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Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2010****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

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

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

**A For the 2010 calendar year, or tax year beginning****07/01, 2010, and ending****06/30, 2011****B** Check if applicable:

☐ Address change

☒ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

**C** Name of organization

PIEDMONT HEALTHCARE FOUNDATION, INC.

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

Room/suite

1968 PEACHTREE ROAD, NW

City or town, state or country, and ZIP + 4

ATLANTA, GA 30309-1285

**F** Name and address of principal officer

R. TIMOTHY STACK

1968 PEACHTREE ROAD NW ATLANTA, GA 30309

**D** Employer identification number

58-1272768

**E** Telephone number

(404) 425-1303

**G** Gross receipts \$ 10,517,396.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No" attach a list (see instructions)

**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c)( ) (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website ▶ WWW.PIEDMONT.ORG**H(c)** Group exemption number ▶**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation 1976**M** State of legal domicile GA**C** **Part I** **Steinke****1** Briefly describe the organization's mission or most significant activities

THE PIEDMONT HEALTHCARE FOUNDATION PROVIDES THE VOLUNTEER LEADERSHIP THAT ASSURES PIEDMONT'S PHILANTHROPIC SUPPORT IS GENERATED, STEWARDED AND TRANSFORMED INTO VALUABLE GIFTS FOR ITS COMMUNITIES.

**2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets**3** Number of voting members of the governing body (Part VI, line 1a) **3** 35.**4** Number of independent voting members of the governing body (Part VI, line 1b) **4** 33.**5** Total number of individuals employed in calendar year 2010 (Part V, line 2a) **5** 0.**6** Total number of volunteers (estimate if necessary) **6** 0.**7a** Total gross unrelated business revenue from Part VIII, column (C), line 12 **7a** 0.**b** Net unrelated business taxable income from Form 990-T, line 34 **7b** 0.**8** Contributions and grants (Part VIII, line 1h) **Prior Year** 0. **Current Year** 0.**9** Program service revenue (Part VIII, line 2g) 0. 0.**10** Investment income (Part VIII, column (A), lines 3, 4, and 7d) -264,071. 1,416,193.**11** Other revenue (Part VIII, column (A), lines 5, 6, 8c, 9c, 10c, and 11e) 0. 0.**12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) -264,071. 1,416,193.**13** Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0.**14** Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.**15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 784,183. 876,886.**16a** Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.**b** Total fundraising expenses (Part IX, column (D), line 25) ▶ 0. 0.**17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 1,049,135. 770,064.**18** Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25) 1,833,318. 1,646,950.**19** Revenue less expenses - Subtract line 18 from line 12 -2,097,389. -230,757.**20** Total assets (Part X, line 16) **Beginning of Current Year** 16,443,276. **End of Year** 19,903,004.**21** Total liabilities (Part X, line 26) 7,139,350. 1,289,363.**22** Net assets or fund balances - Subtract line 21 from line 20 9,303,926. 18,613,641.**Part II** **Signature Block**

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.

**Sign Here**

Signature of officer

Date

Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name

Claire Steinke

Preparer's signature

Claire Steinke

Date

05/15/2012

Check if self-employed

☐

PTIN

P00988049

Firm's name ▶ ERNST &amp; YOUNG U.S. LLP

Firm's EIN ▶ 34-6565596

Firm's address ▶ 55 IVAN ALLEN JR BLVD STE 1000 ATLANTA, GA 30308

Phone no 404-874-8300

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☒ No**For Paperwork Reduction Act Notice, see the separate instructions.**Form **990** (2010)

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission:

THE PIEDMONT HEALTHCARE FOUNDATION PROVIDES THE VOLUNTEER LEADERSHIP  
THAT ASSURES PIEDMONT'S PHILANTHROPIC SUPPORT IS GENERATED, STEWARDED  
AND TRANSFORMED INTO VALUABLE GIFTS FOR ITS COMMUNITIES.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 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**4a** (Code: ) (Expenses \$ 1,638,709. including grants of \$ 0 ) (Revenue \$ 0 )

REALIZING THAT PIEDMONT HEALTHCARE RELIES UPON THE GENEROSITY AND  
VISION OF COMMUNITY-MINDED CITIZENS, THE PIEDMONT HEALTHCARE  
FOUNDATION PROVIDES THE VOLUNTEER LEADERSHIP THAT ASSURES  
PIEDMONT'S PHILANTHROPIC SUPPORT IS GENERATED, STEWARDED AND  
TRANSFORMED INTO VALUABLE GIFTS MEETING THE IMMEDIATE AND FUTURE  
HEALTHCARE NEEDS OF THE REGION.

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4d** Other program services. (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 1,638,709.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) . . . . .		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .		
6 Did the organization maintain any donor advised funds or any similar funds or 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 . . . . .		X
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 . . . . .		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .		X
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 . . . . .		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .	X	
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional . . . . .	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		X
14 a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV . . . . .		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV . . . . .		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV . . . . .		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .		X
20 a Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) . . . . .		

Form 990 (2010)

JSA

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**Part IV Checklist of Required Schedules (continued)**

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. . . . .	21	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III. . . . .	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. . . . .	23	X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25. . . . .	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b	
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	
25 a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. . . . .	25a	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. . . . .	25b	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II. . . . .	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III. . . . .	27	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . .	28a	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . .	28b	X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. . . . .	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. . . . .	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. . . . .	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. . . . .	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. . . . .	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. . . . .	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1. . . . .	34	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .	35	X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2. . . . .	36	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. . . . .	37	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	38	X

Form 990 (2010)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V. ☐

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <b>1a</b> 0		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? <b>1c</b>		
<b>2a</b> 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>2a</b> 0		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>2b</b>		
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? <b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. <b>3b</b>		
<b>4a</b> 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)? <b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TDF 90-22.1, Report of Foreign Bank and Financial Accounts		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? <b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? <b>5b</b>		X
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? <b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? <b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? <b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? <b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? <b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year. <b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? <b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? <b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? <b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the organization make any taxable distributions under section 4966? <b>9a</b>		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person? <b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 <b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders <b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? <b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>13a</b>		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans <b>13b</b>		
<b>c</b> Enter the amount of reserves on hand <b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? <b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. <b>14b</b>		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI ☒ X

**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year . . . . .	1a 35	
b Enter the number of voting members included in line 1a, above, who are independent . . . . .	1b 33	
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 X	
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	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	4 X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5	X
6 Does the organization have members or stockholders? . . . . .	6 X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a X	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	7b X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? . . . . .	8a X	
b Each committee with authority to act on behalf of the governing body? . . . . .	8b X	
9 Is there any officer, director, 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 . . . . .	9	X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates? . . . . .	10a	X
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? . . . . .	10b	
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b X	
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 X	
13 Does the organization have a written whistleblower policy? . . . . .	13 X	
14 Does the organization have a written document retention and destruction policy? . . . . .	14 X	
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?		
a The organization's CEO, Executive Director, or top management official . . . . .	15a X	
b Other officers or key employees of the organization . . . . .	15b X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) . . . . .		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b	

**Section C. Disclosure**

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ☒ CHARLIE HALL 1968 PEACHTREE ROAD, NW ATLANTA, GA 30309-1285  
 404-425-1303

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII. ☒ X**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week  (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ATTACHMENT 2										
(1)MS. JANE BLACK BOARD MEMBER/FORMER CHAIRMAN	1.00	X						0.	0.	0.
(2)MS. DORIS SHAHEEN BOARD MEMBER	1.00	X						0.	0.	0.
(3)DR. THOMAS HARBIN BOARD MEMBER	1.00	X						0.	0.	0.
(4)MR. MICHELE AQUINO BOARD MEMBER	1.00	X						0.	0.	0.
(5)MR. THOMAS J. ASHER BOARD MEMBER	1.00	X						0.	0.	0.
(6)MR. STEPHEN BERMAN BOARD MEMBER	1.00	X						0.	0.	0.
(7)DR. CHARLES BROWN III BOARD MEMBER	1.00	X						0.	734,762.	45,341.
(8)MS. NORMA EDENFIELD BOARD MEMBER	1.00	X						0.	0.	0.
(9)DR. ELLEN S. FRAUENTHAL BOARD MEMBER	1.00	X						0.	0.	0.
(10)MS. FRANCES GRAVES BOARD MEMBER	1.00	X						0.	0.	0.
(11)MS. KIMBERLY HANNA BOARD MEMBER	1.00	X						0.	0.	0.
(12)MR. GEORGE J. HAUPTFUHRER III BOARD MEMBER	1.00	X						0.	0.	0.
(13)MR. LAWRENCE KLAMON BOARD MEMBER	1.00	X						0.	0.	0.
(14)MS. JANE LANIER BOARD MEMBER	1.00	X						0.	0.	0.
(15)MR. BERTRAM L. LEVY CHAIRMAN	1.00	X						0.	0.	0.
(16)DR. DAVID C. LOWANCE BOARD MEMBER	1.00	X						0.	0.	0.



