



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



Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

THE MEDICAL CENTER FOUNDATION INC

Doing Business As

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

743 SPRING STREET

Room/suite

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

GAINESVILLE, GA 305013899

F Name and address of principal officer

CAROL BURRELL

743 SPRING STREET

GAINESVILLE,GA 305013899

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)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ☐ (Insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW.NGHS.COM

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1986

M State of legal domicile

GA

Part I	Summary																								
Activities & Governance	<div><div>1</div><div>Briefly describe the organization's mission or most significant activities</div><div>THE MEDICAL CENTER FOUNDATION (THE FOUNDATION) WAS FORMED TO DEVELOP AND (SEE SCHEDULE O) MAINTAIN QUALITY VOLUNTEER SERVICES AND MANAGE FUNDRAISING ACTIVITIES FOR NORTHEAST GEORGIA MEDICAL CENTER, INC AND ITS AFFILIATED ENTITIES</div></div>																								
	<div><div>2</div><div>Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div></div>																								
	<table><tr><td><div><div>3</div><div>Number of voting members of the governing body (Part VI, line 1a)</div></div></td><td><div><div>3</div><div>15</div></div></td></tr><tr><td><div><div>4</div><div>Number of independent voting members of the governing body (Part VI, line 1b)</div></div></td><td><div><div>4</div><div>8</div></div></td></tr><tr><td><div><div>5</div><div>Total number of individuals employed in calendar year 2010 (Part V, line 2a)</div></div></td><td><div><div>5</div><div>0</div></div></td></tr><tr><td><div><div>6</div><div>Total number of volunteers (estimate if necessary)</div></div></td><td><div><div>6</div><div>0</div></div></td></tr><tr><td><div><div>7a</div><div>Total unrelated business revenue from Part VIII, column (C), line 12</div></div></td><td><div><div>7a</div><div>0</div></div></td></tr><tr><td><div><div>7b</div><div>Net unrelated business taxable income from Form 990-T, line 34</div></div></td><td><div><div>7b</div><div>0</div></div></td></tr></table>	<div><div>3</div><div>Number of voting members of the governing body (Part VI, line 1a)</div></div>	<div><div>3</div><div>15</div></div>	<div><div>4</div><div>Number of independent voting members of the governing body (Part VI, line 1b)</div></div>	<div><div>4</div><div>8</div></div>	<div><div>5</div><div>Total number of individuals employed in calendar year 2010 (Part V, line 2a)</div></div>	<div><div>5</div><div>0</div></div>	<div><div>6</div><div>Total number of volunteers (estimate if necessary)</div></div>	<div><div>6</div><div>0</div></div>	<div><div>7a</div><div>Total unrelated business revenue from Part VIII, column (C), line 12</div></div>	<div><div>7a</div><div>0</div></div>	<div><div>7b</div><div>Net unrelated business taxable income from Form 990-T, line 34</div></div>	<div><div>7b</div><div>0</div></div>												
<div><div>3</div><div>Number of voting members of the governing body (Part VI, line 1a)</div></div>	<div><div>3</div><div>15</div></div>																								
<div><div>4</div><div>Number of independent voting members of the governing body (Part VI, line 1b)</div></div>	<div><div>4</div><div>8</div></div>																								
<div><div>5</div><div>Total number of individuals employed in calendar year 2010 (Part V, line 2a)</div></div>	<div><div>5</div><div>0</div></div>																								
<div><div>6</div><div>Total number of volunteers (estimate if necessary)</div></div>	<div><div>6</div><div>0</div></div>																								
<div><div>7a</div><div>Total unrelated business revenue from Part VIII, column (C), line 12</div></div>	<div><div>7a</div><div>0</div></div>																								
<div><div>7b</div><div>Net unrelated business taxable income from Form 990-T, line 34</div></div>	<div><div>7b</div><div>0</div></div>																								
Revenue	<table><tr><th></th><th>Prior Year</th><th>Current Year</th></tr><tr><td><div><div>8</div><div>Contributions and grants (Part VIII, line 1h)</div></div></td><td><div>3,101,738</div></td><td><div>3,800,603</div></td></tr><tr><td><div><div>9</div><div>Program service revenue (Part VIII, line 2g)</div></div></td><td><div>0</div></td><td><div>0</div></td></tr><tr><td><div><div>10</div><div>Investment income (Part VIII, column (A), lines 3, 4, and 7d)</div></div></td><td><div>42,805</div></td><td><div>371,675</div></td></tr><tr><td><div><div>11</div><div>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</div></div></td><td><div>-46,432</div></td><td><div>-47,770</div></td></tr><tr><td><div><div>12</div><div>Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</div></div></td><td><div>3,098,111</div></td><td><div>4,124,508</div></td></tr></table>		Prior Year	Current Year	<div><div>8</div><div>Contributions and grants (Part VIII, line 1h)</div></div>	<div>3,101,738</div>	<div>3,800,603</div>	<div><div>9</div><div>Program service revenue (Part VIII, line 2g)</div></div>	<div>0</div>	<div>0</div>	<div><div>10</div><div>Investment income (Part VIII, column (A), lines 3, 4, and 7d)</div></div>	<div>42,805</div>	<div>371,675</div>	<div><div>11</div><div>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</div></div>	<div>-46,432</div>	<div>-47,770</div>	<div><div>12</div><div>Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</div></div>	<div>3,098,111</div>	<div>4,124,508</div>						
	Prior Year	Current Year																							
<div><div>8</div><div>Contributions and grants (Part VIII, line 1h)</div></div>	<div>3,101,738</div>	<div>3,800,603</div>																							
<div><div>9</div><div>Program service revenue (Part VIII, line 2g)</div></div>	<div>0</div>	<div>0</div>																							
<div><div>10</div><div>Investment income (Part VIII, column (A), lines 3, 4, and 7d)</div></div>	<div>42,805</div>	<div>371,675</div>																							
<div><div>11</div><div>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</div></div>	<div>-46,432</div>	<div>-47,770</div>																							
<div><div>12</div><div>Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</div></div>	<div>3,098,111</div>	<div>4,124,508</div>																							
Expenses	<table><tr><td><div><div>13</div><div>Grants and similar amounts paid (Part IX, column (A), lines 1–3)</div></div></td><td><div>1,401,341</div></td><td><div>1,190,702</div></td></tr><tr><td><div><div>14</div><div>Benefits paid to or for members (Part IX, column (A), line 4)</div></div></td><td><div>0</div></td><td><div>0</div></td></tr><tr><td><div><div>15</div><div>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</div></div></td><td><div>550,012</div></td><td><div>570,699</div></td></tr><tr><td><div><div>16a</div><div>Professional fundraising fees (Part IX, column (A), line 11e)</div></div></td><td><div>27,405</div></td><td><div>25,247</div></td></tr><tr><td><div><div>b</div><div>Total fundraising expenses (Part IX, column (D), line 25)</div></div></td><td><div>660,707</div></td><td></td></tr><tr><td><div><div>17</div><div>Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)</div></div></td><td><div>178,025</div></td><td><div>127,090</div></td></tr><tr><td><div><div>18</div><div>Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</div></div></td><td><div>2,156,783</div></td><td><div>1,913,738</div></td></tr><tr><td><div><div>19</div><div>Revenue less expenses Subtract line 18 from line 12</div></div></td><td><div>941,328</div></td><td><div>2,210,770</div></td></tr></table>	<div><div>13</div><div>Grants and similar amounts paid (Part IX, column (A), lines 1–3)</div></div>	<div>1,401,341</div>	<div>1,190,702</div>	<div><div>14</div><div>Benefits paid to or for members (Part IX, column (A), line 4)</div></div>	<div>0</div>	<div>0</div>	<div><div>15</div><div>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</div></div>	<div>550,012</div>	<div>570,699</div>	<div><div>16a</div><div>Professional fundraising fees (Part IX, column (A), line 11e)</div></div>	<div>27,405</div>	<div>25,247</div>	<div><div>b</div><div>Total fundraising expenses (Part IX, column (D), line 25)</div></div>	<div>660,707</div>		<div><div>17</div><div>Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)</div></div>	<div>178,025</div>	<div>127,090</div>	<div><div>18</div><div>Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</div></div>	<div>2,156,783</div>	<div>1,913,738</div>	<div><div>19</div><div>Revenue less expenses Subtract line 18 from line 12</div></div>	<div>941,328</div>	<div>2,210,770</div>
<div><div>13</div><div>Grants and similar amounts paid (Part IX, column (A), lines 1–3)</div></div>	<div>1,401,341</div>	<div>1,190,702</div>																							
<div><div>14</div><div>Benefits paid to or for members (Part IX, column (A), line 4)</div></div>	<div>0</div>	<div>0</div>																							
<div><div>15</div><div>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</div></div>	<div>550,012</div>	<div>570,699</div>																							
<div><div>16a</div><div>Professional fundraising fees (Part IX, column (A), line 11e)</div></div>	<div>27,405</div>	<div>25,247</div>																							
<div><div>b</div><div>Total fundraising expenses (Part IX, column (D), line 25)</div></div>	<div>660,707</div>																								
<div><div>17</div><div>Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)</div></div>	<div>178,025</div>	<div>127,090</div>																							
<div><div>18</div><div>Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</div></div>	<div>2,156,783</div>	<div>1,913,738</div>																							
<div><div>19</div><div>Revenue less expenses Subtract line 18 from line 12</div></div>	<div>941,328</div>	<div>2,210,770</div>																							
Net Assets or Fund Balances	<table><tr><th></th><th>Beginning of Current Year</th><th>End of Year</th></tr><tr><td><div><div>20</div><div>Total assets (Part X, line 16)</div></div></td><td><div>17,845,456</div></td><td><div>19,138,518</div></td></tr><tr><td><div><div>21</div><div>Total liabilities (Part X, line 26)</div></div></td><td><div>2,015,356</div></td><td><div>1,606,881</div></td></tr><tr><td><div><div>22</div><div>Net assets or fund balances Subtract line 21 from line 20</div></div></td><td><div>15,830,100</div></td><td><div>17,531,637</div></td></tr></table>		Beginning of Current Year	End of Year	<div><div>20</div><div>Total assets (Part X, line 16)</div></div>	<div>17,845,456</div>	<div>19,138,518</div>	<div><div>21</div><div>Total liabilities (Part X, line 26)</div></div>	<div>2,015,356</div>	<div>1,606,881</div>	<div><div>22</div><div>Net assets or fund balances Subtract line 21 from line 20</div></div>	<div>15,830,100</div>	<div>17,531,637</div>												
	Beginning of Current Year	End of Year																							
<div><div>20</div><div>Total assets (Part X, line 16)</div></div>	<div>17,845,456</div>	<div>19,138,518</div>																							
<div><div>21</div><div>Total liabilities (Part X, line 26)</div></div>	<div>2,015,356</div>	<div>1,606,881</div>																							
<div><div>22</div><div>Net assets or fund balances Subtract line 21 from line 20</div></div>	<div>15,830,100</div>	<div>17,531,637</div>																							

