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DLN: 93493228021210

# 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

Department of the Treasury

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009 D Employer identification number Name of organization CENTRAL GEORGIA HEALTH SYSTEMS INC **B** Check if applicable Please use IRS label or print or Address change 58-2149127 Doing Business As E Telephone number Name change type. See Specific Instruc-tions. (478) 633-1407 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite 691 CHERRY STREET SUITE 400 **G Gross receipts** \$ 37,851,126 Termination City or town, state or country, and ZIP + 4 MACON, GA 31201 Amended return Application pending Name and address of Principal Officer **H(a)** Is this a group return for affiliates? ┌ Yes ┌ No A Donald Faulk Jr

		691 CHERRY STREET SUITE 400 MACON, GA 31201					
 <b>т</b> Та	x-exem	pt status	(1) or	` ,	affiliates inc	,	
		e: ► WWW MCCG ORG	()		o," attach a p Exemption	list See instructions ) Number <b>►</b>	
<b>К</b> Тур	e of org	anization Corporation trust association other	r <b>Þ</b> -	L Year of Fo	mation 1994	M State of legal domicile GA	
		_					
Pa	rt I	Summary					
Governance	1	Briefly describe the organization's mission or m CENTRAL GEORGIA HEALTH SYSTEMS, INC AS A PARENT CORPORATION WHICH PROV GEORGIA, INC AND OTHER AFFILIATES IN HIGH-QUALITY, REASONABLY PRICED HEA	IS A NONPROFIT CORPO IDES STRATEGIC DIRECT SUPPORTING THEIR MIS: LTH CARE SERVICES TO	ION TO THE ME SION OF providi THE CENTRAL G	DICAL CEN ng A COMPF EORGIA CO	ITER OF CENTRAL REHENSIVE RANGE OF OMMUNITY	
Ž.	2	Check this box $\Gamma$ if the organization discontinu	ied its operations or dispose	ed of more than 2	5% of its as	sets	
	3	Number of voting members of the governing bo				37	
Activities &	4	Number of independent voting members of the	governing body (Part VI, line	e 1b)		46	
Ě	5	Total number of employees (Part V, line 2a) $oldsymbol{.}$				<b>5</b> 0	
ਰ	6	${\sf Total\ number\ of\ volunteers\ (estimate\ if\ necess}$	ary)		1	60	
4	7a	Total gross unrelated business revenue from P	art VIII, line 12, column (C		7	<b>7a</b> 68,349	
	ь	Net unrelated business taxable income from Fo	rm 990-T, line 34		7	<b>7b</b> 0	
				Prio	r Year	Current Year	
	8	Contributions and grants (Part VIII, line 1h)			1,215,61	2 0	
딀	9	Program service revenue (Part VIII, line 2g)			16,260,47	8 19,203,601	
Revenue	10	Investment income (Part VIII, column (A), lir	es 3, 4, and 7d)		12,760,41	1 4,654,901	
ш	11	Other revenue (Part VIII, column (A), lines 5		37,29	1 11,335,186		
	12	Total revenue—add lines 8 through 11 (must 12)	line	30,273,79	2 35,193,688		
	13	Grants and similar amounts paid (Part IX, col		167,10	6 1,072,605		
	14	Benefits paid to or for members (Part IX, colu	mn (A), line 4)			0	
8	15	Salaries, other compensation, employee bene 10)	fits (Part IX, column (A), line	es 5-	11,009,11	1 10,737,352	
Ť	16a	Professional fundraising fees (Part IX, column	(A), line 11e)			0	
Expenses	ь	(Total fundraising expenses, Part IX, column (D), line 2	, 0)				
	17	Other expenses (Part IX, column (A), lines 11	a-11d, 11f-24f)		6,086,62	6 5,792,383	
	18	Total expenses—add lines 13-17 (must equa	l Part IX, line 25, column (A	))	17,262,84	3 17,602,340	
	19	Revenue less expenses Subtract line 18 from	line 12		13,010,94	9 17,591,348	
<u>88</u>				Beginni	ng of Year	End of Year	
9.44 4.44 4.44	20	Total assets (Part X, line 16)			43,839,85	4 45,664,176	
Ass Be	21	Total liabilities (Part X, line 26)			313,09	4 616,807	
Net Assets or Fund Balances	22	Net assets or fund balances Subtract line 21	from line 20		43,526,76		
	1311	Signature Block	110111111111111111111111111111111111111		13,320,70	13,517,303	
ГŒ		Under penalties of perjury, I declare that I have examin	ed this return, including accompan	ving schedules and s	tatements and	I to the hest of my knowledge	
		and belief, it is true, correct, and complete Declaration	of preparer (other than officer) is t	pased on all informat	ion of which pr	eparer has any knowledge	
Plea		*****		2010-	08-16		
Sigr Her		Signature of officer		Date			
Her	<b>C</b>	RHONDA S PERRY CFO					
		Type or print name and title					
Paid		Preparer's signature	Date	Check if self-empolyed	Preparer's P	TIN (See Gen Inst )	
	arer's Only	Firm's name (or yours if self-employed),		EIN ▶			
		address, and ZIP + 4 One Cherokee Mills 2220 Suth  Knoxville, TN 379192363	erland		Phone no	(865) 673-0844	
N4	the IR	S discuss this return with the preparer shown al	oove? (See instructions) .			✓ Yes  No	