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) DR. ROBERT MILLER BOARD MEMBER	1.00	X						0.	0.	0.
(18) MS. STARR MOORE BOARD MEMBER	1.00	X						0.	0.	0.
(19) MR. SOLON P. PATTERSON BOARD MEMBER	1.00	X						0.	0.	0.
(20) MS. JAN PORTMAN BOARD MEMBER	1.00	X						0.	0.	0.
(21) MR. JEFFREY SEAMAN BOARD MEMBER	1.00	X						0.	0.	0.
(22) DR. CARTER SMITH, JR. BOARD MEMBER	1.00	X						0.	0.	0.
(23) MR. W. DOUGLASS SMITH BOARD MEMBER	1.00	X						0.	0.	0.
(24) MS. LINDA R. TUCKER BOARD MEMBER	1.00	X						0.	0.	0.
(25) DR. DAVID T. WATSON BOARD MEMBER	1.00	X						0.	0.	0.
(26) MR. L. NEIL WILLIAMS BOARD MEMBER	1.00	X						0.	0.	0.
(27) DR. CHARLES I. WILMER BOARD MEMBER	1.00	X						0.	690,916.	43,785.
(28) MR. MARK DUNAWAY BOARD MEMBER	1.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	1,425,678.	89,126.
<b>c Total from continuation sheets to Part VII, Section A</b>								338,689.	1,767,061.	282,806.
<b>d Total (add lines 1b and 1c)</b>								338,689.	3,192,739.	371,932.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual **3**
- 4 For any individual listed on line 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**
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person **5**

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		X

**Section B. Independent Contractors**

1 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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions) . . . . .	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>				
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ . . . . .					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		0.			
<b>Program Service Revenue</b>				<b>Business Code</b>			
	<b>2a</b>						
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue . . . . .					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		0			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		510,962	0	0.	510,962
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .		0			
	<b>5</b>	Royalties . . . . .		0			
		(i) Real	(ii) Personal				
	<b>6a</b>	Gross Rents. . . . .					
	<b>b</b>	Less rental expenses . . . . .					
	<b>c</b>	Rental income or (loss) . . . . .					
	<b>d</b>	Net rental income or (loss) . . . . .		0.			
		(i) Securities	(ii) Other				
	<b>7a</b>	Gross amount from sales of assets other than inventory . . . . .		10,006,434.			
	<b>b</b>	Less cost or other basis and sales expenses . . . . .		9,101,203			
	<b>c</b>	Gain or (loss) . . . . .		905,231			
	<b>d</b>	Net gain or (loss) . . . . .		905,231	0	0	905,231
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .					
	<b>b</b>	Less direct expenses . . . . .					
	<b>c</b>	Net income or (loss) from fundraising events . . . . .		0			
	<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . .					
	<b>b</b>	Less direct expenses . . . . .					
	<b>c</b>	Net income or (loss) from gaming activities . . . . .		0			
	<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .					
<b>b</b>	Less cost of goods sold . . . . .						
<b>c</b>	Net income or (loss) from sales of inventory . . . . .		0				
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		0.				
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .		1,416,193	0.	0.	1,416,193	

**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).

Do 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 . . .	0.			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	0.			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	0.			
4	Benefits paid to or for members . . . . .	0.			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	338,689.	338,689.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7	Other salaries and wages . . . . .	375,097.	375,097.	0.	0.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	0.			
9	Other employee benefits . . . . .	163,100.	163,100.	0.	0.
10	Payroll taxes . . . . .	0.			
11	Fees for services (non-employees)				
a	Management . . . . .	0.			
b	Legal . . . . .	8,241.	0.	8,241.	0.
c	Accounting . . . . .	0.			
d	Lobbying . . . . .	0.			
e	Professional fundraising services See Part IV, line 17	0.			
f	Investment management fees . . . . .	0.			
g	Other . . . . .	433,540.	433,540.	0.	0.
12	Advertising and promotion . . . . .	211,808.	211,808.	0.	0.
13	Office expenses . . . . .	0.			
14	Information technology . . . . .	0.			
15	Royalties . . . . .	0.			
16	Occupancy . . . . .	0.			
17	Travel . . . . .	5,868.	5,868.	0.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings . . . . .	0.			
20	Interest . . . . .	0.			
21	Payments to affiliates . . . . .	0.			
22	Depreciation, depletion, and amortization . . . . .	2,922.	2,922.	0.	0.
23	Insurance . . . . .	0.			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a	NEWSLETTER EXPENSE . . . . .	92,811.	92,811.	0.	0.
b	PROFESSIONAL DUES . . . . .	14,874.	14,874.	0.	0.
c	-----				
d	-----				
e	-----				
f	All other expenses . . . . .			0.	0.
25	<b>Total functional expenses.</b> Add lines 1 through 24f	1,646,950.	1,638,709.	8,241.	0.
26	<b>Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing . . . . .		1	
	2 Savings and temporary cash investments . . . . .		2	
	3 Pledges and grants receivable, net . . . . .		3	
	4 Accounts receivable, net . . . . .		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . . . . .		6	
	7 Notes and loans receivable, net . . . . .		7	
	8 Inventories for sale or use . . . . .		8	
	9 Prepaid expenses and deferred charges . . . . .		9	
	10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	10a 91,686.		
	b Less accumulated depreciation . . . . .	10b 84,777.	9,833.	10c 6,909.
	11 Investments - publicly traded securities . . . . .	16,433,443.	11	19,896,095.
	12 Investments - other securities See Part IV, line 11 . . . . .		12	
	13 Investments - program-related. See Part IV, line 11 . . . . .		13	
	14 Intangible assets . . . . .		14	
	15 Other assets. See Part IV, line 11 . . . . .		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	16,443,276.	16	19,903,004.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses . . . . .	26,555.	17	130,680.
	18 Grants payable . . . . .		18	
	19 Deferred revenue . . . . .		19	
	20 Tax-exempt bond liabilities . . . . .		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 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 to unrelated third parties . . . . .		24	
	25 Other liabilities Complete Part X of Schedule D . . . . .	7,112,795.	25	1,158,683.
	26 <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	7,139,350.	26	1,289,363.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets . . . . .	5,909,475.	27	15,219,186.
	28 Temporarily restricted net assets . . . . .	3,394,451.	28	3,394,455.
	29 Permanently restricted net assets . . . . .		29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds . . . . .		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31	
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .		32	
	33 Total net assets or fund balances . . . . .	9,303,926.	33	18,613,641.
	34 Total liabilities and net assets/fund balances . . . . .	16,443,276.	34	19,903,004.

Form 990 (2010)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,416,193.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,646,950.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-230,757.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	9,303,926.
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	9,540,472.
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	18,613,641.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?		X
<b>2b</b> Were the organization's financial statements audited by an independent accountant?	X	
<b>2c</b> If "Yes" to line 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b> 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?		X
<b>3b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form **990** (2010)

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

PIEDMONT HEALTHCARE FOUNDATION, INC.

Employer identification number

58-1272768

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
  - 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
  - 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
  - 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
  - 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
  - 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
  - 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
  - 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
  - 9 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
  - 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
  - 11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
    - a ☐ Type I
    - b ☐ Type II
    - c ☐ Type III - Functionally integrated
    - d ☒ Type III - Other
- e ☒ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_
- (ii) A family member of a person described in (i) above? \_\_\_\_\_
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

h Provide the following information about the supported organization(s)

(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?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A) ATTACHMENT 1									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									0.