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

Type or print name and title

ANTHONY HERDENER VICE PRESIDENT/CFO

Date

2012-08-15

Paid Preparer Use Only

Print/Type preparer's name

SUSAN CLARK

Preparer's signature

SUSAN CLARK

Date

Check if self-employed

☐

PTIN

Firm's name

PERSHING YOAKLEY & ASSOCIATES P C

Firm's EIN

Firm's address

ONE CHEROKEE MILLS 2220 SUTHERLAND KNOXVILLE, TN 379192363

Phone no

(865) 673-0844

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2010)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization's mission

THE MEDICAL CENTER FOUNDATION (THE FOUNDATION) WAS FORMED TO DEVELOP AND MAINTAIN QUALITY VOLUNTEER SERVICES AND MANAGE FUNDRAISING ACTIVITIES FOR NORTHEAST GEORGIA MEDICAL CENTER, INC AND ITS AFFILIATED ENTITIES

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 \$ 1,204,012 including grants of \$ 1,190,702) (Revenue \$ 0)

THE MEDICAL CENTER FOUNDATION SERVES AS THE FUNDRAISING ARM OF NORTHEAST GEORGIA HEALTH SYSTEM THE FOUNDATION RAISES FUNDS TO PROVIDE FINANCIAL SUPPORT TO NORTHEAST GEORGIA MEDICAL CENTER AND TO WORK FOR THE OVERALL IMPROVEMENT OF HEALTHCARE SERVICES TO THE COMMUNITY **SEE SCHEDULE O FOR PROGRAM SERVICE ACCOMPLISHMENTS CONTINUATION**

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 \$ 1,204,012

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
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	5	
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 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
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. 	11a Yes	
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. 	11b	No
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. 	11c	No
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. 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e Yes	
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. 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a Yes	
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 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV	16	No
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) 	17 Yes	
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 	18 Yes	
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 	19	No
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV

Checklist of Required Schedules (continued)

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
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		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

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

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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

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	15	
b	Enter the number of voting members included in line 1a, above, who are independent	1b	8	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No

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		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
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	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	GA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	LINDA D NICHOLSON CONTROLLER 743 SPRING STREET GAINESVILLE, GA 305013899 (770) 219-6646

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

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, and **current** key employees. 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			
(1) NANCY COLSTON MEMBER & EXECUTIVE DIRECTOR	40.00	X		X				0	156,866	32,338
(2) PIERPONT F BROWN III MD MEMBER, NGPG PHYSICIAN	1.00	X						0	572,726	30,940
(3) BETH BALDWIN MEMBER	1.00	X						0	0	0
(4) SCOTT MCGARITY MEMBER	1.00	X						0	0	0
(5) TRAVIS ROGERS MEMBER	1.00	X						0	0	0
(6) WILLIAM T LANGSTON SR MD MEMBER	1.00	X						0	0	0
(7) WOODY STEWART CHAIRPERSON	1.00	X						0	0	0
(8) JANICE ROGERS MEMBER	1.00	X						0	0	0
(9) HEATH GURR MEMBER, NGMC - PHARMACIST	1.00	X						0	116,192	23,381
(10) RICHARD POPE MEMBER	1.00	X						0	0	0
(11) LONA POPE MEMBER	1.00	X						0	0	0
(12) MARY INGRAM MEMBER, NGMC - STAFF RN	1.00	X						0	88,909	27,975
(13) JENNIFER STOECKIG MEMBER & NGMC - ED INSTRUCTOR	1.00	X						0	71,012	25,701
(14) BETHANY MAGNUS MEMBER	1.00	X						0	0	0
(15) LETRELL SIMPSON MEMBER, FORMER NGH5 VP	1.00	X						0	7,655	0
(16) JIM MOORE 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) MICHELE WEIDNER MEMBER	1 00	X						0	0	0
(18) JAMES GARDNER PRESIDENT & CEO UNTIL 11/2010	1 00			X				0	940,277	491,707
(19) ANTHONY HERDENER VP - NGHS & CFO	1 00			X				0	451,479	138,464
(20) CAROL BURRELL PRESIDENT & CEO EFFECTIVE 11/2010	1 00			X				0	488,837	220,957
(21) DANE HENRY VP - NGMC	1 00			X				0	250,411	32,577
(22) TRACY VARDEMAN VP - NGHS	1 00			X				0	253,008	65,108
(23) SANDRA JOHNSON VP - NGHS	1 00			X				0	263,603	25,983
(24) ALLANA CUMMINGS VP - NGHS & CIO	1 00			X				0	316,956	27,909
(25) JAMES WALKER VP - NGHS	1 00			X				0	202,203	12,802
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								0	4,180,134	1,155,842

