number of states where property subject to conserva	tion easement is located ►	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		olations, and Yes No
6	Staff or volunteer hours devoted to monitoring, inspec	cting and enforcing easements during t	he year ►
7	A mount of expenses incurred in monitoring, inspecting	ng, and enforcing easements during the	year ►\$
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	(d) above satisfy the requirements of s	ection Yes No
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	he footnote to the organization's financ nents	ial statements that describes
Par	Complete if the organization answered "		s, or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or rese	arch in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or researc	·
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFAS		for financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		► \$
ь	Assets included in Form 990, Part X		► \$

Part:	••• Organizations Maintaining Co	llections of Art	, His	stori	<u>cal Tı</u>	<u>easu</u>	ires, or Othe	er Simila	r Asse	ts (co	ontinued)
	Using the organization's accession and othe tems (check all that apply)	r records, check any	of th	ne fol	lowing [.]	that ar	e a significant	use of its c	ollection	ו	
аГ	Public exhibition		d	Γ	Loan	orexc	hange program	s			
ь「	Scholarly research		e	Γ	Other	-					
c [
4	Provide a description of the organization's co	ollections and expla	ın hov	w the	v furthe	er the o	organization's e	xempt puri	ose in		
	Part XIV				,		.				
	During the year, did the organization solicit o							mılar	_		
	Trust, Escrow and Custodial							uanad IIVa		Yes	No
Part	Part IV, line 9, or reported an an						iiiizatioii aiisv	vereu re	3 נט רנ	ל ווו ול	90,
	Is the organization an agent, trustee, custod included on Form 990, Part X?						or other assets	not	Г	Yes	┌ No
b 1	If "Yes," explain why in Part XIV and comple	te the following tabl	е								
									A mou	ınt	
c	Beginning balance						1 c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1f				
2a [Did the organization include an amount on Fo	orm 990, Part X, line	21?	,					Γ	Yes	┌ No
b 1	If "Yes," explain the arrangement in Part XIV										
Part	Endowment Funds. Complete										
		(a)Current Year) Prior	Year	(c)Tv	wo Years Back (d	Three Years	Back (e)Four Y	ears Back
	Beginning of year balance	10,316,115									
	Contributions	2,333,317									
	Investment earnings or losses	36,357									
	Grants or scholarships	0.550.570									
	Other expenditures for facilities and programs	3,552,570									
	Administrative expenses	-107,068									
g	End of year balance	9,240,287									
_	Provide the estimated percentage of the yea	r end balance held a	ıs								
	Board designated or quasi-endowment 🕨										
	Permanent endowment 16 860 %										
	remailent endowment F										
	Term endowment 🕨 83130 % Are there endowment funds not in the posses	ssion of the organiza	ation	that :	ara hali	d and a	administered fo	rthe			
	organization by	ssion of the organize	1011	tilat	are ner	a and c	idilililistered 10	i the		Yes	No
((i) unrelated organizations								3a(i)		Νo
	(ii) related organizations								3a(ii)		No
	If "Yes" to 3a(II), are the related organizatio	•							3b		
	Describe in Part XIV the intended uses of th					00 B	- 1 1/ 1 40				
Part	VI Investments—Land, Buildings	s, and Equipme	nt. S			•	1		Т		
	Description of investment) Cost or ıs (ınves		(b)Cost or other basis (other)	(c) Depre	ciation	(d) Bo	ok value
1a ! a	and			+			3,304,750	_ <u></u>	+		3,304,750
	uildings		1				84,524	7	16,458		68,066
	easehold improvements		•				5,634		845		4,789
	quipment		•				96,777		85,686		11,091
	ther						3,034	+	3,034		11,091
	Add lines 1a-1e (Column (d) should equal Fo	rm 990, Part X. colun	nn (B), line	10(c).		<u>, , , , , , , , , , , , , , , , , , , </u>	<u>' </u>	5,034		3,388,696
	(,	(2)	,,	(-/-/	•	<u> </u>		tulo D / S		90) 2008

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2	
(a) Description of security or cateory (including name of security)	(b) Book value	(c) Metho	d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
	000 P- I V I	12	
Part VIII Investments—Program Related. See			d of valuation
(a) Description of investment type	(b) Book value		year market value
			·
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III	ne 15.		
(a) Descrip			(b) Book value
BENEFICIAL INTEREST IN CHARITABLE TRUST			861,700
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		861,700
Part X Other Liabilities. See Form 990, Part X			
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
Due to Affiliates	445,072		
Charitable Gift Annuity Liability	1,867,698		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	2,312,770		