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

Schedule A (Form 990 or 990-EZ) 2010

**Part II** **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 <b>Total.</b> Add lines 1 through 3 . . . . .						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						
6 <b>Public support.</b> Subtract line 5 from line 4 . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts 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 from the sale of capital assets (Explain in Part IV) . . . . .						
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14 . . . . .	15	%
16a <b>33 1/3 % support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
b <b>33 1/3 % support test - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
17a <b>10%-facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
b <b>10%-facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6</b> <b>Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8</b> <b>Public support.</b> (Subtract line 7c from line 6) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
<b>13</b> <b>Total support.</b> (Add lines 9, 10c, 11, and 12) . . . . .						
<b>14</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2010</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3 % support tests - 2010.** 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. ☐

**b 33 1/3 % support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐



**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information (See instructions).

**SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS**

**ATTACHMENT 1**

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV)		(V)		(VI)		(VII) AMOUNT OF SUPPORT
			YES	NO	YES	NO	YES	NO	
PIEDMONT HOSPITAL, INC	58-0566213	03		X	X		X		0
FAYETTE COMMUNITY HOSPITAL DBA PIEDMONT FAYETTE HOSPITAL INC	58-2322328	03		X	X		X		0.
PIEDMONT MOUNTAINSIDE HOSPITAL, INC	35-2228583	03		X	X		X		0
PIEDMONT NEWNAN HOSPITAL, INC.	20-5077249	03			X	X	X		0
TOTAL AMOUNT OF SUPPORT									<u>0.</u>

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

PIEDMONT HEALTHCARE FOUNDATION, INC.

Employer identification number

58-1272768

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2010

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**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets**(continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XI V and complete the following table

	Amount
c 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 Form 990, Part X, line 21? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XI V

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Net investment earnings, gains, and losses . . . . .					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %  
 b Permanent endowment ▶ \_\_\_\_\_ %  
 c Term endowment ▶ \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations . . . . .  
 (ii) related organizations . . . . .

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .				
d Equipment . . . . .		91,686.	84,777.	6,909.
e Other . . . . .				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . . .				6,909.

Schedule D (Form 990) 2010

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12.)		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13.)		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.)	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) DUE TO RELATED PARTIES	1,158,683.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.)	

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part 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) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

**Part XIV** Supplemental Information (continued)

ASC 740 FOOTNOTE (FKA FIN 48)

SCHEDULE D, PART X, LINE 2

THE COMPANY ACCOUNTS FOR INCOME TAXES UNDER THE PROVISIONS OF THE INCOME TAXES TOPIC OF ASC (ASC 740). UNDER THE REQUIREMENTS OF ASC 740, TAX-EXEMPT ORGANIZATIONS MAY BE REQUIRED TO RECORD AN OBLIGATION AS THE RESULT OF A TAX POSITION THEY HAVE HISTORICALLY TAKEN ON VARIOUS TAX EXPOSURE ITEMS. THERE WERE NO MATERIAL UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2011.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

PIEDMONT HEALTHCARE FOUNDATION, INC.

Employer identification number

58-1272768

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

☐ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (e.g., maid, chauffeur, chef)

- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

- 3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

☐ Compensation committee

☐ Independent compensation consultant

☐ Form 990 of other organizations

☐ Written employment contract

☐ Compensation survey or study

☐ Approval by the board or compensation committee

- 4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

- a** Receive a severance payment or change-of-control payment from the organization or a related organization?

- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

- 5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?

- b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III

- 6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization?

- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

- 7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

- 8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

- 9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2010

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** Use duplicate copies if additional space is 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-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	DR. CHARLES BROWN III	(i) 0. (ii) 726,122.	0. 6,000.	0. 2,640.	0. 31,800.	0. 13,541.	0. 780,103.	0. 0.
2	MR. R. TIMOTHY STACK	(i) 0. (ii) 739,566.	0. 168,622.	0. 99,241.	0. 92,753.	0. 14,168.	0. 1,114,350.	0. 0.
3	MR. CHARLIE HALL	(i) 0. (ii) 407,719.	0. 156,975.	0. 46,127.	0. 73,201.	0. 9,918.	0. 693,940.	0. 0.
4	MS. DEBBIE GRAMLING	(i) 0. (ii) 120,396.	0. 24,802.	0. 3,613.	0. 22,132.	0. 10,504.	0. 181,447.	0. 0.
5	MR. MENDAL BOUKNIGHT	(i) 0. (ii) 246,980.	0. 52,595.	0. 39,114.	0. 48,523.	0. 11,607.	0. 398,819.	0. 0.
6	DR. CHARLES I. WILMER	(i) 0. (ii) 675,154.	0. 12,000.	0. 3,762.	0. 31,800.	0. 11,985.	0. 734,701.	0. 0.
7		(i) (ii)	 	 	 	 	 	 
8		(i) (ii)	 	 	 	 	 	 
9		(i) (ii)	 	 	 	 	 	 
10		(i) (ii)	 	 	 	 	 	 
11		(i) (ii)	 	 	 	 	 	 
12		(i) (ii)	 	 	 	 	 	 
13		(i) (ii)	 	 	 	 	 	 
14		(i) (ii)	 	 	 	 	 	 
15		(i) (ii)	 	 	 	 	 	 
16		(i) (ii)	 	 	 	 	 	 

Schedule J (Form 990) 2010



**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.

COMPENSATION OF THE CEO/EXECUTIVE DIRECTOR

SCHEDULE J, PART I, LINE 3

THE COMPENSATION FOR THE PRESIDENT/CEO OF PIEDMONT HEALTHCARE FOUNDATION

IS SET AND PAID BY THE ENTITY'S PARENT, PIEDMONT HEALTHCARE, INC. PLEASE

SEE THE SCHEDULE O NARRATIVE FOR FORM 990, PART VI, SECTION B, LINE 15A &

15B FOR ADDITIONAL INFORMATION.

SUPPLEMENTAL COMPENSATION INFORMATION

SCHEDULE J, PART I, LINE 4B

R. TIMOTHY STACK, CHARLIE HALL, MENDAL BOUKNIGHT, WILLIAM BLINCOE,

CHARLES WILMER, AND CHARLES BROWN PARTICIPATED IN A SUPPLEMENTAL

NONQUALIFIED RETIREMENT PLAN, BUT DID NOT RECEIVE CURRENT YEAR PAYMENTS.

BONUSES

FORM 990, PART VII AND SCHEDULE J, PART I LINE 6A & 6B

BONUSES ARE PAID ANNUALLY TO CERTAIN EMPLOYEES BASED ON VARIOUS METRICS, INCLUDING NET EARNINGS.

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

PIEDMONT HEALTHCARE FOUNDATION, INC.

Employer identification number

58-1272768

RELATIONSHIPS WITH BOARD MEMBERS

FORM 990, PART VI, SECTION A, LINE 2

MR. LAWRENCE KLAMON, A MEMBER OF THE BOARD OF DIRECTORS OF PIEDMONT  
HEALTHCARE FOUNDATION, IS MARRIED TO MS. ANN KLAMON, WHO IS ALSO A PHF  
BOARD MEMBER.

SIGNIFICANT CHANGES TO GOVERNING DOCUMENTS

FORM 990, PART VI, LINE 4

ON JUNE 28, 2011, THE BOARD OF DIRECTORS OF PIEDMONT HOSPITAL FOUNDATION,  
INC., APPROVED CHANGES TO THE ARTICLES OF ORGANIZATION AND BYLAWS OF THE  
ORGANIZATION THAT WOULD CHANGE THE NAME OF THE ORGANIZATION TO PIEDMONT  
HEALTHCARE FOUNDATION, INC., AND EXTEND THE SCOPE OF THE ORGANIZATION  
FROM A FOUNDATION THAT SUPPORTS PIEDMONT HOSPITAL, INC., TO A FOUNDATION  
THAT SUPPORTS ALL OF THE TAX-EXEMPT MEMBERS OF THE PIEDMONT HEALTHCARE  
SYSTEM. THE PIEDMONT HEALTHCARE SYSTEM INCLUDES THE ORGANIZATION'S  
TAX-EXEMPT PARENT, PIEDMONT HEALTHCARE, INC., AS WELL AS THE RELATED  
TAX-EXEMPT ENTITIES LISTED IN SCHEDULE R.

ORGANIZATION'S SOLE MEMBER

FORM 990, PART VI, SECTION A, LINE 6

PIEDMONT HEALTHCARE, INC., (EIN 58-1503902) IS THE SOLE MEMBER OF  
PIEDMONT HEALTHCARE FOUNDATION.

ELECTION OF GOVERNING BODY

Name of the organization

PIEDMONT HEALTHCARE FOUNDATION, INC.

Employer identification number

58-1272768

FORM 990, PART VI, SECTION A, LINE 7A

THE BOARD OF PIEDMONT HEALTHCARE APPOINTS THE MEMBERS OF THE BOARD OF  
DIRECTORS OF PIEDMONT HEALTHCARE FOUNDATION.