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization0

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

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
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	282,522			
	d	Related organizations	1d	1,065,045			
	e	Government grants (contributions)	1e	448,140			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,004,896			
	g	Noncash contributions included in lines 1a-1f \$		170,141			
	h	Total. Add lines 1a-1f			3,800,603		
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		267,897		
4		Income from investment of tax-exempt bond proceeds . . .					
5		Royalties					
6a		Gross Rents	(i) Real	(ii) Personal			
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)		103,778			103,778
8a		Gross income from fundraising events (not including \$ 282,522 of contributions reported on line 1c) See Part IV, line 18					
b		Less direct expenses					
c		Net income or (loss) from fundraising events . . .		-47,770			-47,770
9a		Gross income from gaming activities See Part IV, line 19					
b		Less direct expenses					
c		Net income or (loss) from gaming activities . . .					
10a		Gross sales of inventory, less returns and allowances					
b		Less cost of goods sold					
c		Net income or (loss) from sales of inventory . . .					
	Miscellaneous Revenue	Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions			4,124,508	0	0	323,905

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	1,190,702	1,190,702		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	156,866	1,130	11,153	144,583
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	311,427	2,242	22,143	287,042
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	12,832	93	912	11,827
9	Other employee benefits	58,767	423	4,178	54,166
10	Payroll taxes	30,807	222	2,190	28,395
a	Fees for services (non-employees) Management				
b	Legal	2,748	20	195	2,533
c	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	25,247			25,247
f	Investment management fees	13,611	98	968	12,545
g	Other	24,018	173	1,708	22,137
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	6,590	47	469	6,074
17	Travel	3,771	27	268	3,476
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,834	20	202	2,612
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,995	51	497	6,447
23	Insurance				
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	PRINTING	17,030	123	1,210	15,697
b	SOFTWARE SUPPORT	11,992	86	853	11,053
c	BAD DEBTS	8,346	8,346		
d	SUPPLIES	7,318	53	520	6,745
e	SALES TAX	6,852	48	487	6,317
f	All other expenses	14,985	108	1,066	13,811
25	Total functional expenses. Add lines 1 through 24f	1,913,738	1,204,012	49,019	660,707
26	Joint costs. Check here <input checked="" 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)		(B)
						Beginning of year		End of year
Assets	1	Cash—non-interest-bearing					1	
	2	Savings and temporary cash investments				1,543,872	2	2,605,321
	3	Pledges and grants receivable, net				3,749,776	3	3,943,410
	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) Schedule L					6	
	7	Notes and loans receivable, net				104,480	7	130,705
	8	Inventories for sale or use					8	
	9	Prepaid expenses and deferred charges					9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	3,489,990	3,381,550	10c	3,374,557	
	b	Less: accumulated depreciation	10b	115,433				
	11	Investments—publicly traded securities				8,213,542	11	8,482,866
	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				852,236	15	601,659
16	Total assets. Add lines 1 through 15 (must equal line 34)				17,845,456	16	19,138,518	
Liabilities	17	Accounts payable and accrued expenses				107,767	17	108,198
	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				1,907,589	25	1,498,683
	26	Total liabilities. Add lines 17 through 25				2,015,356	26	1,606,881
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.							
	27	Unrestricted net assets				5,458,180	27	5,664,948
	28	Temporarily restricted net assets				8,272,698	28	9,576,881
	29	Permanently restricted net assets				2,099,222	29	2,289,808
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.							
	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				15,830,100	33	17,531,637
34	Total liabilities and net assets/fund balances				17,845,456	34	19,138,518	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,124,508
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,913,738
3	Revenue less expenses Subtract line 2 from line 1	3	2,210,770
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,830,100
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-509,233
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	17,531,637

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	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		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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	Yes	
d	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 type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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		

SCHEDULE A

(Form 990 or 990EZ)

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 THE MEDICAL CENTER FOUNDATION INC	Employer identification number 58-1694820
---	--

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 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?
- h

☐

Provide the following information about the supported organization(s)

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

(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	
Total									

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.")	3,853,483	1,860,820	2,281,080	3,101,738	3,800,603	14,897,724
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 Total. Add lines 1 through 3	3,853,483	1,860,820	2,281,080	3,101,738	3,800,603	14,897,724
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)						1,805,235
6 Public Support. Subtract line 5 from line 4						13,092,489

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	3,853,483	1,860,820	2,281,080	3,101,738	3,800,603	14,897,724
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	504,408	438,422	482,286	333,424	267,897	2,026,437
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						16,924,161
12 Gross receipts from related activities, etc (See instructions)					12	192,446
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	77.360 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	75.580 %
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2010. 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 stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2009. 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 stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶		

Part IIIPart 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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (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
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
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. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization THE MEDICAL CENTER FOUNDATION INC	Employer identification number 58-1694820
---	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization’s direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$ _____
3	Volunteer hours	_____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$ _____
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$ _____
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If “Yes,” describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$ _____
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities	▶ \$ _____
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$ _____
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization’s funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></tbody></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?		No	
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?		No	
	g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities? If "Yes," describe in Part IV	Yes		9
	j Total lines 1c through 1i			9
	2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
	b If "Yes," enter the amount of any tax incurred under section 4912			
	c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
	d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

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

Part IV

Supplemental Information

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

Identifier	Return Reference	Explanation
EXPLANATION OF OTHER LOBBYING ACTIVITIES	PART II-B, LINE 1I	THE MEDICAL CENTER FOUNDATION, INC PAYS MEMBERSHIP DUES TO THE ASSOCIATION FOR HEALTHCARE PHILANTHROPY. A PORTION OF THIS DUES ARE DESIGNATED FOR LOBBYING ACTIVITIES BY THIS ORGANIZATIONS

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
THE MEDICAL CENTER FOUNDATION INC

Employer identification number
58-1694820

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? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

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)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–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 Year
2a	
2b	
2c	
2d	

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, 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

1b

If the organization elected, as permitted under SFAS 116, 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 relating to these items

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

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

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

Part III

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

3

Using the organization's 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 XIV and complete the following table