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

1 Index describe the cognostronish misson CERTIAL CORDINA HARIAL PSTEES, DIC. IS A MORPROFIT CORPORATION WHOSE PREMATE PURPOSE IS TO SERVE AS A PARENT CORPORATION WHICH PROVIDED SOME AND COMPREHENSIVE RANGE OF HIGH-QUALITY, REAGONARY PRICED HEATH CARE SERVICES TO THE CERTIFAL GROBIAL COMMUNITY COMPREHENSIVE RANGE OF HIGH-QUALITY, REAGONARY PRICED HEATH CARE SERVICES TO THE CERTIFAL GROBIAL COMMUNITY They provided the price of the						
the pror Form 930 or 930-E2?  If "Yes," describe these new services on Schedule O  Dut the organization cease conducting or make significant changes in how it conducts any program services services?  If "Yes," describe these changes on Schedule O  Describe the exempt purpose a chievements for each of the organization's three largest program services by expenses Section 50 (c)(3) and (4) organizations and 49-47 (a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported  (Code ) (Expenses s 3,080,990 including joints of \$ 1,072,605) (Revenue \$ 9,723,407) (control Georgia, Dir.), Control Georgia, Dir.), Control Georgia, Dir., Con	1	CENTRAL GEORGIA HEALTH SYSTEMS, INC IS STRATEGIC DIRECTION TO THE MEDICAL CENTRAL CENT	ITER OF CENTRAL GEORG	IA, INC AND OTHER AFFILIA	TES IN SUPPORTING THEIR MISS	
the pror Form 930 or 930-E2?  If "Yes," describe these new services on Schedule O  Dut the organization cease conducting or make significant changes in how it conducts any program services services?  If "Yes," describe these changes on Schedule O  Describe the exempt purpose a chievements for each of the organization's three largest program services by expenses Section 50 (c)(3) and (4) organizations and 49-47 (a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported  (Code ) (Expenses s 3,080,990 including joints of \$ 1,072,605) (Revenue \$ 9,723,407) (control Georgia, Dir.), Control Georgia, Dir.), Control Georgia, Dir., Con						
3 Did the organization cease conducting or make significant changes in how it conducts any program services?	2		significant program se	rvices during the year	which were not listed on	☐ Yes ☑ No
3 Did the organization cease conducting or make significant changes in how it conducts any program services?		If "Yes," describe these new service	s on Schedule O			
If "Yes," describe these changes on Schedule O  Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501c(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported  (code (code (texpenses) 3, 300,999 including grants of \$1,077,695) (Revenue \$9,723,467) (Central Georgia Health Systems, Inc. (*COMS*) primary purpose is to serve as a controlling body for The Medical Center of Central Georgia, Inc., central Georgia Senor Health, Inc. and Medican Community Health Foundation, Inc. and other affiliated entities and to provide strategic election, financial management, resource allocation and other support to its Affiliates in the provision of healthcare services to the Central Georgia community the strategic election and other support to its Affiliates in the provision of healthcare services to the Central Georgia community the strate This Rehabilitation Mospital, ILC was the first eleabhilitation facility established in central Georgia and is one of byto fere-stanting rehabilitation for the strategic elections and outgation than to service the State This Rehabilitation in losopial provides comprehensive physical enhabilitation services on an impotent and outgation than it is is isometed for \$5 beds a operated in September 1988  4c (Code (Co	3	Did the organization cease conducti		t changes in how it con-	ducts any program	□ Yes ▽ No
Describe the exempt purpose active terments for each of the organizations three largest program services by expenses			Schodulo O			, 103 / 110
central Ceorgia, Pic., Central Georgia, pin. Central Georgia, pin. Pic., Picath Service Central Georgia, pin. Central Georgia, pin. Pic., Picath Service direction, financial management, resource allocation and other support to its Affiliates in the provision of healthcare services to the Central Georgia community of the Central Georgia and Service allocation and other support to its Affiliates in the provision of healthcare services to the Central Georgia community of the Central Georgia and some of two free standing rehabilitation hospital provides comprehensive physical rehabilitation services on an inpatient and outpatient basis. It is licensed for 58 beds and opened in September 1988.  4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ ) (Revenue \$ )  Central Georgia Academic Academic Central Georgia and is one of two free standing rehabilitation hospital provides comprehensive physical rehabilitation services on an inpatient and outpatient basis. It is licensed for 58 beds and opened in September 1988.	4	Describe the exempt purpose achieves Section 501(c)(3) and (4) organizates	vements for each of th	trusts are required to re	eport the amount of grants a	
Central Georgia Rehabilitation Hospital, LLC was the first rehabilitation facility established in central Georgia and is one of two free-standing rehabilitation hospithe State. The Rehabilitation Hospital provides comprehensive physical rehabilitation services on an inpatient and outpatient basis. It is licensed for 58 beds are opened in September 1988.  4c. (Code) (Expenses \$ including grants of \$ ) (Revenue \$ )  4d. Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )	4a	Central Georgia Health Systems, Inc ("CG Central Georgia, Inc , Central Georgia Seni	HS") primary purpose is to or Health, Inc. and Medcei	serve as a controlling body n Community Health Founda	for The Medical Center of Central ation, Inc. and other affiliated entit	Georgia, Inc , Health Services of ties and to provide strategic
4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$ ) (Revenue \$ )	4b	Central Georgia Rehabilitation Hospital, LLC	was the first rehabilitatio	n facility established in centr	ral Georgia and is one of two free-	-standing rehabilitation hospitals in
4d Other program services (Describe in Schedule O ) (Expenses \$ including grants of \$ ) (Revenue \$ )		opened in September 1900				
(Expenses \$ including grants of \$ ) (Revenue \$ )	4c	(Code ) (Expenses	\$	including grants of \$	) (Revenue \$	)
4e Total program service expenses \$ 15,397,795 Must equal Part IX, Line 25, column (B).	4d	· · ·	•	f \$	) (Revenue \$	)
	4e	Total program service expenses \$	15,397,79	5 Must equal Part IX,	Line 25, column (B).	

Part IV	Checklist of	Required	Schedules
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			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		No
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, Part II	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? <i>If</i> "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 11	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	10		No
	Parts VI, 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		No
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		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	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? If "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		No
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		No
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	Yes	
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		
	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	25a		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	250		100
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L,	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 IV Checklist of Required Schedules (Continued)

			1 63	110
8	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		Νο
c	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
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
3 <b>1</b>	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? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
3	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	Yes	
4	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	
5	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	Yes	
6	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 organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		Νo

			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  0			
c	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			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file 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	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
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	Yes	
b	If "Yes," enter the name of the foreign country CJ			
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited  Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
الد	file Form 8282?	7c		No
a	If "Yes," indicate the number of Forms 8282 filed during the year			
e	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		Νο
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		No
9	year?			_ <del></del>
a	Did the organization make any taxable distributions under section 4966?	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12   10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations Enter			
	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			

Section A. Governing Body and Management

Yes

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

For each "Yes"	response to lines 2-7	below, and for a	a "No" response to line	s 8 or 9b below,	describe the circun	ns tand

	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 1a 7			
ь	Enter the number of voting members that are independent 1b 6			
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		Νο
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		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
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		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? $\cdot$ $\cdot$	7b		Νo
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		No
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 . . . . .

#### 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	Yes	
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	Yes	
		TOD	1 63	

#### 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  $\overline{\mbox{\em \colored}}$  another's website  $\overline{\mbox{\em \colored}}$  upon request
- 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization

RHONDA S PERRY 777 Hemlock Street mACON, GA 31201 (478) 633-1452

### 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 ti	(C non ( hat a	chec		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
Connie Cater , Director-CGHS	1 00	Х						0	8,250	0
JAMES TIMOTHY JACKSON , Director-CGHS	1 00	Х						0	8,250	0
KIM W JOHNSTON MD , Dir/V Chair CGHS, direct	1 00	Х		Х				0	8,250	0
Nancy Anderson , director-CGHS	1 00	Х						0	11,000	0
RUTH KNOX , Director-CGHS	1 00	Х						0	8,250	0
STARR PURDUE , Director-CGHS	1 00	Х						0	11,000	0
STEVE KRUGER , Director/chairman cghs	1 00	Х		Х				0	13,750	0
A DONALD FAULK JR , President/CEO	38 00			Х				935,557	600	67,255
KENNETH b BANKS, GEN COUNSEL/sec	38 00			Х				0	400,749	37,562
RHONDA S PERRY , SR VP/Treas	38 00			Х				509,080	0	41,830
ELBERT T MCQUEEN, Sr VICE PRES	20 00				Х			233,771	0	16,083
Hubert Epps Jr , DirECTOR of Pharmacy	40 00					Х		107,060	0	15,388
Roger Bloodworth , CGRH Pharmacist	40 00					Х		102,485	0	36,031
Vanessa E Walker , CGHS Controller	40 00					Х		162,245	0	15,230
WILLIE H ODOM , Former Director/Chairman	1 00						Х	0	1,800	0

### Part VII Continued

		1	( ition that a	•		all			<b>(E)</b>	(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee		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
					<u> </u>					
1b Total		٠	•			•	<b>&gt;</b>	2,050,198	470,099	229,379