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ıts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,643,032
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,897,43:
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,254,399
4	Net unrealized gains (losses) on investments	4	164,52
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	485,322
9	Total adjustments (net) Add lines 4 - 8	9	649,84
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-604,556
Par	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial		2,682,959
_	statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
Ь	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	(
3	Subtract line 2e from line 1	3	2,682,959
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 12,093		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	-39,927
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	2,643,032
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per F	leturn
1	Total expenses and losses per audited financial statements	1	4,044,64
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	159,30
3	Subtract line 2e from line 1	3	3,885,338
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 12,093		
b	Other (Describe in Part XIV) 4b		
с	Add lines 4a and 4b	4c	12,093
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	3,897,43:
	t XIV Supplemental Information		, , , , , , , , , , , , , , , , , , , ,
	· · · · · · · · · · · · · · · · · · ·		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b,

Endowment Funds Medical Center, Inc. (a related tax-exempt entity) Specifical endowment funds are to be used for Scholarships, NGMC expenses and Indigent Care Description of Uncertain Tax Positions Under FIN 48 New Accounting Pronouncements (pre-GAAP Codification) June 2006, the FASB issued Interpretation No 48 (FIN 48) Accounting for Uncertainty in Income Taxes - An Interpreta of FASB Statement No 109 The Interpretation provides guidance about accounting for uncertainties in income taxes reported in an entity's financial statements prepared in accordance with generally accepted accounting principles in United States of America FIN 48 prescribes that only when tax position taken on the entity's tax return is more likely the notical provides of the position be recognized in the entity's financial statements of the provides of the position be recognized in which case FIN 48 requires disclosure about the amounts of those unrecognized tax benefits FIN 48 did have a significant impact on the financial statements of the Foundation when adopted in 2009 PART XI, RECONCILIATION OF CHANGE IN NET ASSET LINE 8 QUITTY TRANSFER FROM NORTHEAST GA MEDI CENTER, INC \$1,065,861 CHANGE IN PV OF CRAT LIABILITY - 532,219 PARTNERSHIP income NOT ON BO 2-217 MISSELLANEGOUS CHANGES - 48,103 TOTAL \$-485,322 PART XII, RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS WITH REVENUE PER RETURN, LINE 4B SPECIAL EVENT EXPENSES \$-2,237 PARTNERSHIP INCOME NOT ON BOOKS 217 TOTAL \$-52,020 PART XII, RECONCILIATION OF REVENUE PER RETURN, LINE 4B SPECIAL EVENT EXPENSES \$-2,237 PARTNERSHIP INCOME NOT ON BOOKS 217 TOTAL \$-52,020 PART XII, RECONCILIATION OF EXPENSES PER AUDITED FINANCIAL STATEMENTS WITH EXPENSES PER A	Ident if ier	Ret urn Reference	Explanation
Positions Under FIN 48 June 2006, the FASB issued Interpretation No 48 (FIN 48) Accounting for Uncertainty in Income Taxes - An Interprete of FASB Statement No 109 The Interpretation provides guidance about accounting for uncertainties in income taxes reported in an entity's financial statements prepared in accordance with generally accepted accounting principles in United States of America. FIN 48 prescribes that only when tax position taken on the entity's tax return is more likely th not (a probability of greater than 50 percent) to be sustained. upon examination by the taxing authorities, should the tax e of that position be recognized in the entity's financial statements. Of therwise, the tax benefits of that position is not be recognized in which case FIN 48 requires disclosure abo the amounts of those unrecognized tax benefits. FIN 48 did have a sigfificant impact on the financial statements of the Foundation when adopted in 2009 PART XI, RECONCILIATION OF CHANGE IN NET ASSET LINE 8 EQUITY TRANSFER FROM NORTHEAST GA MEDI CENTER, INC. \$1,065,861 CHANGE IN PV OF CRAT LIABILITY -532,219 PARTNERSHIP income NOT ON BOC CENTER, INC. \$1,065,861 CHANGE IN PV OF CRAT LIABILITY -532,219 PARTNERSHIP income NOT ON BOC -217 MISCELLANEOUS CHANGES -48,103 TOTAL \$- 485,322 PART XII, RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS WITH REVENUE PER RETURN, LINE 4B SPECIAL EVENT EXPENSE \$-52,237 PARTNERSHIP INCOME NOT ON BOOKS 217 TOTAL \$- 52,020 PART XIII, RECONCILIATION OF FEYENSES PEI AUDITED FINANCIAL STATEMENTS WITH EXPENSES PEI AUDITED FINANCIA	Part V, Line 4	· · · · · · · · · · · · · · · · · · ·	
LINE 8 EQUITY TRANSFER FROM NORTHEAST GA MEDI CENTER, INC \$1,065,861 CHANGE IN PV OF CRAT LIABILITY -532,219 PARTNERSHIP INCOME NOT ON BOO -217 MISCELLANEOUS CHANGES -48,103 TOTAL \$- 485,322 PART XII, RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS WITH REVENUE PER RETURN, LINE 4B SPECIAL EVENT EXPENSE \$-52,237 PARTNERSHIP INCOME NOT ON BOOKS 217 TOTAL \$- 52,020 PART XIII, RECONCILIATION OF EXPENSES PER AUDITED FINANCIAL STATEMENTS WITH EXPENSES PER RETURN, LINE 2D RECLASS BAD DEBT EXPENSE \$107,000	Part X	· ·	guidance about accounting for uncertainties in income taxes reported in an entity's financial statements prepared in accordance with generally accepted accounting principles in the United States of America FIN 48 prescribes that only when a tax position taken on the entity's tax return is more likely than not (a probability of greater than 50 percent) to be sustained upon examination by the taxing authorities, should the tax effect of that position be recognized in the entity's financial statements. Otherwise, the tax benefit of that position is not to be recognized in which case FIN 48 requires disclosure about the amounts of those unrecognized tax benefits. FIN 48 did not have a significant impact on the financial statements of the
			LIABILITY -532,219 PARTNERSHIP Income NOT ON BOOKS -217 MISCELLANEOUS CHANGES -48,103 TOTAL \$-485,322 PART XII, RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS WITH REVENUE PER RETURN, LINE 4B SPECIAL EVENT EXPENSE \$-52,237 PARTNERSHIP INCOME NOT ON BOOKS 217 TOTAL \$-52,020 PART XIII, RECONCILIATION OF EXPENSES PER AUDITED FINANCIAL STATEMENTS WITH EXPENSES PER RETURN, LINE 2D RECLASS BAD DEBT EXPENSE \$107,068