	Amount
1c	
1d	
1e	
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 XIV

Part V

Endowment Funds. Complete if the 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	10,371,919	9,240,287	10,316,115	
b	Contributions	2,757,537	1,974,645	2,333,317	
c	Investment earnings or losses	50,661	106,903	36,357	
d	Grants or scholarships				
e	Other expenditures for facilities and programs	1,305,082	938,110	3,552,570	
f	Administrative expenses	8,346	11,806	-107,068	
g	End of year balance	11,866,689	10,371,919	9,240,287	

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 19 170 %

c

Term endowment ▶ 80 830 %

3a

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

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No

b

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

3b

4

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

Part VI

Investments—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		3,304,750		3,304,750
b Buildings		84,524	26,594	57,930
c Leasehold improvements		5,635	1,972	3,663
d Equipment		95,081	86,867	8,214
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				3,374,557

Schedule D (Form 990) 2010

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,124,508
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,913,738
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,210,770
4	Net unrealized gains (losses) on investments	4	-299,708
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-209,525
9	Total adjustments (net) Add lines 4 - 8	9	-509,233
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,701,537

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	3,115,544
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	0
3	Subtract line 2e from line 1	3	3,115,544
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	13,611
b	Other (Describe in Part XIV)	4b	995,353
c	Add lines 4a and 4b	4c	1,008,964
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	4,124,508

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	1,961,530
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	61,403
e	Add lines 2a through 2d	2e	61,403
3	Subtract line 2e from line 1	3	1,900,127
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	13,611
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	13,611
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,913,738

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, 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.

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	ENDOWMENT FUNDS ARE TO BE USED TO SUPPORT NORTHEAST GEORGIA MEDICAL CENTER, INC (A RELATED TAX-EXEMPT ENTITY) SPECIFICALLY, ENDOWMENT FUNDS ARE TO BE USED FOR SCHOLARSHIPS, NGMC EXPENSES AND INDIGENT CARE
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE FOUNDATION IS ORGANIZED AS A GEORGIA NOT-FOR-PROFIT CORPORATION AND IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. AS SUCH, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS. AT SEPTEMBER 30, 2011, MANAGEMENT DOES NOT BELIEVE THE FOUNDATION HOLDS ANY UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES.
PART XI, LINE 8 - OTHER ADJUSTMENTS		PARTNERSHIP INCOME NOT ON BOOKS -57 CHANGE IN PV OF CRAT LIABILITY -144,365 OTHER CHANGES - 65,103
PART XII, LINE 4B - OTHER ADJUSTMENTS		PARTNERSHIP INCOME NOT ON BOOKS 57 SPECIAL EVENT EXPENSE -69,749 CONTRIBUTIONS INCLUDED IN EQUITY ON BOOKS 1,065,045
PART XIII, LINE 2D - OTHER ADJUSTMENTS		RECLASS BAD DEBT EXPENSE -8,346 SPECIAL EVENT EXPENSE 69,749

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
THE MEDICAL CENTER FOUNDATION INC

Employer identification number
58-1694820

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | | | | | |
|----------|-------------------------------------|-----------------------------------|----------|-------------------------------------|---------------------------------------|
| a | <input checked="" type="checkbox"/> | Mail solicitations | e | <input checked="" type="checkbox"/> | Solicitation of non-government grants |
| b | <input checked="" type="checkbox"/> | Internet and e-mail solicitations | f | <input checked="" type="checkbox"/> | Solicitation of government grants |
| c | <input type="checkbox"/> | Phone solicitations | g | <input checked="" type="checkbox"/> | Special fundraising events |
| d | <input checked="" type="checkbox"/> | In-person solicitations | | | |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
J KNOWLTON FD STRATEGIST 1820 CRESCENT LANE ATHENS, GA 30307	ASSISTED WITH FUNDRAISING CAMPAIGN		No	0	15,000	-15,000
CON-SEN-SUS CONSULTING 1838 VALLEY ROAD NE GAINESVILLE, GA 30501	ASSISTED WITH FUNDRAISING CAMPAIGN		No	0	3,112	-3,112
SUSAN DANIEL CREATIVE INC 3712 ARROWHEAD PLACE GAINESVILLE, GA 30506	ASSISTED WITH FUNDRAISING CAMPAIGN		No	0	7,135	-7,135
Total					25,247	-25,247

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

GA

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		GOLF TOURNAMENT (event type)	(event type)	(total number)	(Add col (a) through col (c))
	1	Gross receipts	304,501		304,501
	2	Less Charitable contributions	282,522		282,522
	3	Gross income (line 1 minus line 2)	21,979		21,979
Direct Expenses	4	Cash prizes	2,500		2,500
	5	Non-cash prizes	9,997		9,997
	6	Rent/facility costs	8,190		8,190
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	49,062		49,062
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			
					-47,770

Part III Gaming.

Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Direct Expenses	1	Gross revenue			
	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c

If "Yes," enter name and address

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
THE MEDICAL CENTER FOUNDATION INC

Employer identification number
58-1694820

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) NORTHEAST GEORGIA MEDICAL CENTER INC743 SPRING STREET GAINESVILLE,GA 30501	58-1694098	501 (C) (3)	806,261				SUPPORTED ORGANIZATION
(2) HEALTH ACCESS INITIATIVEPO BOX 907446 GAINESVILLE,GA 30501	54-2093019	501 (C) (3)	230,000				HEALTHY JOURNEY III COMMITMENT
(3) GOOD NEWS AT NOON PO BOX 2683 GAINESVILLE,GA 30503	58-2058853	501 (C) (3)	5,000				DONATION
(4) AMERICAN CANCER SOCIETYPO BOX 102454 ATLANTA,GA 30368	13-1788491	501 (C) (3)	13,013				RELAY FOR LIFE
(5) AMERICAN HEART ASSOCIATIONPO BOX 4002900 DES MOINES,IA 50340	13-5613797	501 (C) (3)	12,626				HEARTWALK
(6) MARCH OF DIMES1775 THE EXCHANGE SUITE 245 ATLANTA,GA 30339	13-1846366	501 (C) (3)	6,490				MARCH FOR BABIES
(7) HALL COUNTY FIRE SVSPO BOX 907730 GAINESVILLE,GA 30501	58-6000836	501 (C) (3)	117,312				GOLF TOURNAMENT FUNDRAISER BENEFICIARY

2

Enter total number of section 501(c)(3) and government organizations

7

3

Enter total number of other organizations

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE MAJORITY OF GRANTS ARE TO 501(C)(3) ORGANIZATIONS BOARD APPROVAL IS OBTAINED THROUGH THE BUDGETING PROCESS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
THE MEDICAL CENTER FOUNDATION INC