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable 2 compensation from the organization ▶6

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

### **Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
Arnhold & S Bleichroeder 1345 Ave of the Americas new York, NY 101054300	Investment Management Svcs	206,447
Suntrust Bank Inc PO Box 4655 Atlanta, GA 232616489	investment Management Svcs	190,909
Davita 5200 virginia Way Brentwood, TN 37024	Dialysis Services	143,617
Sleep Med Inc 60 Chastain Ctr Boulder Ste 66 Kennesaw, GA 30144	Sleep Study Services	122,200
Angelica Textile Services PO Box 535122 Atlanta, GA 303535122	Linen Processing Services	114,276
2 Total number of independent contractors (including those in 1) who re from the organization		6

Form 990 (2
Part
VIII

2008)		
Statement of Revenue		

					(A) Total Revenue	(B) Related or Exempt Function Revenue	<b>(C)</b> Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated car	mpaigns 1a					
Contributions, gifts, grants and other similar amounts	ь	Membership d	lues					
gra ou		F d	1b					
ું.⊞	С	Fundraising e	vents <b>1c</b>					
≅,≅	d	Related organ	iizations1d					
∰.ÿ	e	Government gran	nts (contributions) <b>1e</b>					
ir s	f	All other contribu	tions, gifts, grants, and			į		
管義		similar amounts i	not included above <b>1f</b>					
달	g		rıbutıons ıncluded ın					
ပ္မ		lines 1a-1f \$						
	h	lotal (Add lin	nes 1a-1f)	· · · · ·				
ou.				Business Code				
Program Service Revenue	2a	Medicare/Medica	ıd Reve	621,990	15,241,758	15,241,758		
	ь	SUPPORT REVEN	UE	541,200	2,307,938	2,239,589	68,349	
	С	PATIENT REVENU	JE 	621,990	1,591,144	1,591,144		
	d	Cafeteria Sales		621,990	33,810	33,810		
	e	Other Revenue		621,990	28,951	28,951		
	f	All other prog	ram service revenue					
ĵo L								
Δ	g	Total. Add line  ▶ \$ 19,203,60	<b>es 2a-2f</b> 01					
	3		ncome (including divi	dends, interest				
			amounts)		2,727,033			2,727,033
	4		estment of tax-exempt be	<b>▶</b> [				
	•			<b></b>				
	5	Royalties .						
			(ı) Real	(II) Personal				
	6a	Gross Rents						
	ь	Less rental expenses						
	С	Rental income or (loss)						
	d	, ,	ome or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount	4,584,985	321				
	-	from sales of assets other						
		than inventory						
	ь	Less cost or other basis and	2,657,438					
		sales expenses Gaın or (loss)	1,927,547	321				
	c d	Net gain or (lo		321	1,927,868			1,927,868
	8a	Gross income	from fundraising	. ▶	-,,			
Other Revenue		1c) See Part	ns reported on line					
æ		\$15,000						
<u>a</u>	ь	Less directe	xpensesb					
둦	С	Net income or	r (loss) from fundraıs	ing events				
•	9a	Gross income activities See Complete Sche exceeds \$15,00	e part IV , line 19 Idule G if total					
	ь	Less directo	xpensesb					
	c		r (loss) from gaming a	activities				
	10a	Gross sales o	of inventory, less	▶				
		recarns and di	a					
	ь	Less cost of	goods sold <b>b</b>					
	С		r (loss) from sales of	inventory				
		Miscellaneou		Business Code				
	11a	CFC Income			7,497,981	7,497,981		
	ь	net Invest (98	88 Int)		4,276,811			4,276,811
	с	Other Invest	·		-439,606	-80,425		-359,181
	d e	All other reve	es 11a-11d					
		. v.a Aud IIII		\$ 11,335,186				
	12		<b>e.</b> Add lines 1h, 2g, 3	, 4, 5 <mark>, 6d, 7d,</mark>	35,193,688	26,552,808	68,349	8,572,531
		8c, 9c, 10c, and 1	11e	. ▶				
	_	, , ,	- •	L				Form <b>990</b> (2008)

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).							
	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	1,072,605	1,072,605				
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	1,195,576	1,006,993	188,583			
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	7,640,300	6,435,166				
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)	250,774	230,871	19,903			
9	Other employee benefits	1,027,323	993,852	33,471			
10	Payroll taxes	623,379	555,197	68,182			
11	Fees for services (non-employees)						
а	Management						
b	Legal						
c	Accounting	127,111	76,267	50,844			
d	Lobbying	7,124	2,676	4,448			
е	Professional fundraising See Part IV, line 17						
f	Investment management fees	519,886	311,932	207,954			
g	Other	1,342,927	1,158,289	184,638			
12	Advertising and promotion	39,624	39,310	314			
13	Office expenses	1,034,049	1,008,367	25,682			
14	Information technology						
15	Royalties						
16	Occupancy	303,363	272,597	30,766			
17	Travel	83,320	73,577	9,743			
18	Payments of travel or entertainment expenses for any Federal, state or local public officials						
19	Conferences, conventions and meetings	195		195			
20	Interest						
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	111,920	61,594	50,326			
23	Insurance	218,515	204,923	13,592			
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	equipment rental & main	1,528,651	1,493,655	34,996			
ь	Bad Debts	243,008	243,008				
c	TAXES AND LICENSES	100,699	105,005	-4,306			
d	DUES AND SUBSCRIPTIONS	96,779	35,544	61,235			
e	GIFTS AND Entertainment	10,942	6,469	4,473			
f	All other expenses	24,270	9,898	14,372			
25	Total functional expenses. Add lines 1 through 24f	17,602,340	15,397,795	2,204,545	0		
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				999 (2008)		

Part X	Balance	Sheet

					(A) Beginning of year		(B End of	
	1	Cash—non-interest-bearing			4,171,279	1		6.929.219
	2	Savings and temporary cash investments	•		,,,	2		
	3	Pledges and grants receivable, net	•			3		
	4	Accounts receivable, net	•		3,110,071	4		1,856,035
	5	Receivables from current and former officers, directors, trustees	kev	employees or	0,110,011	-		
	_	other related parties $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	•	•		5		
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of				6		
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use			89,508	8		93,017
ţs	9	Prepaid expenses and deferred charges			95,502	9		107,002
Assets	10a	Land, buildings, and equipment cost basis	<sub>10a</sub>	1,828,979				
•	Ь	Less accumulated depreciation Complete Part VI of Schedule D	10b	1,369,251	406,289	10c		459,728
	11	Investments—publicly traded securities			·	11		· · ·
	12	Investments—other securities See Part IV, line 11 Complete Pa Schedule D	rt VII	of		12		
	13	Investments—program-related See Part IV, line 11 Complete Part IV, line IV,	art VIl	I	35,663,059	13	3	5,672,868
	14					14		
	15	Intangible assets Other assets See Part IV , line 11 Complete Part IX of Schedule			304,146			546,307
		D				15		
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)			43,839,854	16	4	5,664,176
	17	Accounts payable and accrued expenses .	297,265	17		328,231		
	18	Grants payable			18			
	19	Deferred revenue				19		
S	20	Tax-exempt bond liabilities				20		
tìe	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				.		
Ţ		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			15,829	25		288,576
	26	<b>Total liabilities.</b> Add lines 17 through 25			313,094	26		616,807
es		Organizations that follow SFAS 117, check here ▶	lete li	nes 27				
anc	27	Unrestricted net assets			43,526,760	27	4	5,047,369
Balance	28	Temporarily restricted net assets				28		
E E	29	Permanently restricted net assets				29		
Fund		Organizations that do not follow SFAS 117, check here ▶   an	d com	plete				
or F		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			43,526,760	33	4	5,047,369
_	34	Total liabilities and net assets/fund balances			43,839,854	34	4	5,664,176
Pa	rt XI	Financial Statements and Reporting						
							Yes	No