DECISIONS OF GOVERNING BODY

FORM 990, PART VI, SECTION A, LINE 7B

PIEDMONT HEALTHCARE FOUNDATION'S BOARD POLICIES AND DECISIONS MUST BE  
FILED, IMMEDIATELY AFTER ADOPTION, WITH THE SECRETARY OF THE PIEDMONT  
HEALTHCARE BOARD OF DIRECTORS. SUCH POLICIES AND DECISIONS OF THE  
PIEDMONT HEALTHCARE FOUNDATION BOARD OF DIRECTORS ARE NOT SUBJECT TO THE  
APPROVAL OF OR RATIFICATION BY THE PIEDMONT HEALTHCARE BOARD, BUT SHOULD  
THE NEED ARISE, THEY MAY BE RESCINDED BY THE PIEDMONT HEALTHCARE BOARD  
THROUGH A MAJORITY VOTE OF ITS DIRECTORS.

990 REVIEW PROCESS

FORM 990, PART VI, SECTION B, LINE 11B

INFORMATION NEEDED TO PREPARE PIEDMONT HEALTHCARE FOUNDATION'S FORM 990  
IS COMPILED BY INDIVIDUALS IN PIEDMONT HEALTHCARE, INC.'S FINANCE  
DEPARTMENT. THE 990 IS THEN PREPARED INTERNALLY BY PIEDMONT HEALTHCARE,  
INC.'S TAX COMPLIANCE MANAGER AND SUBMITTED TO AN EXTERNAL TAX PREPARER  
FOR REVIEW. COPIES OF FORM 990 ARE PROVIDED TO THE BOARD OF DIRECTORS OF  
PIEDMONT HEALTHCARE, INC., PRIOR TO FILING.

CONFLICT OF INTEREST POLICY

FORM 990, PART VI, SECTION B, LINE 12C

COMPLIANCE WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS

Name of the organization

PIEDMONT HEALTHCARE FOUNDATION, INC.

Employer identification number

58-1272768

MONITORED AND ENFORCED BY ORGANIZATION MANAGEMENT IN COORDINATION WITH  
PIEDMONT HEALTHCARE'S VICE PRESIDENT OF COMPLIANCE. ALL SENIOR LEADERS,  
BOARD MEMBERS, PHYSICIAN EMPLOYEES, AND EMPLOYEES ENGAGED IN RESEARCH ARE  
REQUIRED TO ANNUALLY DISCLOSE ALL MATTERS WHICH COULD POTENTIALLY  
CONSTITUTE A CONFLICT OF INTEREST. MATTERS DISCLOSED UNDER THE POLICY  
MUST BE REVIEWED IN WRITING BY THE REPORTING INDIVIDUAL'S SUPERVISING  
MANAGER AND THEN BY THE PIEDMONT HEALTHCARE CONFLICT OF INTEREST  
COMMITTEE IN ORDER TO DETERMINE WHETHER A CONFLICT EXISTS AND, IF SO,  
WHETHER TO ELIMINATE OR MANAGE THE CONFLICT. ALL BOARD MEMBERS AND  
EMPLOYEES OF PIEDMONT HEALTHCARE FOUNDATION ARE PROVIDED TRAINING ON THE  
REQUIREMENTS OF THE CONFLICT OF INTEREST POLICY AT NEW-EMPLOYEE  
ORIENTATION AND AT LEAST ANNUALLY THEREAFTER. NONCOMPLIANCE WITH THE  
CONFLICT OF INTEREST POLICY MUST BE REPORTED TO PIEDMONT HEALTHCARE'S  
VICE PRESIDENT OF COMPLIANCE FOR INVESTIGATION AND REMEDIAL STEPS MUST BE  
TAKEN AS APPROPRIATE UNDER THE PIEDMONT HEALTHCARE DISCIPLINARY POLICIES.

## EXECUTIVE COMPENSATION

FORM 990, PART VI, SECTION B, LINE 15A &amp; 15B

COMPENSATION FOR EXECUTIVES OF PIEDMONT HEALTHCARE FOUNDATION IS SET BY  
THE BOARD OF DIRECTORS OF PIEDMONT HEALTHCARE, INC.

THE PIEDMONT HEALTHCARE, INC., BOARD OF DIRECTORS EXECUTIVE PERFORMANCE  
AND COMPENSATION COMMITTEE ("THE COMMITTEE") IS COMPOSED OF AT LEAST  
THREE MEMBERS, SERVING TERMS OF THREE YEARS, AND THE MAJORITY OF WHICH  
ARE COMMUNITY DIRECTORS WHO GENERALLY DO NOT HAVE CONFLICTS OF INTEREST  
RELATED TO FULFILLMENT OF THE DUTIES AS OUTLINED BELOW.

Name of the organization

PIEDMONT HEALTHCARE FOUNDATION, INC.

Employer identification number

58-1272768

THE COMMITTEE HAS BEEN AUTHORIZED BY THE PIEDMONT HEALTHCARE BOARD OF DIRECTORS TO PERFORM THE FOLLOWING FUNCTIONS:

-SELECT AN EXTERNAL EXECUTIVE COMPENSATION CONSULTANT ("THE CONSULTANT").

THE COMMITTEE HAS UTILIZED THE SERVICES OF INTEGRATED HEALTHCARE STRATEGIES (FORMERLY CLARK CONSULTING) FOR THE PAST SEVERAL YEARS.

-WORK WITH THE PRESIDENT/CEO TO FORMULATE AND IMPLEMENT ANNUAL PERFORMANCE OBJECTIVES. THE COMMITTEE MEETS ANNUALLY WITH PIEDMONT HEALTHCARE'S CEO AND KEY SENIOR EXECUTIVES.

-TO REVIEW AND APPROVE EXECUTIVE PERFORMANCE OBJECTIVES FOR THE FISCAL YEAR.

-ANNUALLY ASSESS PRESIDENT/CEO PERFORMANCE. THE COMMITTEE MEETS ANNUALLY WITH THE CEO AND KEY SENIOR EXECUTIVES.

-TO REVIEW THE ACCOMPLISHMENTS OF THE EXECUTIVE PERFORMANCE OBJECTIVES AFTER THE CLOSE OF THE FISCAL YEAR.

-ASSESS AND IMPLEMENT POLICIES REGARDING PRESIDENT/CEO PERFORMANCE AND COMPENSATION. THE COMMITTEE HAS DEVELOPED AN EXECUTIVE COMPENSATION PHILOSOPHY AND REVIEWS THE PHILOSOPHY ANNUALLY. THE COMMITTEE SEEKS INPUT AND GUIDANCE FROM THE CONSULTANT TO ENSURE THAT THE PHILOSOPHY IS REASONABLE AND COMPARABLE TO THAT OF SIMILAR ORGANIZATIONS.

-APPROVE LONG- AND SHORT-TERM GOALS TO BE USED IN CONNECTION WITH EXECUTIVE STAFF COMPENSATION PROGRAM AS RECOMMENDED BY THE PRESIDENT/CEO AND VALIDATED BY THE COMPENSATION CONSULTANT. THE COMMITTEE MEETS ANNUALLY WITH THE CEO AND KEY SENIOR EXECUTIVES AS WELL AS THE CONSULTANT

Name of the organization

PIEDMONT HEALTHCARE FOUNDATION, INC.

Employer identification number

58-1272768

TO REVIEW SALARY ADJUSTMENTS AND INCENTIVE PAY FOR THE CEO, SENIOR EXECUTIVES, AND EXECUTIVES THROUGHOUT THE ORGANIZATION. THE COMMITTEE MEETS WITH THE CONSULTANT ANNUALLY TO RECEIVE INPUT AND RECOMMENDATIONS TO ENSURE THAT SALARY ADJUSTMENTS, INCENTIVES, AND BENEFITS ARE REASONABLE AND COMPARABLE TO THOSE OF LIKE ORGANIZATIONS.

-PERFORM ANY TASKS RELATED TO EXECUTIVE PERFORMANCE AND COMPENSATION, INCLUDING BUT NOT LIMITED TO, APPROVAL OF EXECUTIVE EMPLOYMENT CONTRACTS, AND EXECUTIVE BENEFITS. THE COMMITTEE SEEKS INPUT FROM THE CONSULTANT, AS WELL AS EXTERNAL LEGAL ADVISORS, WHEN IT IS NECESSARY TO DEVELOP AND/OR AMEND EXECUTIVE EMPLOYMENT CONTRACTS AND BENEFITS.

DISCLOSURE OF GOVERNING, CONFLICT OF INTEREST AND FINANCIAL DOCUMENTS FORM 990, PART VI, SECTION C, LINE 19 GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. THESE DOCUMENTS SHOULD BE REQUESTED FROM PIEDMONT HEALTHCARE, INC'S LEGAL COUNSEL.