Employer identification number
58-1694820

Part I

Questions Regarding Compensation

		Yes	No
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		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	
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?	2	
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		
	<div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div></div> <div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div></div> <div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
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?	4a	Yes
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only 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?	5a	No
b	Any related organization?	5b	No
	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?	6a	No
b	Any related organization?	6b	No
	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	7	No
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 Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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) NANCY COLSTON	(i)	0	0	0	0	0	0	0
	(ii)	135,144	20,511	1,211	20,074	12,264	189,204	0
(2) PIERPONT F BROWN III MD	(i)	0	0	0	0	0	0	0
	(ii)	553,881	0	18,845	8,575	22,365	603,666	0
(3) JAMES GARDNER	(i)	0	0	0	0	0	0	0
	(ii)	440,268	350,452	149,557	458,428	33,279	1,431,984	0
(4) ANTHONY HERDENER	(i)	0	0	0	0	0	0	0
	(ii)	296,905	122,055	32,519	109,530	28,934	589,943	0
(5) CAROL BURRELL	(i)	0	0	0	0	0	0	0
	(ii)	323,391	135,933	29,513	197,133	23,824	709,794	0
(6) DANE HENRY	(i)	0	0	0	0	0	0	0
	(ii)	170,087	79,742	582	24,642	7,935	282,988	17,414
(7) TRACY VARDEMAN	(i)	0	0	0	0	0	0	0
	(ii)	166,664	69,011	17,333	42,959	22,149	318,116	18,957
(8) SANDRA JOHNSON	(i)	0	0	0	0	0	0	0
	(ii)	150,745	105,000	7,858	18,272	7,711	289,586	0
(9) ALLANA CUMMINGS	(i)	0	0	0	0	0	0	0
	(ii)	192,692	105,000	19,264	22,318	5,591	344,865	0
(10) JAMES WALKER	(i)	0	0	0	0	0	0	0
	(ii)	108,301	48,500	45,402	3,150	9,652	215,005	0
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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.

Identifier	Return Reference	Explanation
	PART I, LINES 4A-B	PART I, LINE 4A - SEVERANCE PAYMENT. JAMES GARDNER, JR. WAS EMPLOYED BY NORTHEAST GEORGIA HEALTH SYSTEM FROM MARCH 2004 UNTIL MARCH 2011. MR. GARDNER WAS HIRED TO SERVE AS PRESIDENT AND CEO OF THE SYSTEM. HE WAS PAID SEVERANCE OF \$115,684 BASED ON THE TERMS OF HIS EMPLOYMENT CONTRACT. PART I, LINE 4B - EMPLOYER CONTRIBUTION TO 457(F) EXECUTIVE RETIREMENT BENEFIT PLAN: JAMES GARDNER \$435,808; ANTHONY HERDENER \$75,649; CAROL BURRELL \$167,565; DANE HENRY \$21,168; TRACY VARDEMAN \$23,705; ALLANA CUMMINGS \$17,544; SANDRA JOHNSON \$15,241. EMPLOYER PAYMENT FROM 457(F) PLAN (INCLUDING VESTED EARNINGS ON PREVIOUSLY REPORTED COMPENSATION): DANE HENRY \$19,622; TRACY VARDEMAN \$21,361.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
THE MEDICAL CENTER FOUNDATION INC

Employer identification number
58-1694820

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		2,935	FAIR MARKET VALUE
5 Clothing and household goods				
6 Cars and other vehicles .				
7 Boats and planes				
8 Intellectual property . .				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests .				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other . .				
15 Real estate—Residential .				
16 Real estate—Commercial				
17 Real estate—Other . .				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts . .				
23 Scientific specimens . .				
24 Archeological artifacts .				
25 Other ► (VARIOUS)	X	30	14,383	FAIR MARKET VALUE
EQUIPMENT FOR SAFE				
26 Other ► (KIDS)	X	1	151,575	FAIR MARKET VALUE
27 Other ► (VARIOUS)	X	6	1,248	FAIR MARKET VALUE
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

290

30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		Yes	No
b	If "Yes," describe the arrangement in Part II	30a		No
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part III

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
------------	------------------	-------------

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 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 THE MEDICAL CENTER FOUNDATION INC	Employer identification number 58-1694820
--	---

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		JANICE ROGERS, BOARD MEMBER IS THE WIFE OF TRAVIS ROGERS, BOARD MEMBER LONA POPE, BOARD MEMBER IS THE WIFE OF RICHARD POPE, BOARD MEMBER

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		NORTHEAST GEORGIA HEALTH SYSTEM, INC IS THE SOLE MEMBER OF THE MEDICAL CENTER FOUNDATION, INC

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		THE BOARD OF DIRECTORS OF THE MEDICAL CENTER FOUNDATION, INC ARE APPOINTED BY THE BOARD OF NORTHEAST GEORGIA HEALTH SYSTEM, INC - A RELATED 501(C)(3) ORGANIZATION

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		THE BOARD OF DIRECTORS OF THE MEDICAL CENTER FOUNDATION, INC ARE APPOINTED BY THE BOARD OF NORTHEAST GEORGIA HEALTH SYSTEM, INC - A RELATED 501(C)(3) ORGANIZATION

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		INFORMATION FOR THE FORM 990 WAS PROVIDED TO AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT FOR PREPARATION OF RETURN. AFTER THE RETURN WAS PREPARED, IT WAS REVIEWED BY SENIOR FINANCIAL MANAGEMENT. THE 990 IS MADE AVAILABLE TO MEMBERS OF THE BOARD PRIOR TO FILING.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY EMPLOYEES ATTEST TO THEIR UNDERSTANDING AND REPORTING/DISCLOSURE REQUIREMENTS AT HIRE AND ANNUALLY COMPLIANCE IS MONITORED CONTINUOUSLY THROUGHOUT THE YEAR BY THE BOARD

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	<p>THE COMPENSATION COMMITTEE OF THE NORTHEAST GEORGIA HEALTH SYSTEM BOARD (NGHS BOARD) HAS DEVELOPED AND INSTALLED COMPENSATION POLICIES AND PROCEDURES THAT SEEK TO FURTHER THE PURPOSE OF NGHS AND AFFILIATES AND THE IMPORTANCE OF THESE POLICIES TO ATTRACT AND RETAIN KEY EMPLOYEES. THE COMPENSATION COMMITTEE IS COMPOSED ENTIRELY OF DIRECTORS WHO ARE NOT EMPLOYEES OF NGHS. ALL DECISIONS OF THE COMPENSATION COMMITTEE ARE REVIEWED AND RATIFIED BY THE NGHS BOARD. THE COMMITTEE'S METHODOLOGY AND APPROACH INCORPORATES BOTH QUALITATIVE AND QUANTITATIVE CONSIDERATIONS, WHICH ARE REFLECTED IN THE COMMITTEE'S DETERMINATIONS CONCERNING KEY EMPLOYEE COMPENSATION AND THE SPECIFIC COMPONENTS THEREOF. THE COMPENSATION DECISIONS OF THE COMMITTEE ARE DESCRIBED BELOW AS TO EACH OF THE THREE CATEGORIES: BASE SALARY. ANNUAL BASE SALARIES ARE SET AT COMPETITIVE LEVELS WITH HEALTHCARE INSTITUTIONS OF A SIMILAR SIZE AND COMPLEXITY FROM THROUGHOUT THE COUNTRY. SPECIFICALLY, THE COMMITTEE CONSIDERS PEER GROUP COMPARISONS FROM SURVEY DATA FOR OTHER HEALTH SYSTEMS, RECOMMENDATIONS FROM AN INDEPENDENT COMPENSATION CONSULTANT, AND INDIVIDUAL PERFORMANCE ASSESSMENTS FOR EACH POSITION. IN EACH INSTANCE, THE COMMITTEE MEMBERS REACH A CONSENSUS BASED ON THE COMBINATION OF AVAILABLE INFORMATION, AND THE COMMITTEE SETS A BASE SALARY LEVEL FOR EACH KEY EMPLOYEE. PERFORMANCE-BASED VARIABLE COMPENSATION: NUMEROUS PERFORMANCE GOALS ARE QUANTITATIVE IN NATURE, RESULTING IN A PERFORMANCE-BASED VARIABLE COMPENSATION COMPONENT THAT IS WEIGHTED TOWARD ATTAINING NGHS BOARD-APPROVED GOALS AND OBJECTIVES. ANNUAL GOALS AND OBJECTIVES ARE ESTABLISHED THROUGH A FORMAL PLANNING PROCESS INVOLVING BOARD AND COMMUNITY MEMBERS. THE BOARD APPROVES THESE GOALS AND OBJECTIVES AT THE BEGINNING OF EACH YEAR. OFFICERS AND KEY EMPLOYEES RECEIVE CASH AWARDS AS A FORMULA-DRIVEN PERCENTAGE OF BASE SALARY LEVELS BASED ON ACHIEVEMENT AND PREDETERMINED INDIVIDUAL OBJECTIVES. BENEFITS AND RETENTION PROGRAMS: BENEFIT CATEGORIES AND AMOUNTS ARE DETERMINED BY A COMPARISON PROCESS SIMILAR TO DETERMINING BASE SALARIES WITH POSITIONS AND ORGANIZATIONS SIMILAR TO NGHS. INCLUDED IN BENEFITS ARE RETIREMENT PROGRAMS TO ENHANCE RETENTION AND PROGRESS TOWARD LONG-TERM GOALS WITHIN NGHS' MISSION.</p>