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493227015010

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Supplemental Information Regarding Fundraising or Gaming Activities

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, Open to Public lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization THE MEDICAL CENTER FOUNDATION INC

Inspection **Employer identification number**

58-1694820

				1157 11 1	- 000	D 1 T) (1 4 T
Part I	Fundraising Activities.	Complete if the	organization answered	"Yes" to	Form 990,	Part IV, line 17.

- Indicate whether the organization raised funds through any of the following activities. Check all that apply
- Mail solicitations
- Email solicitations
- Phone solicitations
- In-person solicitations

- e 🗸 Solicitation of non-government grants
- Solicitation of government grants
- **a** ✓ Special fundraising events
- Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of Individual or entity (fundraiser)	(ii) A ctivity	control of contributions?		fundraiser have custody or control of		fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
J Knowlton FD Strategist	Assisted with Fundraising Campaign		No	0	15,000	-15,000				
CON-SEN-SUS	Assisted with Fundraising Campaign		No	0	23,851	-23,851				
Susan Daniel Creative Inc	Assisted with Fundraising Campaign		No	0	5,881	-5,881				
Total	1	I	•							

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

3

Pal	t II	Fundraising Events. Com more than \$15,000 on Form					repor	tea
			(a) Event #1 Golf Tournament	(b) Event #2	(c) O ther Events	(Add co	otal Eve I (a) th ol (c))	
			(event type)	(event type)	(total number)			
₽	1	Gross receipts	249,802	2			24	9,802
Revenue	2	Less Charitable contributions	197,565	5			19	7,565
_	3	Gross revenue (line 1 minus line 2)	52,237	,			5	2,237
	4	Cash Prizes						
မှ	5	Non-cash Prizes	7,452	2				7,452
ē	6	Rent/Facility costs	8,316	5				8,316
Direct Expenses	7	Other direct expenses	36,469)			3	6,469
<u>a</u>	8	Direct expense summary Add lin	ues 4 through 7 in column	ı (d)			5	2,237
	9	Net income summary Combine li	-	• •				0
Par	1111	·	ganization answered		art IV, line 19, or repo	orted mo	re thar	า
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tota col (a) ti	l gamıng nrough co	(Add ol (c))
ď	1	Gross revenue						
မှာ		Cash prizes						
pens	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
<u>□</u>	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	┌ Yes	┌────────────────────────────────────			
	7	Direct expense summary Add line	s 2 through 5 in column ((d)	· .			
	8	Net gaming income summary Com	nbine lines 1 and 7 in colu	umn (d)				
		,		. ,			Yes	No
9		er the state(s) in which the organiza						
a		he organization licensed to operate No," Explain	gaming activities in each	h of these states?		· 9a		
Ь		чо, Ехріаіп						
10-	<u></u>				- +1- +			
10a b		e any of the organization's gaming Yes," Explain	iicenses revokea, suspen	ided or terminated durin	g the tax year?	10a		
						\dashv		
11	Doe	es the organization operate gaming	activities with nonmembe	ers?		11		
12		he organization a grantor, beneficia						
	form	ned to administer charitable gaming	17			.		1

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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DLN: 93493227015010 OMB No 1545-0047

Department of the Treasury

Schedule I

(Form 990)

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

Grants and Other Assistance to Organizations,

Governments and Individuals in the U.S.

Open to Public

lame of the organization						Employer ident	ification number
HE MEDICAL CENTER FOUN	DATION INC					58-1694820	
