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## Short Form

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-1150

2009

Open to Public  
Inspection

Form 990-EZ

Department of the Treasury  
Internal Revenue Service

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable Address change Name change Initial return Terminated Amended return Application pending	C Name of organization <b>CANDLER MEDICAL STAFF FOUNDATION, INC.</b>	D Employer identification number <b>26-2778921</b>
	Number and street (or P O box, if mail is not delivered to street address) <b>5353 REYNOLDS STREET</b>	E Room/suite Telephone number <b>912-819-5757</b>
	City or town, state or country, and ZIP + 4 <b>SAVANNAH, GA 31405</b>	F Group Exemption Number ►

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method  Cash  Accrual  
Other (specify) ►

I Website: ► N/A

H Check ►  if the organization is notJ Tax-exempt status (check only one) —  501(c)(6) ◀ (insert no)  4947(a)(1) or  527

required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete returnL Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **85,213.**

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

1 Contributions, gifts, grants, and similar amounts received	1
2 Program service revenue including government fees and contracts	2
3 Membership dues and assessments	3 <b>80,100.</b>
4 Investment income	4 <b>5,113.</b>
5a Gross amount from sale of assets other than inventory	5a
b Less cost or other basis and sales expenses	5b
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	
a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a
b Less direct expenses other than fundraising expenses	6b
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c
7a Gross sales of inventory, less returns and allowances	7a
b Less cost of goods sold	7b
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
8 Other revenue (describe ► )	8
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 <b>85,213.</b>
10 Grants and similar amounts paid (attach schedule)	10 <b>56,123.</b>
11 Benefits paid to or for members	11
12 Salaries, other compensation, and employee benefits	12
13 Professional fees and other payments to independent contractors	13 <b>21,256.</b>
14 Occupancy, rent, utilities, and maintenance	14
15 Printing, publications, postage, and shipping	15
16 Other expenses (describe ► )	16 <b>3,974.</b>
17 Total expenses. Add lines 10 through 16	17 <b>81,353.</b>
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 <b>3,860.</b>
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 <b>425,259.</b>
20 Other changes in net assets or fund balances (attach explanation)	20 <b>62.</b>
21 Net assets or fund balances at end of year Combine lines 18 through 20	21 <b>429,181.</b>

## Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	422,460.	22 <b>426,027.</b>
23 Land and buildings		23
24 Other assets (describe ► )	2,799.	24 <b>3,154.</b>
25 Total assets	425,259.	25 <b>429,181.</b>
26 Total liabilities (describe ► )	0.	26 <b>0.</b>
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	425,259.	27 <b>429,181.</b>

932171  
02-08-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

CANDLER MEDICAL STAFF  
FOUNDATION, INC.

**Form 990-EZ (2009)**

26-2778921

Page 2

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

## Expenses

(Required for section 501(c)(3)  
and 501(c)(4) organizations and  
section 4947(a)(1) trusts, optional  
for others.)

What is the organization's primary exempt purpose? SEE STATEMENT 8

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**28 SEE STATEMENT 6**

28a

29 EDUCATION OF MEDICAL STAFF LEADERSHIP BY PROVISION OF  
EDUCATIONAL MATERIALS, MEETINGS AND CONSULTATION FEES  
WHICH BENEFIT THE ENTIRE MEDICAL STAFF AND LEADERSHIP

29a

30 SEE STATEMENT 7

30a

**31 Other program services (attach schedule)**

312

**32 Total program service expenses (add lines 28a through 31a)**

32

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JAMES BAZEMORE, MD, 5353 REYNOLDS STREET, SAVANNAH, GA 31405	PRESIDENT 0.50	0.	0.	0.
SUSAN MAHONEY, MD, 5353 REYNOLDS STREET, SAVANNAH, GA 31405	VICE PRESIDENT 0.50	0.	0.	0.
M. DOUGLAS MULLINS, MD, 5353 REYNOLDS STREET, SAVANNAH, GA 31405	SECRETARY/TREASURER 0.50	0.	0.	0.

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity  **33**  X

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes  **34**  X

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?  **35a**  X

b If "Yes," has it filed a tax return on Form 990-T for this year?  **35b**  N/A

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch N  **36**  X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions  **37a**  0.

b Did the organization file Form 1120-POL for this year?  **37b**  X

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?  **38a**  X

b If "Yes," complete Schedule L, Part II and enter the total amount involved  **38b**  N/A

39 Section 501(c)(7) organizations Enter  **39a**  N/A

a Initiation fees and capital contributions included on line 9  **39b**  N/A

b Gross receipts, included on line 9, for public use of club facilities

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911  **40a**  N/A, section 4912  **40a**  N/A, section 4955  **40a**  N/A

b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  **40b**  N/A

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  **40c**  N/A

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization  **40d**  N/A

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  **40e**  X

41 List the states with which a copy of this return is filed  **41**  GA42a The organization's books are in care of  **42a**  THE ORGANIZATION Telephone no  **42a**  912-819-5757  
Located at  **42a**  5353 REYNOLDS STREET, SAVANNAH, GA ZIP + 4  **42a**  31405b 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)?  **42b**  XIf "Yes," enter the name of the foreign country  **42b**  \_\_\_\_\_  
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country  **42c**  X43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  **43**  **43**  N/A44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  **44**  X45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ  **45**  X

**Part VI**

**Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46 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 Yes  No  46