RECONCILIATION OF NET ASSETS

FORM 990, PART XI, LINE 5

CHANGES TO NET ASSETS REPORTED ON PART XI, LINE 5 ARE PRIMARILY COMPRISED OF INTERCOMPANY TRANSFERS OF ASSETS TO THE ORGANIZATION FROM ITS PARENT COMPANY AND A RELATED ORGANIZATION. THESE TRANSFERS TOTALED \$7,494,017. OTHER CHANGES RESULTED FROM DIFFERENCES BETWEEN BOOK AND TAX INCOME, SPECIFICALLY UNRECOGNIZED INVESTMENT INCOME OF \$2,046,460.

Name of the organization

PIEDMONT HEALTHCARE FOUNDATION, INC.

Employer identification number

58-1272768

ATTACHMENT 1PART VII - CONTINUATION OF OFFICERS, DIRECTORS, TRUSTEES,  
KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES

(1)=IND.TRUSTEE/DIR. (2)=INS.TRUSTEE (3)=OFFICER (4)=KEY EMP. (5)=HIGHEST COMP. (6)=FORMER

(A) NAME AND TITLE	(B) HOURS	(C) POSITION						COMPENSATION FROM		
		(1)	(2)	(3)	(4)	(5)	(6)	(D) ORG.	(E) REL. ORG.	(F) OTHER
29 MR. STEPHEN D. KANE BOARD MEMBER	1.00	X						0.	0.	0.
30 MR. ALLEN I. MEADORS BOARD MEMBER	1.00	X						0.	0.	0.
31 MRS. ANN ESTES KLAMON BOARD MEMBER	1.00	X						0.	0.	0.
32 DR. GRADY S. CLINKSCALES, JR. BOARD MEMBER	1.00	X						0.	0.	0.
33 DR. REGIS W. HAID, JR. BOARD MEMBER	1.00	X						0.	0.	0.
34 MR. JAMES H. LANDON BOARD MEMBER	1.00	X						0.	0.	0.
35 MR. R. TIMOTHY STACK PRESIDENT & CEO	1.00			X				0.	1,007,429.	106,921.
36 MR. CHARLIE HALL TREASURER	1.00			X				0.	610,821.	83,119.
37 MS. DEBBIE GRAMLING SECRETARY	1.00			X				0.	148,811.	32,636.
38 MR. MENDAL BOUKNIGHT VP PHILANTHROPY	55.00			X			338,689.	0.		60,130.

ATTACHMENT 2FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK

NAME AND TITLE	HOURS DEVOTED FOR RELATED ORGANIZATION
MS. JANE BLACK BOARD MEMBER/FORMER CHAIRMAN	0.00
MS. DORIS SHAHEEN BOARD MEMBER	0.00
DR. THOMAS HARBIN BOARD MEMBER	0.00
MR. MICHELE AQUINO BOARD MEMBER	0.00
MR. THOMAS J. ASHER BOARD MEMBER	0.00
MR. STEPHEN BERMAN BOARD MEMBER	0.00
DR. CHARLES BROWN III BOARD MEMBER	39.00
MS. NORMA EDENFIELD BOARD MEMBER	0.00

Name of the organization

Employer identification number

PIEDMONT HEALTHCARE FOUNDATION, INC.

58-1272768

ATTACHMENT 2 (CONT'D)

DR. ELLEN S. FRAUENTHAL	
BOARD MEMBER	0.00
MS. FRANCES GRAVES	
BOARD MEMBER	0.00
MS. KIMBERLY HANNA	
BOARD MEMBER	0.00
MR. GEORGE J. HAUPTFUHRER III	
BOARD MEMBER	0.00
MR. LAWRENCE KLAMON	
BOARD MEMBER	0.00
MS. JANE LANIER	
BOARD MEMBER	0.00
MR. BERTRAM L. LEVY	
CHAIRMAN	0.00
DR. DAVID C. LOWANCE	
BOARD MEMBER	0.00
DR. ROBERT MILLER	
BOARD MEMBER	0.00
MS. STARR MOORE	
BOARD MEMBER	0.00
MR. SOLON P. PATTERSON	
BOARD MEMBER	0.00
MS. JAN PORTMAN	
BOARD MEMBER	0.00
MR. JEFFREY SEAMAN	
BOARD MEMBER	0.00
DR. CARTER SMITH, JR.	
BOARD MEMBER	0.00
MR. W. DOUGLASS SMITH	
BOARD MEMBER	0.00
MS. LINDA R. TUCKER	
BOARD MEMBER	0.00
DR. DAVID T. WATSON	
BOARD MEMBER	0.00
MR. L. NEIL WILLIAMS	
BOARD MEMBER	0.00
DR. CHARLES I. WILMER	
BOARD MEMBER	39.00
MR. MARK DUNAWAY	
BOARD MEMBER	0.00
MR. STEPHEN D. KANE	
BOARD MEMBER	0.00
MR. ALLEN I. MEADORS	
BOARD MEMBER	0.00
MRS. ANN ESTES KLAMON	
BOARD MEMBER	0.00
DR. GRADY S. CLINKSCALES, JR.	
BOARD MEMBER	0.00
DR. REGIS W. HAID, JR.	
BOARD MEMBER	0.00
MR. JAMES H. LANDON	
BOARD MEMBER	0.00



Name of the organization

PIEDMONT HEALTHCARE FOUNDATION, INC.

Employer identification number

58-1272768

ATTACHMENT 2 (CONT'D)

MR. R. TIMOTHY STACK	
PRESIDENT & CEO	54.00
MR. CHARLIE HALL	
TREASURER	54.00
MS. DEBBIE GRAMLING	
SECRETARY	54.00
MR. MENDAL BOUKNIGHT	
VP PHILANTHROPY	0.00

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

PIEDMONT HEALTHCARE FOUNDATION, INC.

Employer identification number

58-1272768

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(1)	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	PIEDMONT HEALTHCARE, INC 1568 PEACHTREE ROAD NW ATLANTA, GA 30309 58-1503902	MANAGEMENT	GA	501 (C) (3)	11 III-OTH	N/A		X
(2)	PIEDMONT HOSPITAL, INC. 1568 PEACHTREE ROAD ATLANTA, GA 30309 58-0566213	HOSPITAL	GA	501 (C) (3)	3	PHC		X
(3)	FAYETTE COMMUNITY HOSPITAL, INC. 1255 HIGHWAY 54 WEST FAYETTEVILLE, GA 30214 58-2322328	HOSPITAL	GA	501 (C) (3)	3	PHC		X
(4)	PIEDMONT MOUNTAINSIDE HOSPITAL, INC 1266 HIGHWAY 515 SOUTH JASPER, GA 30143 35-2228583	HOSPITAL	GA	501 (C) (3)	3	PHC		X
(5)	PIEDMONT NEWMAN HOSPITAL, INC. 745 POPLAR ROAD NEWMAN, GA 30265 20-5077249	HOSPITAL	GA	501 (C) (3)	3	PHC		X
(6)	PIEDMONT HEART INSTITUTE, INC. 95 COLLIER ROAD NW STE 2045 ATLANTA, GA 30309 26-3553500	HEALTHCARE	GA	501 (C) (3)	7	PHC		X
(7)								

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

Schedule R (Form 990) 2010

JSA

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PHF 08

PAGE 33

**Part III** Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

**Part IV** Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) 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	(h) Percentage ownership
(1) <u>PIEDMONT MEDICAL CARE CORPORATION</u> ----- 58-2092768 2727 PACES FERRY ROAD SUITE 1-1100 ATLANTA, GA 30339	HEALTHCARE	GA	N/A	C-CORP	0.	0	0.0000
(2) <u>THE PIEDMONT CLINICAL INC.</u> ----- 58-2005358 2727 PACES FERRY ROAD SUITE 1-1100 ATLANTA, GA 30339	HEALTHCARE	GA	N/A	C-CORP	0	0.	0.0000
(3) <u>PIEDMONT HEART INSTITUTE PHYSICIANS, INC.</u> ----- 26-0593850 95 COLLIER ROAD NW STE 2045 ATLANTA, GA 30309	HEALTHCARE	GA	N/A	C-CORP	0	0	0.0000
(4) <u>AMSTER MCGRAE INSURANCE COMPANY</u> ----- NA GOVERNOR'S SQUARE 2ND FLOOR BLDG 3 KY 1- GRAND CAYMAN, C	INSURANCE	CJ	N/A	C-CORP	0	0	0.0000
(5) -----							
(6) -----							
(7) -----							