Part I General Inform	nation on Grar	nts and Assistance				1	
 Does the organization mainstrain the selection criteria used Describe in Part IV the organization 	d to award the gran	its or assistance?					. Ves
Form 990, Part I Part IV and Sche	V, line 21 for an edule I-1 if addit	y recipient that rece conal space is	and Organizations oved more than \$5,00	00. Check this box i	f no one recipient rec	ceived more than \$5	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHEAST GEORGIA MEDICAL CENTER INC743 SPRING STREET GAINESVILLE, GA 30501	58-1694098	501 (C)(3)	3,044,841				SUPPORTED ORGANIZATION
2 Enter total number of sect	rion 501(c)(3) and	government					1
organizations		=			•		

		ce to Individua ıf addıtıonal spac		tates. Complete if the	organization answered "Ye	s" on Form 990, Part IV, line 22.
(a)Type of grant or as	ssistance	(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
rt IV Suppleme	ntal Informati	on. Complete thi	s part to provide the	e information required i	n Part I, line 2, and any ot	her additional information.
t if ier	Return Reference	E	Explanation			
+						

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DLN: 93493227015010

OMB No 1545-0047

2008

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Compensation Information

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

Name of the organization

THE MEDICAL CENTER FOUNDATION INC

Employer identification number

58-1694820

Pa	rt I Questions Regarding Compensation	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a wi provision of all the expenses described above? If "N			1b		
2	Did the organization require substantiation prior to rofficers, directors, trustees, and the CEO/Executive			2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the		ly			
	Compensation committee	Ļ	Written employment contract			
	Independent compensation consultant	Ļ	Compensation survey or study			
	Form 990 of other organizations	,	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part V I	II, Section A, line 1a			
а	Receive a severance payment or change of control p	paymen	nt?	4a	Yes	
b	Participate in, or receive payment from, a suppleme	ntal no	nqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-b	ased co	ompensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide t	he applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete	e lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1 a	a, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1 a	a, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," of		, , , , , , , , , , , , , , , , , , , ,	7		No
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in					

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
NANCY COLSTON	(1) (11)	120,031	18,952	9,995	17,307	12,066	178,351	
JAMES GARDNER	(1) (11)	462,025	354,500	53,724	490,846	34,674	1,395,769	
ANTHONY HERDENER	(ı) (ıı)	266,410	117,727	74,167	147,658	33,932	639,894	
CAROL BURRELL	(ı) (ıı)	289,040	131,066	48,366	218,118	34,497	721,087	
JOSEPH FULBRIGHT	(ı) (ıı)	129,247	39,355	39,252	46,620	15,452	269,926	
DANE HENRY	(ı) (ıı)	154,002	56,338	3,684	22,322	13,680	250,026	
Tracy Vardeman	(1) (11)	123,507	38,183	31,719	34,800	26,994	255,203	
	(ii) (i)							
	(ii) (i)							
	(ii) (i)							
	(ii)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
	Part I, Line 4a	Severance Payments Letrell Simpson \$46,762 Part I, Line 4b - Employer Contribution to 457 (f) executive retirement benefit plan James Gardner \$466,001 Anthony Herdener \$117,086 Joseph Fulbright \$19,882 Carol Burrell \$186,811 Dane Henry \$19,922 Tracy Vardeman \$20,058