L	Accounting method used to prepare the Form 990		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	No
b	Were the organization's financial statements audited by an independent accountant?	2b	Νo
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	
За	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	

## **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.

OMB No 1545-0047

2008

Open to Public Inspection

		ne organization DRGIA HEALTH SYSTEMS INC	Employer identif	ication nu	ımber		
LIVITA	AL OLC		58-2149127				
Par	tΙ	Reason for Public Charity Status (to be completed by all organizations) (Se		5)			
he o	ganız	zation is not a private foundation because it is (Please check only <b>one</b> organization )					
1	$\Gamma$	A church, convention of churches, or association of churches described in Section 170(b)	1)(A)(i).				
2	$\Gamma$	A school described in <b>Section 170(b)(1)(A)(ii).</b> (Attach Schedule E)					
3	$\sqcap$	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A	)(iii). (Attach So	hedule H	)		
4	$\Gamma$	A medical research organization operated in conjunction with a hospital described in Section	n 170(b)(1)(A)	(iii). Ente	r the		
		hospital's name, city, and state					
5	$\Gamma$	An organization operated for the benefit of a college or university owned or operated by a go	vernmental unit	describe	d ın		
	Section 170(b)(1)(A)(iv). (Complete Part II)						
6	$\Gamma$	A federal, state, or local government or governmental unit described in Section 170(b)(1)(A	A)(v).				
7	$\Gamma$	An organization that normally receives a substantial part of its support from a governmenta	ıl unıt or from the	e general	public		
		described in Section 170(b)(1)(A)(vi) (Complete Part II )		_			
8	$\Gamma$	A community trust described in <b>Section 170(b)(1)(A)(vi)</b> (Complete Part II )					
9	$\Gamma$	An organization that normally receives (1) more than 331/3% of its support from contribut	ions, membershi	p fees, ar	nd gros	SS	
		receipts from activities related to its exempt functions—subject to certain exceptions, and					
		its support from gross investment income and unrelated business taxable income (less sec	tion 511 tax) fro	om busine	sses		
		acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part I	II)				
10	$\Gamma$	An organization organized and operated exclusively to test for public safety. See Section 50	<b>09(a)(4).</b> (See in	struction	s)		
11	<u>\</u>	An organization organized and operated exclusively for the benefit of, to perform the function one or more publicly supported organizations described in section 509(a)(1) or section 509 the box that describes the type of supporting organization and complete lines 11e through a Type I b Type II c Type III - Functionally Integrated	9(a)(2) See <b>Sec</b> 11h		a)(3).	Chec	
e	<u>~</u>	By checking this box, I certify that the organization is not controlled directly or indirectly be other than foundation managers and other than one or more publicly supported organization section 509(a)(2)	•				
f		If the organization received a written determination from the IRS that it is a Type I, Type II check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the second s		porting o	rganız	ation,	
g		following persons?	.iie				
		(i) a person who directly or indirectly controls, either alone or together with persons descri	bed ın (ıı)		Yes	No	
		and (III) below, the governing body of the the supported organization?		11g(i)		Νo	
		(ii) a family member of a person described in (i) above?		11g(ii)		Νo	
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?		11g(iii)		Νo	
h		Provide the following information about the organizations the organization supports					

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		organiz	s the ation in rganized US?	(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	
Medical Center of Central Georgia	582149128	7	Yes		Yes		Yes		0
				·					
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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					<del> </del>		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	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							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV )							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns )		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and <b>stop here</b>		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	<b>▶</b> □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and <b>stop here.</b> The organization qualifies a				,			<b>▶</b> □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				<b>▶</b> □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							<b>►</b> □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	<b>Private Foundation.</b> If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, Check this	oox an	u see	<b>▶</b> □
	ınstructions							F-1

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>(b)</b> 2005	(c) 2006	(d) 2007	<b>(e)</b> 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						
c	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>(b)</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 <b>stop here</b>						<b>▶</b> □
	manufaction of Dublic Compact 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					
Co	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	
	Facts and Circumstances Test	

Schedule A (Form 990 or 990-EZ) 2008

### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

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

	me of the organization NTRAL GEORGIA HEALTH SYSTEMS INC			Employer iden	tification number
Par		by all organizations exemple the instructions for Schedul		58-2149127 n <b>501(c) and section</b>	527
1		rganization's direct and indirect po		tivities in Part IV	
2	Political expenditures	· gameation o an est and mandet po	ntrour cumparym act	in the state of th	\$
3	Volunteer hours				
Par	t I-B To be completed for Schedule C for c	by all organizations exemp	ot under section	n <b>501(c)(3).</b> (See the	instructions
1	Enter the amount of any excis	se tax incurred by the organization	under section 4955	5	\$
2	Enter the amount of any excis	se tax incurred by organization mar	agers under sectio	n 4955	\$
3	If the organization incurred in	a section 4955 tax, did it file Forn	n 4720 for this yeai	دع	┌ Yes ┌ No
4a	Was a correction made?				┌ Yes ┌ No
ь	If "Yes," describe in Part IV				
Par		<b>by all organizations exemp</b> s for Schedule C for details.)	ot under section	n 501(c), except sect	ion 501(c)(3).
1	Enter the amount directly exp	ended by the filing organization for	section 527 exemp	pt function activities	\$
2	Enter the amount of the filing 527 exempt funtion activities	organization's internal funds contri	buted to other orga	nizations for section	\$
3	Total of direct and indirect ex 1120-POL, line 17b	empt function expenditures Add Ii	nes 1 and 2 and ent	ter here and on Form	\$
4	Did the filing organization file	Form 1120-POL for this year?			┌ Yes ┌ No
5	were made Enter the amount political contributions receive	and Employer Identification Numbe paid and indicate if the amount was ed and promptly and directly delive action committee (PAC) If additio	s paid from the filing red to a separate po	g organization's own interna olitical organization, such a	l funds or were s a separate
	(a) Name	( <b>b</b> ) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0-	(e) A mount of political contributions receive and promptly and directly delivered to a separate political organization If none enter - 0 -
				+	

**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—		oly	(a) Filing Organization's Totals	( <b>b)</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	orting	┌ 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>(b)</b> 2006	(c) 2007	( <b>d)</b> 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
	<b>5768 (election under section 501(h)).</b> (See the instructions for Schedule C for details.)