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	FINANCIAL STATEMENTS AND STATISTICS ARE FILED QUARTERLY WITH DIGITAL ASSURANCE CERTIFICATION, LLC (DAC BOND) DAC BOND SERVES AS A DISCLOSURE DISSEMINATION AGENT FOR ISSUERS OF MUNICIPAL BONDS ELECTRONICALLY POSTING AND TRANSMITTING INFORMATION TO REPOSITORIES AND INVESTORS ALL OTHER ITEMS ARE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -299,708 PARTNERSHIP INCOME NOT ON BOOKS -57 CHANGE IN PV OF CRAT LIABILITY -144,365 OTHER CHANGES -65,103 TOTAL TO FORM 990, PART XI, LINE 5 -509,233

Identifier	Return Reference	Explanation
	FORM 990, PART III LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS	<p>LOCATED IN THE NORTHEASTERN SECTION OF THE STATE IN HALL COUNTY, NORTHEAST GEORGIA MEDICAL CENTER (NGMC) IS A 557-BED NOT-FOR-PROFIT REGIONAL REFERRAL FACILITY THAT PROVIDES A COMPREHENSIVE RANGE OF ACUTE CARE AND SPECIALTY SERVICES THROUGH ITS ROLE AS A REGIONAL SAFETY NET HOSPITAL, NGMC SERVES THE AREA'S LOW-INCOME, UNINSURED, UNDERINSURED AND OTHER VULNERABLE POPULATIONS. APPROXIMATELY HALF OF NGMC'S PATIENTS COME FROM OUTSIDE OF HALL COUNTY. AS A NOT-FOR-PROFIT HOSPITAL, NGMC REINVESTS ALL FUNDS IN EXCESS OF OPERATING EXPENSES INTO HEALTHCARE SERVICES FOR THE COMMUNITY. THE MEDICAL CENTER RECEIVES NO OPERATING FUNDS FROM HALL OR OTHER COUNTIES SERVED, AND SERVICES ARE FUNDED BY REVENUE GENERATED FROM OPERATIONS. NGMC PROVIDED INDIGENT CARE TO HALL COUNTY RESIDENTS AT A COST OF \$15,647,060 MILLION IN 2011, WITH ANOTHER \$10,937,273 MILLION PROVIDED TO REGIONAL RESIDENTS OUTSIDE HALL COUNTY. THE MEDICAL CENTER'S CHARITY CARE POLICY PROVIDES FINANCIAL ASSISTANCE UP TO 300 PERCENT OF THE POVERTY LEVEL - DOUBLE THE AMOUNT GENERALLY PROVIDED BY OTHER HOSPITALS ACROSS THE STATE. THE HOSPITAL IS A KEY PARTICIPANT AND FISCAL SPONSOR IN PROGRAMS AIMED AT TREATING LOW-INCOME AND UNINSURED PATIENTS, INCLUDING THE GOOD NEWS CLINICS, THE LARGEST FREE HEALTH CARE CLINIC IN GEORGIA, AND HEALTH ACCESS INITIATIVE (HAI), A LOCAL SERVICE THAT MATCHES FINANCIALLY ELIGIBLE PATIENTS TO SPECIALTY PHYSICIANS AND PROVIDES ACCESS TO CARE, AMONG OTHER SERVICES. ADDITIONALLY - LOCATED IN GEORGIA'S FASTEST GROWING REGION, THE 61- YEAR-OLD HOSPITAL HAS EXPANDED CONSIDERABLY IN RECENT YEARS TO MEET DEMAND AND UPDATE ITS AGING PLANT, INVESTING A QUARTER OF A BILLION DOLLARS IN ITS FACILITIES, - NGMC'S QUALITY OF CARE IS OFTEN AWARDED, AND THE HOSPITAL RANKS AMONG THE TOP IN THE STATE FOR CARDIAC SERVICES, - SINCE 2000, NGMC HAS PROVIDED NEARLY THREE TIMES THE AMOUNT OF INDIGENT AND CHARITY CARE SET FORTH IN REQUIREMENTS BY THE GEORGIA DEPARTMENT OF COMMUNITY HEALTH FOR SUCCESSFUL PASSAGE OF A CERTIFICATE OF NEED FOR NEW SERVICES, AND, UNLIKE MANY GEORGIA NOT-FOR-PROFIT HOSPITALS HELD TO THE SAME REQUIREMENTS, NGMC DOES NOT RECEIVE TAX FUNDING FROM ITS LOCAL COUNTY TO HELP FUND INDIGENT CARE TO AREA RESIDENTS, - NGMC IS THE PRIMARY HOSPITAL FOR LOW-INCOME PATIENTS IN GAINESVILLE-HALL COUNTY AND THROUGHOUT THE REGION IN COUNTIES SUCH AS BANKS, LUMPKIN, AND WHITE, WHERE MANY KEY MEDICAL SPECIALTIES ARE NOT AVAILABLE. NORTHEAST GEORGIA MEDICAL CENTER IN CALENDAR YEAR 2010, THE LATEST DATA AVAILABLE, NGMC WAS FIFTH IN THE STATE FOR NET UNCOMPENSATED CARE. NGMC PROVIDED INDIGENT CARE TO HALL COUNTY RESIDENTS AT A COST OF \$15,647,060 MILLION IN 2011, WITH ANOTHER \$10,937,273 MILLION PROVIDED TO REGIONAL RESIDENTS OUTSIDE HALL COUNTY. NGMC RECEIVES NO LOCAL TAX REVENUE FROM HALL COUNTY (OR ANY COUNTIES SERVED IN REGION 2) TO SUPPORT OPERATIONS OR CARE PROVIDED TO INDIGENT RESIDENTS, UNLIKE A NUMBER OF NOT-FOR-PROFIT HOSPITALS. NGMC SERVES AS A FINANCIAL ENGINE FOR ITS LOCAL ECONOMY. IN 2009 (LATEST NUMBERS AVAILABLE), THE HOSPITAL GENERATED NEARLY A BILLION DOLLARS IN REVENUE FOR THE LOCAL ECONOMY, ACCORDING TO A REPORT BY THE GEORGIA HOSPITAL ASSOCIATION, WHICH APPLIED AN ECONOMIC MULTIPLIER TO THE HOSPITAL'S DIRECT EXPENDITURES TO ACCOUNT FOR THE "RIPPLE" EFFECT THE HOSPITAL'S SPENDING HAS ON OTHER SECTORS OF THE LOCAL ECONOMY. APPLYING AN EMPLOYMENT MULTIPLIER, THE REPORT FOUND THAT THE HOSPITAL SUSTAINED MORE THAN 8,000 JOBS IN 2009 IN ADDITION TO THE MORE THAN 4,000 EMPLOYED DIRECTLY BY NORTHEAST GEORGIA HEALTH SYSTEM. UNDER THE IRS LAW, A TAX-EXEMPT ORGANIZATION, CLASSIFIED AS A 501(C)(3) CHARITY, IS REQUIRED TO HAVE A MISSION THAT WILL BENEFIT ITS COMMUNITY, REINVEST ALL SURPLUS FUNDS IN THE ORGANIZATION IN A WAY THAT BENEFITS THE COMMUNITY, COMPENSATE EXECUTIVES, CONTRACTORS AND OTHER EMPLOYEES IN ACCORDANCE WITH FAIR MARKET VALUE, REMAIN ACCOUNTABLE TO THE COMMUNITY, REFRAIN FROM PARTICIPATING IN POLITICAL CAMPAIGNS FOR OR AGAINST CANDIDATES, REFRAIN FROM LOBBYING AS A SUBSTANTIAL PART OF ITS ACTIVITIES, AND, REMAIN FINANCIALLY ACCOUNTABLE TO THE COMMUNITY BY NOT ALLOWING ANY PORTION OF ITS NET EARNINGS TO BENEFIT ANY PRIVATE SHAREHOLDER OR INDIVIDUAL. AS A NOT-FOR-PROFIT HOSPITAL, NGMC CARRIES ADDITIONAL RESPONSIBILITIES, AS ESTABLISHED BY THE IRS IN 1969. OPERATE A FULL-TIME EMERGENCY ROOM THAT IS AVAILABLE TO ALL PEOPLE, REGARDLESS OF THEIR ABILITY TO PAY, - NGMC OPERATES THE 2ND BUSIEST ER IN GEORGIA. IN 2011, APPROXIMATELY 25% OF ALL NGMC'S EMERGENCY ROOM VISITS WERE MADE BY SELF-PAY PATIENTS. PROVIDE NON-EMERGENCY SERVICES TO ANYONE ABLE TO PAY, - NORTHEAST GEORGIA HEALTH SYSTEM PROVIDES HIGH QUALITY, ADVANCED SPECIALTY AND PRIMARY HEALTHCARE SERVICES TO THE NORTHEAST GEORGIA COMMUNITY, SERVING ALMOST 700,000 PEOPLE IN MORE THAN 13 COUNTIES. IN FY2011, NGMC'S PAYOR MIX WAS 50% MEDICARE/MEDICAID, 36% COMMERCIAL INSURANCE AND 12% SELF-PAY. PARTICIPATE IN MEDICAID AND MEDICARE, - 50% OF PATIENTS SERVED BY NGMC IN FY10 WE</p>