Schedule J (Form 990) 2008

DLN: 93493227015010

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Open to Public Inspection

Name of the organization THE MEDICAL CENTER FOUNDATION INC **Employer identification number**

58-1694820

Рa	rt I Types of Property				30-1034020			
	Types of Froperty	(a) Check If	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of d reven	- etermı	nıng	
1	Art—Works of art	Х	1		Fair Market Value			
	Art—Historical treasures			0,500	I all Market Value			
	Art—Fractional Interests							
	Books and publications	×		2 500	Fair Market Value			
	Clothing and household			2,500	ran Market Value			
•	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution (historic structures)							
14	Qualified conservation contribution (other)							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (describe <u>Various</u>)	Х	27	19,048	Fair Market Value			
	10'x 10'							
26	Tent Benefit Other (describe <u>(Safe Kids)</u>)	×	1	200	Fair Market Value			
		- ^		200	I all Market value			
	Other (describe) Other (describe)							
20 29	Number of Forms 8283 received	by the ora	l anization during the tay ve:	I for contributions for				
23	which the organization complete Acknowledgement	d Form 828		ar for contributions for	29			0
							Yes	No
30a	During the year, did the organization hold for at					 		ſ
	least three years from the date of				exempt purposes			NI-
_	for the entire holding period? .					30a		No
	If "Yes", describe the arrangeme							N.
31	Does the organization have a gif	·		·		31		No
32a	Does the organization hire or use contributions?	e third part • • •	-	to solicit, process, or sell	non-cash	32a		Νo
b	If "Yes", describe in Part II							
	If the organization did not report checked, describe in Part II	revenuesı	n Column (c) for a type of p	property for which Column (a	a) is			

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.						
Identifier	ReturnReference	Explanation				
240111111	Notal III Colored	Explanation				
	1	I .				

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DLN: 93493227015010

Employer identification number

58-1694820

Explanation

Explanation

The Board of Directors of The Medical Center Foundation, Inc $\,$ are appointed by the Board of

Northeast Georgia Health System, Inc $\,$ - a related 501(c)(3) organization

SCHEDULE 0 (Form 990)

▶ Attach to Form 990. To be completed by organizations to provide additional information for Department of the Treasury

Supplemental Information to Form 990

OMB No 1545-0047

Inspection

Name of the organization THE MEDICAL CENTER FOUNDATION INC

Identifier

Identifier

Form 990, Part VI,

Section A, line 7a

responses to specific questions for the Form 990 or to provide any additional information. Internal Revenue Service

Return

Reference

Return

Identifier

Return

ldentifier	Reference	Explanation
Form 990, Part VI, Section A, line 2		Janice Rogers, board member is the wife of Travis Rogers, board member Lona Pope, board member is the wife of Richard Pope, board member

	Refer	rence	·
Form 990, Part VI, Section A, line 6			Northeast Georgia Health System, Inc is the sole member of The Medical Center Foundation, Inc
1.1 4:4:	Return		Funtanakian

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		The Board of Directors of The Medical Center Foundation, Inc. are appointed by the Board of Northeast Georgia Health System, Inc a related 501(c)(3) organization

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		Information for the Form 990 w as provided to an independent certified public accountant for preparation of return. After the return w as prepared, it w as reviewed by senior financial management. The 990 will be made available to members of the board prior to filing.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		Board members are required to complete a conflict of interest questionnaire annually Employees attest to their understanding and reporting/disclosure requirements at hire and annually