		(a	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?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?	Yes		
С	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
е	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?	Yes		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo	
i	Other activities If "Yes," describe in Part IV	Yes		7,124
j	Total lines 1c through		'	7,124
	11			
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$ ?		Νo	
b	If "Yes" enter the amount of any tax incurred under section 4912			
С	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Par	t TII-A. To be completed by all organizations exempt under section $501(c)(4)$	section	501(c	)(5) or

## 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	Lobbying expenses Included in the Dues paid to various organizations and mileage/parking expenses for officer to attend Trauma Day at the Capital

1 \$

Part IV Supplemental I	nformation	
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

	me of the organization ITRAL GEORGIA HEALTH SYSTEMS INC		Employer identification number
CEI	LIVE OFONOTA LIFEFUL SESTING		58-2149127
Pā	organizations Maintaining Donor A organization answered "Yes" to Form 99		unds or Accounts. Complete if the
		(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 adv funds are the organization's property, subject to the	5	oradvised Yes No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the berimpermissible private benefit?		
Pa	rt III Conservation Easements. Complete	if the organization answered "Yes" to	o Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the o  Preservation of land for public use (e.g., recreat  Protection of natural habitat  Preservation of open space	cion or pleasure) Preservation of an	historically importantly land area rtified historic structure
2	Complete lines 2a-2d if the organization held a qual on the last day of the tax year	lified conservation contribution in the form	of a conservation easement
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement	ts	2b
С	Number of conservation easements on a certified h	nistoric structure included in (a)	2c
d	Number of conservation easements included in (c)	acquired after 8/17/06	2d
3	Number of conservation easements modified, transfe the taxable year ►	erred, released, extinguished, or terminate	d by the organization during
4	Number of states where property subject to conserv	ation easement is located ►	
5	Does the organization have a written policy regardin enforcement of the conservation easements it holds		ations, and Yes No
6	Staff or volunteer hours devoted to monitoring, inspe	ecting and enforcing easements during the	year <b>►</b>
7	A mount of expenses incurred in monitoring, inspecti	ing, and enforcing easements during the ye	ear ► \$
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sec	tion Yes No
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation eases	the footnote to the organization's financial	·
Pai	Complete if the organization answered		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 fil	d for public exhibition, education or researc	ch 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 item	public exhibition, education, or research in	•
	(i) Revenues included in Form 990, Part VIII, line 1	1	<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		<b>►</b> \$
2	If the organization received or held works of art, hist following amounts required to be reported under SFA		or financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$
b	Assets included in Form 990, Part X		<b>▶</b> -\$

Part	Organizations Maintaining Co	llections of Art, H	Histo	ric	al Treasu	res, or Othe	<u>r Similar Asse</u>	ts (cor	ntınued)
3	Using the organization's accession and other items (check all that apply)	r records, check any o	fthe	follo	owing that are	a sıgnıfıcant u	se of its collectior	1	
а	Public exhibition	•	d [	_	Loan or exch	ange programs			
b	Scholarly research		e ſ	_	Other				
c	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how t	hey	further the o	rganızatıon's ex	empt purpose in		
5	During the year, did the organization solicit cassets to be sold to raise funds rather than t						ular	Yes	Г No
Par	Part IV, line 9, or reported an an	Arrangements. Co	omple	ete	ıf the orgai		ered "Yes" to Fo	rm 99	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ıntermedıa	ary fo	rcc	ntributions o	r other assets 1		Yes	Г No
b	If "Yes," explain why in Part XIV and comple	te the following table							
							A mou	nt	
С	Beginning balance					1c			
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 2	17				Γ.	Yes	∏ No
b	If "Yes," explain the arrangement in Part XIV								
Pai	t V Endowment Funds. Complete								
4	D	(a)Current Year	<b>(b)</b> Pri	ior Y	ear <b>(c)</b> Two	Years Back (d)	Three Years Back (e)	Four Ye	ars Back
1a	Beginning of year balance								
b	Contributions								
C	Investment earnings or losses								
d	Grants or scholarships Other expenditures for facilities								
е	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the yea	r end balance held as							
а	Board designated or quasi-endowment								
ь	Permanent endowment ►								
c	Term endowment ►								
3a	Are there endowment funds not in the posses organization by	ssion of the organization	on tha	at a	re held and ac	dmınıstered for	the	Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		
	If "Yes" to 3a(II), are the related organization						3b		
4	Describe in Part XIV the intended uses of the								
Par	VI Investments—Land, Buildings	s, and Equipment	: <u>. See</u>			•			
	Description of investment				Cost or other s (investment)	(b)Cost or other basis (other)	(c) Depreciation	( <b>d</b> ) Boo	ok value
1a	and		L				<u>,</u>		
b	Buildings		L						
_	easehold improvements		.						
_			1				1		
	Equipment		•			1,828,979	1,369,251		459,728
d e	Equipment		•			· ·	1,369,251		459,728 459,728

uncertain tax positions under FIN 48

(a) Description of security or cateory		(c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
nancıal derivatives and other financıal products		
osely-held equity interests		
ther		
otal. (Column (b) should equal Form 990, Part X, col (B) line 12	\ he	
ttal. (Column (b) Should equal Form 990, Part X, Col (b) line 12	, -	
art VIII Investments—Program Related.	See Form 990, Part X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation
nvestments in Subsidiaries	22 777 760	Cost or end-of-year market value
ovestment in Secure Health Plan of Central gA	32,777,769	
nvestment in American Eagle	1,336,478 1,558,621	
ivestillent in American Lagie	1,330,621	
otal. (Column (b) should equal Form 990, Part X, col (B) line 13 ,	35,672,868	
Part IX Other Assets. See Form 990, Part X		
<b>(a)</b> Des	scription	(b) Book value
otal. (Column (b) should equal Form 990, Part X, col.(B) l		
Part X Other Liabilities. See Form 990, Pa	i ·	
(a) Description of Liability	(b) A mount	
ederal Income Taxes	222.575	
ue from affiliates	288,576	
	<u> </u>	
otal. (Column (b) should equal Form 990, Part X, col (B) line 25	· · · · · · · · · · · · · · · · · · ·	
Part XIV, provide the text of the footnote to the orga	nization's financial statements that	reports the organization's liability for

Par	t XI Reconciliation of C	hange in Net Assets from Forr	<u>n 990 to Financial State</u>	ments	
1	Total revenue (Form 990, Part			1	
2	Total expenses (Form 990, Par	t IX, column (A), line 25)		2	
3	Excess or (deficit) for the year	Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) o	n investments		4	
5	Donated services and use of fa	cilities		5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lir	nes 4 - 8		9	
10	Excess or (deficit) for the year	per financial statements Combine lines	s 3 and 9	10	
Part		evenue per Audited Financial		ue per Return	
1	Total revenue, gains, and othe	r support per audited financial stateme	nts	1	
2	Amounts included on line 1 bu	it not on Form 990, Part VIII, line 12			
а	Net unrealized gains on invest	ments	. 2a		
b	Donated services and use of fa	acılıtıes	. 2b		
c	Recoveries of prior year grants	s	. 2c		
d	Other (Describe in Part XIV)		. 2d		
e	Add lines <b>2a</b> through <b>2d</b> .			. 2e	
3	Subtract line ${f 2e}$ from line ${f 1}$ .			. 3	
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1			
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	. 4a		
b	Other (Describe in Part XIV)		4b		
c	Add lines <b>4a</b> and <b>4b</b>			. 4c	
5		d <b>4c.</b> (This should equal Form 990, Par			
		xpenses per Audited Financia			
1		r audited financial statements		. 1	
2		it not on Form 990, Part IX, line 25	1 - 1		
а		acılıtıes			
b			2b		
с		, Part IX, line 25	2c		
d	Other (Describe in Part XIV)		. 2d	<b></b>   <u>-</u>	
e ~	Add lines 2a through 2d			. 2e	
3	Subtract line 2e from line 1 .			. 3	
4		0, Part IX, line 25, but not on line 1:	4-		
a L		uded on Form 990, Part VIII, line 7b		<del> </del>	
b	Other (Describe in Part XIV)  Add lines <b>4a</b> and <b>4b</b>		. 4b	4c	
с 5		nd <b>4c.</b> (This should equal Form 990, Pa	rt I line 10 \	. 5	
	t XIV Supplemental Inf		nt 1, iiiie 16 )	.   3	
Com	plete this part to provide the des	scriptions required for Part II, lines 3, 5, Part XII, lines 3, 5, Part XII, lines 2d and 4b, and Part XI		4, Part XIV, lines 1b and	2b,
	Ident if ier	Return Reference	Ехр	lanat ion	