Identifier	Return Reference	Explanation
	FORM 990, PART III LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS	<p>RE MEDICAID AND MEDICARE PATIENTS CREATE A GOVERNING BOARD THAT IS REPRESENTATIVE OF THE COMMUNITY IT SERVES, - MORE THAN 75 COMMUNITY MEMBERS ARE ACTIVELY INVOLVED IN GOVERNANCE THROUGH NORTHEAST GEORGIA HEALTH SYSTEM, NGMC AND OTHER SUBSIDIARY BOARDS AND COMMITTEES ALLOW MEDICAL STAFF PRIVILEGES TO ANY PROFESSIONAL WHO IS QUALIFIED AND APPLIES, AND, - NGMC HAS A MEDICAL STAFF OF MORE THAN 500 PHYSICIANS REPRESENTING NUMEROUS ADVANCED SPECIALTIES SUCH AS GYNECOLOGIC ONCOLOGY, ELECTROPHYSIOLOGY, CARDIAC SURGERY, CRITICAL CARE MEDICINE, NEONATOLOGY AND PERINATOLOGY REINVEST SURPLUS FUNDS IN OPERATIONS - AS NOT-FOR-PROFIT ORGANIZATIONS, NGMC AND ITS PARENT ORGANIZATION, NORTHEAST GEORGIA HEALTH SYSTEM, REINVEST ALL REVENUE GENERATED ABOVE OPERATING EXPENSES INTO THE COMMUNITY THROUGH NEW FACILITIES, SUCH AS THE NORTH PATIENT TOWER AND WOMEN AND CHILDREN'S PAVILION, AND IN NEW ADVANCED TECHNOLOGY, SUCH AS THE REGION'S FIRST 3T MRI, THE STATE'S FIRST STEREOTAXIS ODYSSEY MAGNETIC CATHETERIZATION SYSTEM AND REGION 2'S ONLY HYPERBARIC OXYGEN THERAPY CHAMBER NGMC PARTICIPATES IN THE INDIGENT CARE TRUST FUND (ICTF), A 20-YEAR-OLD PROGRAM THAT EXPANDS MEDICAID ELIGIBILITY AND SERVICES, SUPPORTS RURAL HEALTH CARE FACILITIES THAT SERVE THE MEDICALLY INDIGENT AND FUNDS PRIMARY HEALTH CARE PROGRAMS FOR MEDICALLY INDIGENT GEORGIANS GEORGIA'S DISPROPORTIONATE SHARE HOSPITAL (DSH) PROGRAM IS FUNDED THROUGH THE ICTF, AND ASSISTS HOSPITALS AND OTHER HEALTH PROVIDERS THAT CARE FOR HIGH PROPORTIONS OF MEDICAID, UNINSURED AND/OR LOW-INCOME PATIENTS IN 2011, NGMC RECEIVED \$10,412,862 IN NET FUNDS ALLOCATED THROUGH THE ICTF, UPL, AND DSH PROGRAM TO PARTIALLY OFFSET A FINANCIAL LOSS OF \$41.5 MILLION IN COST THE MEDICAL CENTER INCURRED TREATING UNINSURED AND MEDICAID PATIENTS</p>