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The compensation committee of the Northeast Georgia Health System Board (NGHS Board) has developed and installed compensation policies and procedures that seek to further the purpose of NGHS and affiliates and the importance of these policies to attract and retain key employees. The compensation committee is composed entirely of directors who are not employees of NGHS. All decisions of the compensation committee are reviewed and ratified by the NGHS Board. The committee's methodology and approach incorporates both qualitative and quantitative considerations, which are reflected in the committee's determinations concerning key employee compensation and the specific components thereof. The compensation decisions of the committee are described below as to each of the three categories. Base Salary Annual base salaries are set at competitive levels with healthcare institutions of a similar size and complexity from throughout the country. Specifically the committee considers peer group comparisons from survey data for other health systems, recommendations from an independent compensation consultant, and individual performance assessments for each position. In each instance the committee members reach a consensus based on the combination of available information, and the committee sets a base salary level for each key employee. Performance Based Variable Compensation Numerous performance goals are quantitative in nature, resulting in a performance based variable compensation component that is weighted toward attaining NGHS Board-approved goals and objectives. Annual goals and objective are established through a formal planning process involving board and community members. The board approves theses goals and objectives at the beginning of each year. Officers and key employees receive cash awards as a formula driven percentage of base salary levels based on achievement and predetermined individual objectives. Benefit categories and amounts are determined by a comparison process similar to determining base salaries with

identifier	Reference	Explanation				
Form 990, Part VI, Section C, line 19		Financial statements and statistics are filed quarterly with Digital Assurance Certification, LLC (DAC Bond) DAC Bond serves as a disclosure dissemination agent for issuers of municipal bonds electronically posting and transmitting information to repositories and investors. All other items are available upon request				
ldentifier	Return	Evaluation				

Explanation

ldentifier	Return Reference	Explanation
Form 990, Part III Line 4A, Program Service Accomplishments		Located in the northeastern section of the state in Hell County, Northeast Georgia Medical Center (NCMC) is a 57-bed not for-profit regional referral facility that provides a comprehensive range of acute care and specialty services. Through its role as a regional safety net hospital, NSMC serves the arrea's low-income, unmarked, underinsured and other vulnerable populations. A pproximately half of NSMCs persential countries, and countries of hell Country. As a not-for-profit hospital NSMC remises a flut and is nexess of operating expenses into heathcare services for the community. The Medical Center receives no operating funds responses into heathcare services for the community. The Medical Center receives no operating funds from provided to regional residents outside Hell Country. The Medical Center's charry care policy provides financial assistance up to 400 percent of the povery level. The hospital is a key participant and fiscal sponsor in programs amend at treating low-income and uninsured patients, including the Good New Sclincs, the largest free health care clinic in Georgia, and Health Access Initiative (HAI), a local service that methods in an accession of the province of the programs, and in 2010, the hospital one state of the programs, and in 2010, the hospital was anticipantly noted for its participation in 4010, and in 2010, the hospital was nationally noted for its participation in 4010, and in 2010, the hospital was nationally noted for its participation in 4010, and accessing the programs, and in 2010, the hospital was nationally noted for its participation of the programs and in 2010, the hospital was nationally noted for its participation of the programs and in 2010, the hospital was nationally noted for the surproporation in 4010 the American and updated as again glant, investing a quarter of a billion dollars in its facilities, in NSMC designation of the programs and in the state for cardiac services. Since 2000, NSMC was provided the program and contributed to the program and contributed to
		funds primary health care programs for medically indigent Georgians. Georgia's Disproportionate Share

Hospital (DSH) program is funded through the ICTF, and assists hospitals and other health providers that care for high proportions of Medicaid, uninsured and/or low-income patients. In 2009, NGMC received \$6,522,062 in net funds allocated through the ICTF and DSH program to partially offset a financial loss of \$39

million in cost the Medical Center incurred treating indigent and Medicaid patients the same year