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DLN: 93493228021210

OMB No 1545-0047

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## **SCHEDULE H** (Form 990)

Department of the Treasury Internal Revenue Service

▶ To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20. ► Attach to Form 990.

**Hospitals** 

Name of the organization CENTRAL GEORGIA HEALTH SYSTEMS INC **Employer identification number** 

58-2149127 Charity Care and Certain Other Community Benefits at Cost (Optional for 2008) Yes No 1a Does the organization have a charity care policy? If "No," skip to question 6a . . . . . . . . . . . . **1**a 1b If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals Applied uniformly to all hospitals Applied uniformly to most hospitals Generally tailored to individual hospitals Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care 3a T 100% T 200% Other Does the organization use FPG to determine eligibility for providing discounted care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care . . . . . 3b If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care Does the organization's policy provide free or discounted care to the "medically indigent"? . . . . . . . Does the organization budget amounts for free or discounted care provided under its charity care policy? . . . . 5a If "Yes," did the organization's charity care expenses exceed the budgeted amount? . . . . If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted 5с **6a** Does the organization prepare an annual community benefit report? Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H Charity Care and Certain Other Community Benefits at Cost (a) Number of **Charity Care and** (b) Persons activities or (c) Total community (d) Direct offsetting (e) Net community benefit (f) Percent of **Means-Tested Government** served total expense benefit expense revenue expense programs (optional) **Programs** (optional) Charity care at cost (from worksheets 1 and 2) Unreimbursed Medicaid (from worksheet 3. column a) Unreimbursed costs-other means-tested government programs (from Worksheet 3, column b) d Total Charity Care and Means-Tested Government Programs Other Benefits Community health improvement services and community benefit operations (from (worksheet 4) . . . Health professions education (from worksheet 5) . . Subsidized health services (from worksheet 6) . . Research (from worksheet 7) Cash and in-kind contributions to community groups (from worksheet 8)

j Total Other Benefits . . . k Total (line 7d and 7j) . .

activities) (Optional i	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsett revenue	(e) Net communit building expense		(f) Perc total ex	
1 Physical improvements and housing								
2 Economic development								
3 Community support								
4 Environmental improvements								
5 Leadership development and training								
for community members								
<ul><li>Coalition building</li><li>Community health improvement</li></ul>								
advocacy								
Workforce development  Other								
9 Other 0 Total								
Part IIII Bad Debt, Medicar	e, and Coll	ection Pract	tices (Optional fo	or 2008)				
1 Does the organization report b Statement No 15?	zation's bad de the organizate under the organizate under the organizate under the footnote to no methodological methodologica	ebt expense (ar lon's bad debt expense (ar lon's bad debt expense) and the organization of the organizatio	t cost)	anents that describes reported on lines  5  6  7  be treated as commine 6 and indicates  Other  Cother  Illection practices cribe in Part VI	pes bad debt expense s 2 and 3, or rationale munity benefit, and which of the	9a 9b		
Management Com  (a) Name of entity		Doint Ventu     Description of practivity of entity	rimary	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	pro	e) Physion of it % or wnership	r stock
1								
2						1		
· I								
						-		
3								
<u> </u>								
1								
	<u> </u>					-		
3								
9							_	
10								
1								
L &			I		i .	1		
						+		
12								

Part V Facility Information (Required for 200	8)								
Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Ortical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Central GA Rehabilitation Hospital Inc 3351 Northside Drive Macon,GA 31210	х								Rehabilitation

Schedule H (Form 990) 2008

P	art VI Supplemental Information (Optional for 2008)
	mplete this part to provide the following information
	Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions
_	
_	
_	
_	
_	
_	
2	<b>Needs Assessment.</b> Describe how the organization assesses the health care needs of the communities it serves
_	
3	Patient Education of Eligibility for Assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy
_	
4	<b>Community Information.</b> Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
_	
_	
5	Community Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves
_	
_	
6	Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )
_	
_	
7	If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served
	Francisco de contratina de con
_	
_	
8	If applicable, identify all states with which the organization, or a related organization, files a community benefit report

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule I

DLN: 93493228021210 OMB No 1545-0047

(Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Open to Public

Internal Revenue Service	Complete	if the organization answ	vered "Yes," on Form 99 ——————	0, Part IV, lines 21 or	22. Attach to Form 990.	Franciscon identi	Inspection
CENTRAL GEORGIA HEALTH	SYSTEMS INC					' '	ilcation number
Part I General Inform	mation on Gran	nts and Assistance				58-2149127	
<ul> <li>Does the organization mathe selection criteria uses</li> <li>Describe in Part IV the organization mathematical part II</li> <li>Grants and Otle Form 990, Part I Part IV and School</li> </ul>	intain records to s d to award the gran rganization's proce her <b>Assistance</b> [V, line 21 for an edule I-1 if addit	ubstantiate the amount ts or assistance? dures for monitoring the <b>to Governments</b> a y recipient that rece	of the grants or assista	in the United States  in the United State  30. Check this box		rganization answere	ed "Yes" on
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
A merican Cancer SocietyPO BO X 4406 Macon, GA 31208	58-0659875	501c3	5,900				Youth, Golf and Comfort Station Sponsorships
A merican Heart Association PO BOX 2065 macon, GA 31203	13-5613797	501c3	5,500				2009 Cardiac Cafe Sponsorships
Cherry Blossom Festival794 Cherry Street Macon, GA 31203	58-1648127	501c3	10,000				2009 Fashion Show, Tunes & Balloons Sponsorships
Grand Opera House400 Poplar Street Macon, GA 31203	58-0566167	501c3	7,127				Macon Civic Club, PCS Leadership Sponsorships
Greator Macon Chamber of CommercePO Box 169 Macon, GA 31202	58-0333200	501c6	8,065				2009 Sponsorships for City of Macon fund raisers
Susan G Komen Breast Cancer Inc248 Tom Hill Sr Blvd Macon, GA 31210	75-2881536	501c3	10,100				Race for the Cure - Breast Cancer A wareness
MEDICAL CENTER OF CENTRAL GA691 Cherry Street Macon, GA 31201	58-2149128	501c3	971,748				Intercomapany
2 Enter total number of sec				_	_		7
organizations							<b>&gt;</b>