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

<b>a</b>	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		X
<b>b</b>	Gift, grant, or capital contribution to other organization(s)	1b		X
<b>c</b>	Gift, grant, or capital contribution from other organization(s)	1c	X	
<b>d</b>	Loans or loan guarantees to or for other organization(s)	1d		X
<b>e</b>	Loans or loan guarantees by other organization(s)	1e		X
<b>f</b>	Sale of assets to other organization(s)	1f		X
<b>g</b>	Purchase of assets from other organization(s)	1g		X
<b>h</b>	Exchange of assets	1h		X
<b>i</b>	Lease of facilities, equipment, or other assets to other organization(s)	1i		X
<b>j</b>	Lease of facilities, equipment, or other assets from other organization(s)	1j		X
<b>k</b>	Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
<b>l</b>	Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
<b>m</b>	Sharing of facilities, equipment, mailing lists, or other assets	1m		X
<b>n</b>	Sharing of paid employees	1n		X
<b>o</b>	Reimbursement paid to other organization for expenses	1o	X	
<b>p</b>	Reimbursement paid by other organization for expenses	1p	X	
<b>q</b>	Other transfer of cash or property to other organization(s)	1q		X
<b>r</b>	Other transfer of cash or property from other organization(s)	1r		X

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part VI** Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
				Yes	No		Yes	No		Yes	No
(1) _____											
(2) _____											
(3) _____											
(4) _____											
(5) _____											
(6) _____											
(7) _____											
(8) _____											
(9) _____											
(10) _____											
(11) _____											
(12) _____											
(13) _____											
(14) _____											
(15) _____											
(16) _____											

Schedule R (Form 990) 2010

**Part VII** **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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# STATE OF GEORGIA

## Secretary of State

Corporations Division

315 West Tower

#2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

## CERTIFICATE OF AMENDMENT NAME CHANGE

I, **Brian P. Kemp**, the Secretary of State and the Corporations Commissioner of the State of Georgia, hereby certify under the seal of my office that

### **PIEDMONT HOSPITAL FOUNDATION, INC.**

a Domestic Non-Profit Corporation

has filed articles/certificate of amendment in the Office of the Secretary of State on **08/18/2011** changing its name to

### **PIEDMONT HEALTHCARE FOUNDATION, INC.**

and has paid the required fees as provided by Title 14 of the Official Code of Georgia Annotated Attached hereto is a true and correct copy of said articles/ certificate of amendment

WITNESS my hand and official seal in the City of Atlanta  
and the State of Georgia on August 18, 2011



Brian P. Kemp  
Secretary of State



Office Of The Secretary Of State  
Corporations Division

Brian P. Kemp  
Secretary Of State

Chauncey Newsome  
Director

Articles Of Amendment  
Of  
Articles Of Incorporation

Article One

The Name Of The Corporation Is:

PIEDMONT HOSPITAL FOUNDATION, INC.

Article Two

The Corporation Hereby Adopts The Following Amendment To Change The Name Of The Corporation  
The New Name Of The Corporation Is

PIEDMONT HEALTHCARE FOUNDATION, INC.

Article Three

The Amendment Was Duly Adopted By The Following Method (choose one box only)

- ☐ The amendment was adopted by the incorporators pursuant to O C G A §14-3-1002  
☐ The amendment was adopted by a sufficient vote of the members of the corporation  
☒ The amendment was adopted by the board of directors: (choose one additional box below)  
a) ☒ With member approval  
b) ☐ Without member approval as member approval was not required.

Article Four

The Date Of The Adoption Of The Amendment Was:

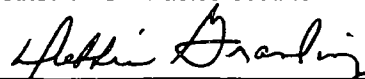
JUNE 28, 2011

Article Five

The Undersigned Does Hereby Certify That A Notice To Publish The Filing Of Articles Of Amendment To  
Change The Corporation's Name Along With The Publication Fee Of \$40 00 Has Been Forwarded To The  
Legal Organ Of The County Of The Registered Office As Required By O C G A. §14-3-1005.1

IN WITNESS WHEREOF, the undersigned has executed these Articles Of Amendment

On 08/04/2011  
(Date)

  
(Signature And Capacity in which signing)  
Debbie Gramling, Corporate Secretary  
Piedmont Healthcare, Inc.

State of Georgia  
Name Change 2 Page(s)

Form CD 110



T1123103511



# **RESTATED BYLAWS OF PIEDMONT HEALTHCARE FOUNDATION, INC.**

## **ARTICLE I PREFACE**

*Section 1.*     **Sole Member.** The sole member of Piedmont Healthcare Foundation, Inc. (PHCF) (the “Corporation”) is Piedmont Healthcare, Inc. (“PHC”), a Georgia nonprofit corporation.

*Section 2.*     **Bylaws Modification.** In accordance with Article XI of these Bylaws, restatement or amendment of these Bylaws must be approved by majority vote of the Board of Directors of PHC (the “PHC Board”).

*Section 3*     **Supplements and Conflicts.** These Bylaws are supplemented by PHC Bylaws, and may be supplemented by and PHCF policies or governance protocols. If there is a conflict between these Bylaws and said policies and governance protocols, these Bylaws take precedence. If there is a conflict between these Bylaws and the Bylaws of PHC, the latter take precedence.

## **ARTICLE II CORPORATE NAME**

The name of the Corporation is Piedmont Healthcare Foundation, Inc.

## **ARTICLE III PURPOSE & POWERS**

*Section 1.*     **Purpose.** Realizing that Piedmont Healthcare relies upon the generosity and vision of community-minded citizens, The Piedmont Healthcare Foundation provides the volunteer leadership that assures Piedmont’s philanthropic support is generated, stewarded and transformed into valuable gifts meeting the immediate and future healthcare needs of the region.

The Piedmont Healthcare Foundation is organized exclusively for the scientific, charitable, and educational purposes for the benefit of Piedmont Healthcare and its subsidiary organizations (collectively “the entities”).

*Section 2*     **Limitations.** No part of the property of the Corporation and no part of its net earnings or profits shall ever at any time inure to the benefit of or be distributable to any private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Section 1 of this Article III. No substantial part of the activities of the Corporation shall be devoted to attempting to influence legislation by propaganda or otherwise within the meaning of the proscriptive provisions of the Code. The Corporation shall not directly or indirectly participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision in these Bylaws, it is intended that the Corporation will

qualify at all times as an organization exempt from Federal income tax under section 501(a) of the Code by qualification as an organization described in section 501(c)(3) of the Code, that it will qualify at all times as an organization to which deductible contributions may be made pursuant to sections 170, 642, 2055, and 2522 of the Code, and that it will qualify as other than a private foundation pursuant to section 509(a) of the Code; therefore, the Corporation shall not carry on any activities not permitted to be carried on (a) by a corporation exempt from Federal income tax under section 501(a) and 501(c)(3) of the Code or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Code. Moreover, notwithstanding any other provision of these Bylaws, to the extent that the following provisions of the Code are applicable, the Corporation shall not engage in any act of self-dealing which would subject the Corporation to tax under section 4941 of the Code, shall not retain any excess business holding which would subject the Corporation to tax under section 4943 of the Code, shall not make any investments in such manner as to subject the Corporation to tax under section 4944 of the Code, shall not make any taxable expenditures which would subject the Corporation to tax under section 4945 of the Code, and shall distribute its income for each taxable year at such time and in such manner as not to subject the Corporation to tax under section 4942 of the Code.

*Section 2.      Powers.* The Corporation shall have all powers necessary to carry out its purposes, including those now or hereinafter enumerated in the Georgia Nonprofit Corporation Code, or any successor legislation.

*Section 3      Fulfillment of General Purposes.* Subject to the provisions of the articles of incorporation and of these bylaws, the PHCF Board shall invest and administer the funds of the Corporation for the exclusive benefit of the entities, invest and manage the investment of the assets of the Corporation both to produce current income and to enhance the value of those assets, and shall distribute periodically income from or the corpus of the assets of the Corporation, as the PHCF Board shall see fit, to or for the benefit of the entities.

#### ARTICLE IV *BOARD OF DIRECTORS*

*Section 1      Board of Directors.* The affairs of the Corporation are governed by a Board of Directors (the "PHCF Board"), predominately composed of and led by community directors.