ldentifier	Return Reference	Explanation
Identifier		COMMUNTY BENEFITS Situated in a region with an uninsured rate that is higher than the state average, area health consumers can face significant barriers in obtaining afforable care. NGMC has significantly contributed to local programs that amont address these issues, primarily through its support of the Good News Clinics of Management and Contributed to local programs that amont address these issues, primary through its support of the Good News Clinics offers primary medical and dental care, as well as medications to indigent, homeless and low-income individuals in Hall County who have no healthcare insurance and cannot afford medical care. All services are provided free of charge, even though the clinic receives no federal, state or local government funding. Since 1999, NGMC has provided \$2,633,307 in support of Good News Clinics and an average annual support of Sood News Clinics and an average annual support of Sood News Clinics and an average annual support of Sood News Clinics and an average annual support of Sood News Clinics and an average annual support of Sood News Clinics and an average annual support of Sood News Clinics and an average annual support of Sood News Clinics and an average annual support of Sood News Clinics and an average annual support of Sood News Clinics and an average annual support of Sood News Clinics and an average annual support of Sood News Clinics and an average annual support of Sood News Clinics and an average annual support of Sood News Clinics and an average annual support of Sood News Clinics and an average annual support of Sood News Clinics and an average annual support of Sood News Clinics and an average annual support of Sood News Clinics and All Sood News Clinic
		family members, teachers and caregivers. Through these programs, over 6,000 safety devices were distributed to families who were in need of them. Senior Partners Provides Health Information Approximately 150 people participated in the Getting Older and Better Workshop in May at First United Methodist Church. This event was sponsored by The Medical Center Auxiliary, provided by Northeast Georgia Medical Center, and featured speakers on "Safety and Security for Seniors." Sponsorships and Donations in FY09, NGMC sponsored or made a donation to over 30 community agencies serving health and human service needs, ranging from supporting the Alliance for Literacy Spelling Bee, to the North Georgia AIDS Alliance. Sponsorships/donations totaled over \$30,000 in FY09.

Identifier	Return Reference	Explanation
		Employees of NGHS and it's Affiliates Lead the Way United Way Pacesetter & More NGMC served as a pacesetter company for the United Way Campaign Donations from NGMC and affiliates employees totaled over \$80,000 NGMC Chief Operating Officer Carol Burrell serves on the Board of Directors of United Way NGMC employees are very active in the community, volunteering at the Good New S Clinics, in their churches on mission trips and for community agencies such as the Humane Society and Habitat for Humanity. When it comes to supporting The Medical Center Foundation's employee giving club, W A T C H (We Are Targeting Community Healthcare), over 1,900 employees donated over \$329,000 in FY09. NGMC employees donated over 382 units of blood in FY09, benefitting over 1,000 individuals. Employees also turned out in full force for community events such as the American Heart Walk, March of Dimes' WalkAmerica and American Cancer Society's Relay for Life, averaging participation of 200-300 per event NGMC Partners with North Hall Community Education Foundation NGMC partnered with North Hall Community Education Foundation serving as presenting sponsor for a parenting seminar by John Rosemond, a nationally renow ned child psychologist. Healthy Hall Represented at Association for Community Health improvement at NGMC, and a representative of Stiles Healthcare Strategy, presented at the Association for Community Health Improvement's Annual Meeting in FY09. Their presentation was titled, "Healthy Hall One Community's Practical Guide to Conducting Successful Community Assessments that Lead to Powerful Outcomes." The association is a program of the American Hospital Association and seeks to strengthen community health through education, peer networking, and the dissemnation of practical tools. They support people who work in healthcare, public health, community, and philanthropic sectors. Training and Education for Healthcare Professionals and Other Students Northeast Georgia Medical Center supports the training and education of nurses and

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

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2008

Open to Public Inspection

Schedule R (Form 990) 2008

Department of the Treasury Internal Revenue Service

Name of the organization THE MEDICAL CENTER FOUNDATION INC	Employer identific 58-1694820	ation number			
Part I Identification of Disregarded Entities				38-1094620	
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income Er	(E) id-of-year assets	(F) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizat	ions			_	
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
Northeast Georgia Medical Center Inc					
743 Spring Street Gainesville, GA30501 58-1694098	Healthcare	GA	501 (C) (3)	3	N/A
Northeast Georgia Physicians Group Inc 743 Spring Street Gainesville, GA30501 58-2078064	Healthcare	GA	501 (C) (3)	11	N/A
Northeast Georgia Health System Inc 743 Spring Street Gainesville, GA30501 58-1694090	Healthcare	GA	501 (C) (3)	11	N/A

Cat No 50135Y

(A) Name, address, and EIN of related organization	(B) Primary ac	tivity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) prtionate tions?	(I) Code V—UBI amoun on Box 20 of K-1	Gene	J) eral or aging :ner?
								Yes	No		Yes	No
												_
								<u> </u>				
Part IV Identification of Re	elated Oro	anizations	Taxable a	s a Cornoration	or Trust							
(A)	ciutou oi g	(B)	- Tuxubic u	(C)	(D)	(E)	(F)	Т		(G)	(H)	
Name, address, and EIN of related org	ganization .	Primary acti	vity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total inco	ome	Sh end-	are of Per	centage nership	
Norteast GA Health Partners LLC 743 Spring Street Gainesville, GA30501 58-2131807		PPO Developm	ent	GA	N/A	С						
Strategic Physician Services Inc 743 Spring Street Gainesville, GA30501 26-0342081		Physician Supp Services	ort	GA	N/A	С						