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, F	art IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> 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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 CGHS requires all organizations that receive sponsorships to present their 501c(3) letter as proof of their Non Profit status

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DLN: 93493228021210

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

## **Compensation Information**

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

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

2008

Open to Public Inspection

Name of the organization

CENTRAL GEORGIA HEALTH SYSTEMS INC

**Employer identification number** 

58-2149127

Pa	rt I Questions Regarding Compensation	n				
					Yes	Νο
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II					
	First class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	고				
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a v provision of all the expenses described above? If "			1b		No
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2		No
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t		·			
	Compensation committee	고	Written employment contract			
	Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	, Part VII	I, Section A, line 1a			
а	Receive a severance payment or change of control	payment	t?	4a	Yes	
b	Participate in, or receive payment from, a suppleme	ental non	qualified retirement plan?	4b	Yes	
С	Participate in, or receive payment from, an equity-	based co	mpensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must c	omplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a,	, 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 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νο
	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,"			7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III			8		No

### 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 & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
A DONALD FAULK JR	(ı) (ıı)	609,877		325,680 600	56,875	10,380	1,002,812 600	183,153	
KENNETH b BANKS	(I) (II)	238,917		161,832	23,575	13,987	438,311	70,892	
RHONDA S PERRY	(ı) (ıı)	349,464		159,616	28,575	13,255	550,910	95,279	
ELBERT T MCQUEEN	(ı) (ıı)	172,324		61,447	2,828	13,255	249,854		
V anessa E Walker	(ı) (ıı)	99,135		63,110	4,621	10,609	177,475		
-	(ii)								
	(i) (ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i) (ii)								
	(i)								
	(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	Ret urn Ref erence	Explanation
	Part I, Line 1a	Rhonda Perry \$403 (luncheon club dues)
	Part I, Line 4a	Severance Payments Vanessa E Walker - \$15,490 Part I, Line 4b Employer payment from 457 (f) Executive Supplemental Retirement Plan A Donald Faulk, Jr \$183,153 Rhonda S Perry \$95,279 Kenneth Banks \$70,892

## OMB No 1545-0047

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## **SCHEDULE 0**

Department of the Treasury Internal Revenue Service

(Form 990)

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

**Supplemental Information to Form 990** 

Inspection

Name of the organization CENTRAL GEORGIA HEALTH SYSTEMS INC

**Employer identification number** 

58-2149127

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The form 990 was prepared by an independent certified public accountant and reviewed by Central Georgia Health System, Inc 's financial management. A copy of the form 990 was provided to each board member prior to filing the return with the internal revenue service.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		The department of Audit and Compliance issues COI disclosure forms annually to our board members, administration and directors. Audit and Compliance receives, reviews and documents all potential conflicts (perceived and real.) The results are taken to the Compliance Committee where the real conflicts are discussed and a plan for corrective action is developed. The corrective action recommendations are taken to the various boards and administration for implementation. Any time a change in a relationship or new potential conflict evolves, the individual must amend their COI disclosure form

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The Compensation Committee of the Board of Directors engages an executive consulting firm every 2-3 years to review and provide recommendations regarding total compensation and benefits for the executive leadership team Base compensation, incentive compensation, and benefits are included in the review. The executive consultants review ed organization structure, individual job descriptions, and discussed scope of leadership and span of control with HR, the COO, and the CEO as a part of the process to determine proper placement of the pay grade and level of participation in incentive and benefits programs. The Compensation Committee periodically reaffirms the total compensation philosophy which targets the 75th percentile of total compensation for our leadership team. The peer group used is national hospitals and health systems of similar size and scope. Key Employees and others outside of the Executive Leadership Team have compensation set by HR guidelines and/or market compensation studies.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		CGHS provides copies of its governing and other corporate documents upon request

ldentifier	Return Reference	Explanation
FORM 990, PART XI, LINE 2B, CONSOLIDATED AUDITED FINANCIAL STATEMENTS		Although the organization does not receive stand alone gaap financial statements it does receive on an annual basis from independent auditors consolidated entity gaap financial statements for it and its affiliates

ldentifier	Return Reference	Explanation
Form 990, Part XI, Line 2C		The organization has a committee that assumes responsibility for oversight of the audit of its financial statements and selection of an independent accountant

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, Line 11		Vanessa E Walker 310 Old Monticello Road Milledgeville, GA 31061

DLN: 93493228021210

OMB No 1545-0047

Open to Public Inspection

## **Related Organizations and Unrelated Partnerships**

**SCHEDULE R** (Form 990)

> Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** CENTRAL GEORGIA HEALTH SYSTEMS INC 58-2149127

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	<b>(D)</b> Total income	<b>(E)</b> End-of-year assets	<b>(F)</b> Direct controlling entity
Central GA Rehab Hospital LLC 691 cherry street Macon, GA 31201 30-0371539	Rehabilitation Services	GA	16,896,000	8,467,000	N/A

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	( <b>D</b> ) Exempt Code section	(E) Public charity status (if section 501(c)(3))	<b>(F)</b> Direct controlling entity
Central Georgia Senior Health Inc 691 Cherry Street Suite 400 Macon, GA31201 58-2345439	Retirement Community	GA	501c(3)	11	N/A
Health Services of Central Georgia Inc 691 Cherry Street Suite 400 macon, GA31201 58-2307485	Health Care Provider	GA	501c(3)	3	N/A
Medcen Community Health Foundation Inc 858 High Street macon, GA31201 23-7363555	Fundraising	GA	501c(3)	7	N/A
Medical Center of Central Georgia Inc 691 Cherry Street Suite 400 macon, GA31201 58-2149128	Hospital	GA	501c(3)	3	N/A

Part IIII Ident	ification of Related	Organizations	Taxable as a	Partnership
-----------------	----------------------	---------------	--------------	-------------

(A) Name, address, and EIN of related organization	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	<b>(D)</b> Direct controlling entity	<b>(E)</b> Predominant income(related, investment, unrelated)	<b>(F)</b> Share of total income	<b>(G)</b> Share of end-of-year assets	(H Disprop allocat	rtionate	(I) Code V—UBI amount on Box 20 of K-1	Gen- mar	( <b>J)</b> eral or naging tner?
							Yes	No		Yes	No
Central Georgia PET LLC 1650 Hardeman Avenue macon, GA31201 31-1464470	Medical Imaging Center	GΔ	Medical Center of Central Georgia Inc	Related				No			No
Secure Health Plans of Georgia Inc 3920 Arkwright Road Suite 400 macon, GA31208 58-2306549	Managed Care	GA	N/A	related	2,837,098	2,895,074		No			No
MLM Index Fund - Unleveraged Series  47 Hulfish St 5th Floor Princeton, NJ08542 22-2597229	Investments	NJ	N/A	Investment	4,702,479	45,680,434		No			No

Part IV	Identification o	of Related (	Organizations	Taxable as a (	Corporation or T	rust