*Section 2      Obligation and Responsibilities.* Subject to PHC Board Bylaws, policies and governance protocols, the PHCF Board directs and oversees the affairs of the Corporation. The obligation of the PHCF Board is to ensure the resources and capacities of PHCF are deployed in a manner that benefits the operations of the entities for scientific, charitable, or educational purposes and the promotion of community benefit and health status. In order to meet this obligation, the PHCF Board is responsible for providing oversight of all fundraising operations for all current entities and future entities and respective auxiliaries that are under the governance of PHC and providing strategic, managerial, operational, and financial oversight of PHCF.

*Section 3      Composition.* The PHCF Board shall consist of not fewer than thirty (30) nor more than forty-five (45) directors; the exact number of which shall be as determined by vote or resolution of the directors then in office. The Chairman of the PHC Board will be a director on the PHCF Board ex-officio with vote during his/her tenure. The other members of the PHCF Board shall be appointed by the PHC Board, at the regular quarterly meeting of the PHC Board closest to the end of a term of service of a director or the occurrence of a vacancy on the PHCF Board.

*Section 4.*     Terms and Limitations. Except as provided in Section 5, the terms of the directors shall be for three (3) years, and, after completing a three (3) year term, such directors may be re-appointed to one additional three (3)-year term. This provision becomes effective when these restated PHCF Bylaws are adopted by the PHC Board (the "Effective Date") with respect to years of service rendered after the Effective Date only. A director appointed to fill the seat of a director who has not completed his or her term shall serve the remaining portion of the term, and if that period is less than two (2) years, such director shall also be eligible to be reappointed to two full consecutive terms. Any officer of the Board whose term as a director expires during such officer's term as an officer shall have his or her term as a director extended such that it shall expire at the same time such officer's then current term as an officer expires.

*Section 5.*     Implementation and Staggering of Terms. The incumbent directors in office shall constitute the new PHCF Board with additional members appointed by the PHC Board. The incumbent director may complete the current term with eligibility for an additional term in accordance with Article IV, Section 4 of these Bylaws.

*Section 6.*     Director Duties. Directors are responsible for assisting in the acquisition and administration of funds and for providing strategic, managerial, operational, and financial oversight for the benefit of the entities.

*Section 7.*     Compensation. Directors shall serve without compensation, but may be reimbursed for all reasonable, itemized expenses associated with such service.

*Section 8.*     Vacancies. All vacancies on the Board (whether due to expiration of the term of a director, death, resignation, removal or otherwise) shall be filled by appointment by a majority vote of the PHC Board. Directors appointed to fill vacancies on the Board due to death, removal, or resignation shall hold office for the unexpired portion of the term.

*Section 9.*     Resignation. Any director may resign at any time by giving notice to the Chair of the PHCF Board. Such resignation, which may or may not be made contingent on formal acceptance, shall take effect on the date of receipt or, if acceptable to the PHCF Board, at any later time specified therein.

*Section 10*    Removal. A director may be removed during his/her term for any reason by a majority vote of the PHC Board.

*Section 11.*    Fiscal Agent. The PHC Board may appoint any bank or trust company having its principal office in the State of Georgia and having a capital and surplus of not less than \$10,000,000 as fiscal agent of the Corporation and delegate to such bank or trust company the custody and routine management of the corpus of the Corporation's funds, subject to the directions and supervision of the PHC Board. The PHC Board may likewise delegate to such a bank or trust company or to an investment manager or advisor the powers and duties to invest and reinvest the Corporation's funds subject to the direction and supervision of the PHC Board.

## ARTICLE V BOARD MEETINGS

*Section 1*     Regular Meetings. Regular meetings of the PHCF Board shall be called by the Chair at a place, time and date set by him or her.

*Section 2*      Special Meetings. Special meetings of the PHCF Board may be called by the Chair or any two (2) directors. Such meetings shall be held at a time and place set by the Chair or the directors calling such meeting.

*Section 3*      Notice. Notice of any meeting shall be given at least three (3) and not more than thirty (30) calendar days prior thereto by written notice delivered personally or sent by mail to each director at his/her address as shown on the records of the Corporation. Notices of all meetings of directors shall also be delivered to the Chair of the PHC Board.

*Section 4*      Waiver of Notice. Any director may waive notice of any meeting. The attendance by a director at a meeting shall constitute a waiver of notice of such meeting, except where a director attends a meeting for the express purpose of objecting to the transaction of any business because the meeting is not lawfully called or convened.

*Section 5*      Quorum of Directors. A quorum of the PHCF Board shall be constituted only if a majority of the directors then in office is present at the meeting.

*Section 6*      Manner of Acting. Except as otherwise provided in the Corporation's Charter, these Bylaws or by applicable law, the act of the majority of the directors present at a meeting at which a quorum is present shall be the act of the PHCF Board.

*Section 7*      Presumption of Assent. A director who is present at a meeting of the PHCF Board at which action on any matter is taken shall be presumed to have assented to the action taken unless his/her contrary vote is recorded or his/her dissent is otherwise entered in the minutes of the meeting. Such right to dissent shall not apply to a director who voted in favor of such action.

*Section 8.*      Informal Action by Directors. Action may be taken by the Board without a meeting, if delivery of the written consent to the action in question is made to all directors, and such written consent is signed by at least two-thirds (2/3) of all the directors then in office and filed with the minutes of the proceedings of the PHCF Board.

*Section 9*      Electronic Conference. Directors may participate in any PHCF Board or committee meeting by means of telephone/computer conference or similar communications equipment if all persons participating in the meeting can hear and communicate effectively with each other. Such participation in a meeting shall constitute presence in person at such meeting.

*Section 10.*      Conflicts and Confidentiality. Conflict-of-interests and confidentiality requirements and standards are specified by the PHC Board. . A voting member of the Board who receives compensation from PHCF or other PHC entity is precluded from voting on matters pertaining to that member's compensation.

*Section 11*      Board Policies and Decisions. The Board exercises influence over, and in, PHCF on behalf of the sole corporate member (PHC) and community stakeholders by formulating policies and making decisions regarding matters requiring its attention. PHCF Board policies, resolutions and decisions must be filed, immediately after adoption, with the Secretary of the PHC Board. Except as otherwise provided herein, such policies, resolutions and decisions of the PHCF Board are not subject to prior approval/ratification of the PHC Board, but should the need arise, may be rescinded by the PHC Board through a majority vote of its directors.

ARTICLE VI  
*BOARD COMMITTEES*

The PHCF Board, by a majority vote of directors, may designate from among its members one or more committees, including an Executive Committee which shall have the full power and authority of the PHCF Board except as limited in these Bylaws. Each committee shall consist of at least four (4) directors. No committee shall have authority with respect to any of the following matters: (a) the dissolution, merger, consolidation of the Corporation; (b) the amendment of the Charter of the Corporation; (c) the sale, lease, or exchange of all or substantially all of the property of the Corporation; (d) amendment or repeal of these Bylaws; or (e) the amendment or repeal of any resolution of the PHCF Board which, by its terms, cannot be amended or repealed except by the action of the full PHCF Board or by the PHC Board.

ARTICLE VII  
*OFFICERS OF THE BOARD*

*Section 1.*     Officers. The officers of the Board shall be a Chair, a Vice Chair, and Immediate Past Chair. No director shall hold more than one (1) office during any one (1) year.

*Section 2*     Election. All officers shall be elected by the PHCF Board at its annual meeting, subject to approval of the PHC Board. Each elected officer shall assume office at the next regular meeting and shall serve until a successor is elected and approved by the PHC Board.

*Section 3.*     Terms. All officers other than the Chair shall serve terms of one (1) year with no limitation on the number of terms that can be served. The Chair shall serve a term of two (2) years and shall be eligible for reappointment as Chair for two additional two (2) year terms. Any officer of the Board whose term as a director expires during such officer's term as an officer shall have his or her term as a director extended such that it shall expire at the same time such officer's then current term as an officer expires.

*Section 4.*     Removal. Any officer may be removed (with or without cause at any time) by a majority vote of the PHC Board.

*Section 5.*     Resignation. Any officer may resign at any time by giving written notice to the PHF Board Chair or the Secretary. Such resignation shall take effect on the date of receipt or at any later time specified therein.

*Section 6*     Duties. Responsibilities, roles and expectations of officers may be specified in governance protocols.

*Section 7*     Inability to Act. In case of the absence or inability to act of any officer, the PHCF Board, with approval of the PHC Board, may delegate the powers and duties of an officer to another director.