(5)

(6)

Part V	Transactions	with Related	Organizations
--------	--------------	--------------	----------------------

Ра	rt V	Transactions with Related Organizations						
	Not e.	Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No	
1 D	urıng tl	ne tax year, did the orgranization engage in any of the following transactions	s with one or more related organizations listed in Parts I	I-IV?				
а	Rece	pt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entit	ty		1a		No	
ь	Gıft, ç	rant, or capital contribution to other organization(s)			1b	Yes		
c	Gıft, ç	rant, or capital contribution from other organization(s)			1c	Yes		
d	Loans	or loan guarantees to or for other organization(s)			1d		No	
е	Loans	or loan guarantees by other organization(s)			1e	Yes		
f	Sale	fassets to other organization(s)			1f		No	
g	Purch	ase of assets from other organization(s)			1g		No	
h								
i	Lease	of facilities, equipment, or other assets to other organization(s)			1i		No	
j	Lease	of facilities, equipment, or other assets from other organization(s)			1j		No	
k	k Performance of services or membership or fundraising solicitations for other organization(s)							
ı	I Performance of services or membership or fundraising solicitations by other organization(s)							
m	m Sharing of facilities, equipment, mailing lists, or other assets							
n	Sharı	ng of paid employees			1n	Yes		
o	Reım	oursement paid to other organization for expenses			10		No	
р	Reım	oursement paid by other organization for expenses			1р	Yes		
q	O the	transfer of cash or property to other organization(s)			1q		No	
r	Other	transfer of cash or property from other organization(s)			1r		No	
2	Ifthe	answer to any of the above is "Yes," see the instructions for information on	who must complete this line, including covered relation	ships and transaction thresholds				
		(A)	(B) Transaction	(c)				
		Name of other organization(s)	type(a-r)	Amount Involved				
(1)								
(2)								
(3)								
(3)								
(4)								
				I .				

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

									_	
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organization:	s?	(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No
			•	•		•		Sabadula	D / Form	

Software ID: Software Version:

EIN: 58-1694820

Name: THE MEDICAL CENTER FOUNDATION INC

Form 990, Part VII - Section Aaa

Porm 990, Part VII - Section Ada											
		(C) Position (check all that apply)				I			(5)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
LYNNE ALLEN , NGMC Dir Volunteer Svcs	1 00	X						0	70,592	24,754	
NANCY COLSTON , Executive Director	40 00	Х		Х				0	148,978	29,373	
Piepont F Brown III M , MEMBER	1 00	Х						0	2,605	0	
BETH BALDWIN , MEMBER	1 00	Х						0	0	0	
CHARLOTTE KAUFMAN , MEMBER	1 00	Х						0	0	0	
SCOTT MCGARITY , MEMBER	1 00	X						0	0	0	
TRAVIS ROGERS , MEMBER	1 00	Х						0	0	0	
WILLIAM T LANGSTON SR , MEMBER	1 00	Х						0	0	0	
WOODY STEWART , CHAIRPERSON	1 00	Х						0	0	0	
JANICE ROGERS , MEMBER	1 00	Х						0	0	0	
HEATH GURR , NGMC Pharmacist	1 00	Х						0	106,073	22,174	
Letrell Sımpson , MEMBER	1 00	Х						0	80,641	2,426	
Hart Payne , MEMBER	1 00	Х						0	0	0	
Richard Pope , MEMBER	1 00	Х						0	0	0	
Lona Pope , MEMBER	1 00	Х						0	0	0	
Mary Ingram , Member, NGMC-Staff RN	1 00	Х						0	85,678	26,133	
JAMES GARDNER , President & CEO	1 00			Χ				0	870,249	525,520	
ANTHONY HERDENER , VP-NGHS/CFO	1 00			Х				0	458,304	181,590	
CAROL BURRELL , VP-NGMC & COO	1 00			Χ				0	468,472	252,615	
JOSEPH FULBRIGHT , VP-NGHS	1 00			Χ				0	207,854	62,072	
DANE HENRY , VP-NGMC	1 00			Х				0	214,024	36,002	
Tracy Vardeman , VP-NGHS	1 00			Х				0	193,409	61,794	