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a

b If "Yes," was the related organization a section 527 organization? 49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" 50

(a) Name and address of each employee paid more than \$100,000 N/A	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

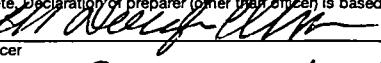
f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" 51

N/A

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ►

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		Date 8/10/2010
	Signature of officer 	Type or print name and title M. DOUGLAS MULLINS MD	

Paid Preparer's Use Only	Preparer's signature 	Date AUG 10 2010	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instr)
	Firm's name (or yours if self-employed, address, and ZIP + 4) REED, QUINN & MCCLURE, LLC, CPAS 6055 ATLANTIC BLVD SUITE A-1 NORCROSS GA 30071			EIN <input type="checkbox"/> Phone <input type="checkbox"/> no 7704499144

May the IRS discuss this return with the preparer shown above? See instructions

►  Yes  No

Form 990-EZ (2009)

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
DESCRIPTION		AMOUNT
BANK FEES		119.
GIFTS		500.
MEETINGS		600.
CONTRIBUTIONS		1,502.
MISCELLANEOUS		1,253.
TOTAL TO FORM 990-EZ, LINE 16		3,974.

FORM 990-EZ	OTHER ASSETS	STATEMENT 2
DESCRIPTION	BEG. OF YEAR	END OF YEAR
WITHHOLDING RECEIVABLE	2,799.	2,799.
ACCRUED INTEREST PAID	0.	355.
TOTAL TO FORM 990-EZ, LINE 24	2,799.	3,154.

FORM 990-EZ

PAYMENTS TO AFFILIATES

STATEMENT 3

## AFFILIATE'S NAME

CANDLER HOSPITAL, INC.

## AFFILIATES ADDRESS

5353 REYNOLDS STREET  
SAVANNAH, GA 31405

## PURPOSE OF PAYMENT

STIPENDS FOR DOCTORS

## AMOUNT

56,123.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

56,123.

FORM 990-EZ

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

STATEMENT 4

## DESCRIPTION

UNREALIZED INCOME ON INVESTMENTS

## AMOUNT

62.

TOTAL TO FORM 990-EZ, LINE 20

62.

**FORM 990-EZ**

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

**STATEMENT 5**

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

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990-EZ PG 2

STATEMENT 6

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PROMOTION OF MEDICAL STAFF LEADERSHIP, DEPARTMENTAL AND COMMITTEE WORK TO ALLOW ADVANCEMENT OF VARIOUS QUALITY IMPROVEMENT MEASURES WITHIN THE HEALTHCARE SYSTEM BY PROVIDING A CONTRIBUTION TO CANDLER HOSPITAL TO HELP OFFSET A PORTION OF STIPENDS PAID BY THE HOSPITAL.

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990-EZ PG 2

STATEMENT 7

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PARTICIPATION WITH CANDLER HOSPITAL, INC. TO MAINTAIN, ENHANCE AND IMPROVE PHYSICIAN RELATED HOSPITAL FACILITIES TO SUPPORT PHYSICIAN COMRADERIE VITAL TO ACHIEVE OPTIMAL DOCTOR TO DOCTOR COMMUNICATIONS.

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990-EZ PG 2

STATEMENT 8

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CANDLER HOSPITAL MEDICAL STAFF FOUNDATION DIRECTLY SUPPORTS THE MEDICAL STAFF IN ITS DELIVERY OF MEDICAL CARE IN THE ST. JOSEPH'S/CANDLER HEALTHCARE SYSTEM.

Application for Extension of Time To File an  
Exempt Organization Return

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ►
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete **Part II** unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ►

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for *Charities & Nonprofits*.

Type or print	Name of Exempt Organization <b>CANDLER MEDICAL STAFF FOUNDATION, INC.</b>	Employer identification number <b>26-2778921</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. <b>6055 ATLANTIC BLVD, STE A-1</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NORCROSS, GA 30071</b>	

Check type of return to be filed (file a separate application for each return).

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

## THE ORGANIZATION

- The books are in the care of ► **5353 REYNOLDS STREET – SAVANNAH, GA 31405**  
Telephone No. ► **912-819-5757** FAX No. ► \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ► . If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
►  calendar year **2009** or  
►  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$
		N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ►

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization <b>CANDLER MEDICAL STAFF FOUNDATION, INC.</b>	Employer identification number <b>26-2778921</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>6055 ATLANTIC BLVD, STE A-1</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NORCROSS, GA 30071</b>	

Check type of return to be filed (File a separate application for each return):

<input type="checkbox"/> Form 990	<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**THE ORGANIZATION**

- The books are in the care of ► **5353 REYNOLDS STREET – SAVANNAH, GA 31405**

Telephone No. ► **912-819-5757** FAX No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ► . If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2010**.

5 For calendar year **2009**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

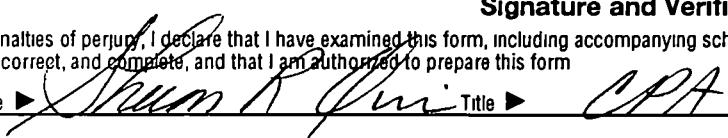
7 State in detail why you need the extension

**ADDITIONAL TIME NEEDED TO FILE AN ACCURATE TAX RETURN**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$
		N/A

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ►  Title ► **CPT**

Date ► **8/9/10**

Form 8868 (Rev. 4-2009)

AUG 9 2010