(A) Name, address, and EIN of related organization	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	<b>(D)</b> Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	<b>(H)</b> Percentage ownership
Central Georgia Health Ventures Inc 691 Cherry Street macon, GA31201 58-2164989	Management	GA	N/A	С	4,914,354	6,512,945	100 000 %
Central Georgia Home Care Services Inc 691 Cherry Street macon, GA31201 58-2457422	Medical Equipment Sales	GA	CGHV	С	3,340,783	2,235,482	100 000 %
Centra Indemnity LTD PO Box 1363 Grand Cayman, Grand Cayman CJ	Insurance	CJ	CGHS		50,454	4,836,501	100 000 %
Centra Professional Indemnity LTD pO Box 1363 grand Cayman, grand Cayman CJ	insurance	CJ	CGHS		11,144,464	92,662,108	100 000 %
American Eagle Insurance Co RRG 40 Main Street Suite 500 Burlington, VT05401 16-1645557	Risk Management	VT	N/A	С			95 000 %
				,			

(6)

Part V Transactions	with Related	Organizations

Pai	Transactions with Related Organizations					
	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
<b>1</b> Du	ring the tax year, did the orgranization engage in any of the following transactio	ns with one or more related organizations listed in Parts II-	IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled en	tity		1a		No
b	Gift, grant, or capital contribution to other organization(s)			1b		No
c	Gift, grant, or capital contribution from other organization(s)			1c	Yes	
d	Loans or loan guarantees to or for other organization(s)			1d	Yes	
e	Loans or loan guarantees by other organization(s)			1e	Yes	
f	Sale of assets to other organization(s)			1f		No
g	Purchase of assets from other organization(s)			1g		No
h	Exchange of assets			<b>1</b> h		No
i	_ease of facilities, equipment, or other assets to other organization(s)			<b>1</b> i		No
j	Lease of facilities, equipment, or other assets from other organization(s)			1j	Yes	
k	Performance of services or membership or fundraising solicitations for other or	ganızatıon(s)		1k		No
I	Performance of services or membership or fundraising solicitations by other org	ganization(s)		11		No
m	Sharing of facilities, equipment, mailing lists, or other assets			1m	Yes	
n	Sharing of paid employees			<b>1</b> n	Yes	
0	Reimbursement paid to other organization for expenses			10	Yes	
р	Reimbursement paid by other organization for expenses			<b>1</b> p	Yes	
q	O ther transfer of cash or property to other organization(s)			1q	Yes	
r	Other transfer of cash or property from other organization(s)			1r	Yes	
2	If the answer to any of the above is "Yes," see the instructions for information o	on who must complete this line, including covered relationsh	nips and transaction thresholds			
	(A)	<b>(B)</b> Transaction	(C)			
	Name of other organization(s)	type(a-r)	Amount Involved			
(1)						
See						
Data	tional					
(2)	1					
(2)						
(3)						
(5)						
(4)						
,						
(5)						

### 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

									_		
<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	organizations?		(E) Share of end-of-year assets  (F) Disproprtionate allocations?			amount on Box ma 20 of K-1 pa		( <b>H)</b> General or nanaging partner?	
			Yes	No		Yes	No		Yes	No	
			•	•		•		Sabadula	D / Form		

FOTIII	990, Schedule R, Part V - Transactions with Related Organizations (A)  Name of other organization	(B) Transaction type(a-r)	(C) A mount Involved (\$)
(1)	Medical Center of Central Georgia	0	17,058,856
(2)	medical Center of Central Georgia	С	971,748
(3)	medical Center of Central Georgia	J	1,300,000
(4)	medical Center of Central Georgia	Р	55,999
(5)	Central Georgia Health Ventures Inc	R	2,000,000
(6)	Central Georgia Home Care Services Inc	P	104,692
(7)	Centra Professional Indemnity	Q	10,678,580
(8)	Medcen Foundation Inc	С	262,541
(9)	Medical Center of Central Georgia	В	262,541
(10)	Medcen Foundation Inc	В	788,423
(11)	Medical Center of Central Georgia	С	788,423
(12)	centra Professional Indemnity	С	953,134
(13)	Medical Center of Central Georgia	E	396,147
(14)	Central Georgia Home Care Services Inc	D	62,856
(15)	Health Services of Central Georgia Inc	В	3,224,120
(16)	Medical Center of Central Georgia	С	3,224,120
(17)	Central Georgia Senior Health Inc	D	372,033
(18)	Medical Center of Central Georgia	E	372,033
(19)	Medical Center of Central Georgia	P	12,972,753
(20)	Central Georgia PET LLC	R	1,399,156
(21)	Central Georgia PET LLC	0	257,644
(22)	Medical Center of Central Georgia	I	57,756
(23)	Medical Center of Central Georgia	Q	1,341,400
(24)	Medical Center of Central Georgia	0	257,644
(25)	A merican Eagle	Q	886,425
(26)	Secure Health	Q	2,234,958
(27)	Medical Center of Central Georgia	R	3,121,383
(28)	Health Services of Central Georgia Inc	0	9,181,314
(29)	Health Services of Central Georgia Inc	Р	12,001,929
(30)	Health Services of Central Georgia Inc	N	50,935

Form 9	Form 990, Schedule R, Part V - Transactions with Related Organizations							
	(A) Name of other organization	<b>(B)</b> Transaction type(a-r)	(C) A mount Involved (\$)					
(31)	Health Services of Central Georgia Inc	J	353,706					
(32)	Medical Center of Central Georgia	Р	9,130,379					
(33)	Medical Center of Central Georgia	0	12,001,929					
(34)	Medical Center of Central Georgia	I	353,706					
(35)	Central Georgia Health Ventures Inc	Р	50,935					
(36)	Medical Center of Central Georgia	Q	56,624					
(37)	Medcen Foundation Inc	Р	1,205,511					
(38)	Medcen Foundation Inc	J	53,070					
(39)	Medcen Foundation Inc	С	1,258,581					
(40)	Medical Center of Central Georgia	0	1,205,511					
(41)	Medical Center of Central Georgia	I	53,070					
(42)	Central Georgia Senior Health Inc	Р	312,983					
(43)	Central Georgia Senior Health Inc	0	485,835					
(44)	Medical Center of Central Georgia	0	312,983					
(45)	Medical Center of Central Georgia	Р	485,835					
(46)	Central Georgia Health Ventures Inc	0	191,640					
(47)	Central Georgia Health Ventures Inc	Р	142,648					
(48)	Medical Center of Central Georgia	Р	191,640					
(49)	Medical Center of Central Georgia	0	142,648					
(50)	Central Georgia Home Care Services Inc	0	2,942,442					
(51)	Central Georgia Home Care Services Inc	J	59,196					
(52)	Central Georgia Home Care Services Inc	N	180,000					
(53)	Central Georgia Home Care Services Inc	Р	3,071,866					
(54)	Medical Center of Central Georgia	Р	2,942,442					
(55)	Medical Center of Central Georgia	I	59,196					
(56)	Medical Center of Central Georgia	0	3,071,866					

### **Additional Data**

Software ID: Software Version:

**EIN:** 58-2149127

Name: CENTRAL GEORGIA HEALTH SYSTEMS INC

### Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a Medicare/Medicaid Reve	621,990	15,241,758	15,241,758		
<b>b</b> SUPPORT REVENUE	541,200	2,307,938	2,239,589	68,349	
c PATIENT REVENUE	621,990	1,591,144	1,591,144		
<b>d</b> Cafeteria Sales	621,990	33,810	33,810		
e Other Revenue	621,990	28,951	28,951		