*Section 8*     Other Officers and Agents. The PHCF Board may authorize the appointment of other officers and agents as it shall deem necessary, who shall hold offices for such terms, shall exercise such powers, and shall perform such duties as may be authorized by the PHCF Board. The PHCF Board may also require reasonable bonds of any of the officers or employees of

PHCF for the faithful performance of their duties.

## ARTICLE VIII *OFFICERS OF THE CORPORATION*

*Section 1.*     Officers. The officers of the Corporation shall be a Chief Executive Officer (“CEO”), a Vice President and Chief Development Officer (“CDO”), secretary, and a treasurer, and such other officers as the CEO may appoint, subject to the approval of the PHCF Board.

*Section 2*     CEO. The CEO of the Corporation shall be the CEO of PHC. The CEO shall be an ex officio member of the PHCF Board with voting privileges.

*Section 3.*     Vice-President, Philanthropy shall serve as the Executive Director, ex-officio. The Executive Director shall be appointed by, and serve at the pleasure of, the PHC CEO on the basis of advice provided by the PHCF Board.

*Section 4.*     Secretary. The Secretary of the Corporation shall be the Secretary of PHC.

*Section 5*     Treasurer. The Treasurer of the Corporation shall be the Executive Vice President/ Chief Financial Officer of PHC.

*Section 6*     Removal. Any officer may be removed (with or without cause at any time) by a majority vote of the PHC Board.

*Section 7*     Other Officers and Agents. The PHCF Board may approve the appointment of other corporate officers and agents by the CEO as it shall deem necessary, who shall hold offices for such terms, shall exercise such powers, and shall perform such duties as may be authorized by the PHCF Board. The PHCF Board may also require reasonable bonds of any of the officers or employees of the Corporation for the faithful performance of their duties.

## ARTICLE IX *LEGAL COMPLIANCE & INDEMNIFICATION*

*Section 1.*     Due Care. The PHCF Board shall take all reasonable and prudent steps to conform with all applicable Federal, State and local laws and regulations in addition to these Bylaws and the Bylaws of PHC.

*Section 2*     Director/Officer Indemnification and Insurance.

- (a)     Actions Against Directors. The Corporation shall indemnify to the fullest extent permitted by the Georgia Nonprofit Corporation Code, any individual, made a party to a proceeding (as defined in O.C.G.A. § 14-3-850) because he or she is or was a director (as defined in O.C.G.A. § 14-3-850), against liability (as defined in O.C.G.A. § 14-3-850) incurred in the proceeding, if the director acted in a manner the director believed in good faith to be in or not opposed to the best interests of the Corporation and, in the case of any criminal proceeding, the director had no reasonable cause to believe such director’s conduct was unlawful.
- (b)     Advances for Expenses of Directors. The Corporation shall pay for or reimburse

the reasonable expenses incurred by a director who is a party to a proceeding if:

- (i) The director furnishes the Corporation a written affirmation of the director's good faith belief that the director has met the standard of conduct set forth in Section 2(a) above; and
- (ii) The director furnishes the Corporation a written undertaking, executed personally or on the Director's behalf, to repay any advance if it is ultimately determined that the Director is not entitled to indemnification.

The written undertaking required by paragraph (b) above must be an unlimited general obligation of the director but need not be secured and will be accepted without reference to financial ability to make repayment.

- (c) Incorporation by Reference. Pursuant to O.C.G.A. § 14-3-858(c), there is incorporated by reference into these Bylaws the provisions of the part of the Georgia Nonprofit Corporation Code beginning at § 14-3-850. In the event of an amendment to this part of the Georgia Nonprofit Corporation Code relating to indemnification, these Bylaws shall incorporate the amendment, unless doing so would materially affect the interests of directors and officers in an adverse way, in which case the original intent of these Bylaws shall be preserved to the extent permitted by law.
- (d) Officers, Employees and Agents. The Corporation shall indemnify each officer, employee or agent who is not a director to the extent such officer, employee or agent is entitled to mandatory indemnification under O.C.G.A. § 14-3-852 or is the subject of court-ordered indemnification under O.C.G.A. § 14-3-854. The Corporation may, in the discretion of the PHCF Board, also indemnify and advance expenses to an officer, employee or agent who is not a director to the extent specified in any general or specific action of the PHCF Board or in any contract, subject in each case to the public policy limitation contained in O.C.G.A. § 14-3-856(2).
- (e) Insurance. The Corporation shall purchase and maintain insurance on behalf of an individual who is or was a director or officer of the Corporation or who, while a director or officer of PHC, is or was serving at the request of the Corporation as a director, officer, partner, trustee, employee or agent of another foreign or domestic business or nonprofit corporation, partnership, joint venture, trust, employee benefit plan, or other enterprise against liability asserted against or incurred by the individual in that capacity or arising from the individual's status as a director or officer, whether or not the Corporation would have power to indemnify the individual against the same liability under applicable law.

#### ARTICLE X SEAL

The seal of the Corporation shall be in such form as the Board may determine. In the event it is inconvenient to use such a seal at any time, the words "Corporate Seal" or the word "Seal" in parentheses or scroll accompanying the signature of an officer signing for and on behalf of the Corporation shall be the seal of the corporation. The seal shall be in the custody of the Secretary

and affixed by him or her on such papers as may be directed by law, by these bylaws, or by the PHCF Board.

## ARTICLE XI

### ADOPTION AND AMENDMENT

1. These Bylaws were adopted on the 28<sup>th</sup> day of June, 2011 by the affirmative vote of a majority of the PHC Board. They shall replace any previous Bylaws.

2. The Articles of Incorporation and the Bylaws of the Corporation may be altered, amended or repealed at any meeting of the PHCF Board, with ratification by the PHC Board, or at any meeting of the PHC Board, by an affirmative vote of a majority of all directors of the PHC Board. The Bylaws at no time shall contain any provision inconsistent with law or with the Articles of Incorporation.

Recommended and transmitted by:

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Bertram L. Levy, Chairman, Board of Directors  
Piedmont Healthcare Foundation, Inc.

Approved by:

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William A. Blincoe, Chairman, Board of Directors  
Piedmont Healthcare, Inc.

Witnessed:

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Debbie W. Gramling, Secretary  
Piedmont Healthcare, Inc.



**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No 1545-1709

► **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 ☒ **X**
- 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

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). 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*

**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

<b>Type or print</b>  File by the due date for filing your return. See instructions	Name of exempt organization	Employer identification number
	PIEDMONT HOSPITAL FOUNDATION, INC.	58-1272768
	Number, street, and room or suite no. If a P.O. box, see instructions	
	1968 PEACHTREE ROAD, N.W.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	ATLANTA, GA 30309	

Enter the Return code for the return that this application is for (file a separate application for each return)  

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► CHARLIE HALL

Telephone No ► 404-605-2439FAX No ► 404-609-6638

- 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) N/A. 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

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 20 12, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ☐ calendar year 20      or
- ☒ tax year beginning 07/01, 20 10, and ending 06/30, 20 11

- 2 If the tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return
- ☐ Change in accounting period

<b>3a</b> 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	<b>3a</b>	\$	0
<b>b</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	<b>3b</b>	\$	0
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	<b>3c</b>	\$	0

**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.

For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2011)

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

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions		Enter filer's identifying number, see instructions	
	PIEDMONT HOSPITAL FOUNDATION, INC.		<input checked="" type="checkbox"/> 58-1272768	Employer identification number (EIN) or
	Number, street, and room or suite no. If a P O box, see instructions		<input type="checkbox"/>	Social security number (SSN)
	1968 PEACHTREE ROAD, N.W.			
	City, town or post office, state, and ZIP code. For a foreign address, see instructions			
	ATLANTA, GA 30309			

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . . ☐ 0 ☒ 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

- The books are in the care of ☒ CHARLIE HALL  
Telephone No ☐ 404-605-2439 FAX No ☐ 404-609-6638
- 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) ☐ N/A 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 MAY 15, 20 12
- 5 For calendar year       , or other tax year beginning 07/01, 20 10, and ending 06/30, 20 11
- 6 If the tax year entered in line 5 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 IS NEEDED IN ORDER TO GATHER ALL THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

<b>8a</b> 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	<b>8a</b> \$	NONE
<b>b</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	<b>8b</b> \$	NONE
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	<b>8c</b> \$	NONE

**Signature and Verification must be completed for Part II only.**

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 Clare Steinke Title Manager Date 02/14/2012

ERNST & YOUNG LLP--34-6565596  
55 IVAN ALLEN JR BLVD, SUITE 1000  
ATLANTA, GA 30308  
ATTN C STEINKE

Form 8868 (Rev 1-2012)