Identifier	Return Reference	Explanation
		<p>COMMUNITY BENEFITS SITUATED IN A REGION WITH AN UNINSURED RATE THAT IS HIGHER THAN THE STATE AVERAGE, AREA HEALTH CONSUMERS CAN FACE SIGNIFICANT BARRIERS IN AFFORDING CARE. NGMC HAS SIGNIFICANTLY CONTRIBUTED TO LOCAL PROGRAMS THAT AIM TO ADDRESS THESE ISSUES, PRIMARILY THROUGH ITS SUPPORT OF THE GOOD NEWS CLINICS AND HEALTH ACCESS INITIATIVE (HAI). GOOD NEWS CLINICS WITHIN HALL COUNTY, THERE ARE SEVERAL LOW-COST ALTERNATIVES TO HELP PEOPLE AVOID CHOOSING THE HOSPITAL'S EMERGENCY DEPARTMENT FOR PRIMARY CARE SERVICES. SERVING AS THE LARGEST FREE CLINIC IN GEORGIA, THE GOOD NEWS CLINICS OFFERS PRIMARY MEDICAL, OPHTHALMOLOGY SERVICES AND DENTAL CARE, AS WELL AS MEDICATIONS TO INDIGENT, HOMELESS AND LOW-INCOME INDIVIDUALS AT OR BELOW 150 PERCENT OF THE FEDERAL POVERTY LEVEL IN HALL COUNTY WHO HAVE NO HEALTHCARE INSURANCE AND CANNOT AFFORD HIS OR HER MEDICAL CARE. ALL SERVICES ARE PROVIDED FREE OF CHARGE, EVEN THOUGH THE CLINIC RECEIVES NO FEDERAL, STATE OR LOCAL GOVERNMENT FUNDING. PATIENTS WHO NEED SPECIALTY CARE ARE REFERRED TO HEALTH ACCESS INITIATIVE. SINCE 1999, NGMC HAS PROVIDED \$3,247,030 IN SUPPORT OF GOOD NEWS CLINICS AND AN AVERAGE ANNUAL SUPPORT OF \$299,095 FROM FY2007-2011. IN 2011, NGMC CONTRIBUTED OVER \$265,000 IN FINANCIAL SUPPORT. HALL COUNTY MEDICAL SOCIETY'S HEALTH ACCESS INITIATIVE LAUNCHED IN 2003, HALL COUNTY'S HEALTH ACCESS INITIATIVE (HAI) IS A REFERRAL SERVICE FOUNDED BY THE HALL COUNTY MEDICAL SOCIETY THAT MATCHES FINANCIALLY ELIGIBLE PATIENTS TO PHYSICIANS WHO HAVE VOLUNTEERED TO PROVIDE FREE TREATMENT TO PATIENTS WHO QUALIFY FOR SERVICES, PROVIDES HELP WITH OBTAINING MEDICATIONS AND OFFERS ANCILLARY SERVICES SUCH AS X-RAYS AND TRANSLATION SERVICES. HAI ALSO PROVIDES ANCILLARY SERVICES AND OUTREACH EDUCATION FOR ITS COMMUNITY, AND COLLABORATES WITH OTHER MEDICAL CENTERS, SUCH AS NGMC. IN 2011, APPROXIMATELY 1,800 PEOPLE WERE ASSISTED WITH NEEDED MEDICAL CARE THROUGH HAI. TO QUALIFY FOR ITS SERVICES, A PATIENT'S INCOME MUST BE AT OR BELOW 150 PERCENT FEDERAL POVERTY LEVEL AND HAVE NO MEDICAL INSURANCE. THE PATIENT MUST LIVE IN HALL COUNTY AND MUST BE REFERRED BY A PHYSICIAN THAT IS IN THE HAI NETWORK. FIRST CONCEIVED IN 1998, THE NEED FOR THE PROGRAM WAS LARGELY DETERMINED BY A COMMUNITY NEEDS ASSESSMENT CONDUCTED BY HEALTHY HALL, A COALITION OF COMMUNITY MEMBERS, INCLUDING NGMC. SINCE ITS LAUNCH, THE HOSPITAL HAS FISCALLY CONTRIBUTED TO HAI. SPECIFICALLY, IN 2011, OVER \$14 MILLION IN DONATED HOSPITAL SERVICES WAS PROVIDED TO LOW INCOME, UNINSURED PATIENTS THROUGH HEALTH ACCESS. IN ADDITION, SINCE 2005, HAI HAS RECEIVED MORE THAN \$1,213,000 FROM THE MEDICAL CENTER FOUNDATION. OTHER HAI PARTNERS INCLUDE THE HALL COUNTY HEALTH DEPARTMENT AND MEDLINK OF GAINESVILLE, A FEDERALLY QUALIFIED HEALTH CENTER. IN 2006, HEALTHCARE GEORGIA FOUNDATION NAMED THE HAI PROGRAM "COMMUNITY SERVICE COLLABORATIVE OF THE YEAR." NGMC ALSO PLAYS A MAJOR ROLE IN FUNDING A PRIMARY CARE CLINIC AT THE HALL COUNTY HEALTH DEPARTMENT TO IMPROVE ACCESS TO PRIMARY HEALTHCARE SERVICES FOR LOW-INCOME PEOPLE IN OUR COMMUNITY. IN FY11, NGMC CONTRIBUTED OVER \$1.2 MILLION. IN FY11, NORTHEAST GEORGIA MEDICAL CENTER RECEIVED A NATIONAL CHARITABLE HEALTHCARE AWARD FROM JACKSON HEALTHCARE FOR COLLABORATIVE SUPPORT OF GOOD NEWS CLINICS AND HEALTH ACCESS INITIATIVE. ADDITIONAL HIGHLIGHTS OF COMMUNITY BENEFIT PROGRAMS NGMC VALUES COOPERATIVE EFFORTS WITH COMMUNITY SERVICES AND OTHER HEALTHCARE PROVIDERS TO IMPROVE THE HEALTH STATUS OF AREA CITIZENS. NGMC DEMONSTRATES ITS VALUE FOR COLLABORATIVE EFFORTS WITHIN THE COMMUNITY THROUGH MANY PARTNERSHIPS RANGING FROM SERVING AS LEAD AGENCY OF THE SAFE KIDS COALITION OF GAINESVILLE-HALL COUNTY, TO PARTNERING WITH COMMUNITY HEALTH ORGANIZATIONS, TO HELPING REACH AT-RISK POPULATIONS IN NEED OF HEALTHCARE. IN FY11, OVER \$4.4 MILLION WAS PROVIDED IN COMMUNITY BENEFIT PROGRAMS/OUTREACH. COMMUNITY EDUCATION WAS PROVIDED THROUGH FREE COMMUNITY LECTURES, VARIOUS SUPPORT GROUPS, AND THE SEMI-ANNUAL HEALTH MAGAZINE. COMMUNICARE PRESENTATIONS WERE MADE THROUGH THE SPEAKER'S BUREAU, AND NGMC ALSO OFFERED SMOKING CESSATION CLASSES, AS WELL AS LIVING LIGHTER, A WEIGHT LOSS PROGRAM. IN FY11, MORE THAN 600 NGMC VOLUNTEERS CONTRIBUTED MORE THAN 61,000 VOLUNTEER HOURS, EQUIVALENT TO 36 FULL-TIME EMPLOYEES AND A VALUE OF OVER \$1.3 MILLION. WHILE THESE FIGURES ARE NOT INCLUDED IN THE QUANTITATIVE PORTION OF THE COMMUNITY BENEFIT REPORT, THEY SHOW THE DEPTH OF SUPPORT THE COMMUNITY GIVES NGMC. THE MEDICAL CENTER FOUNDATION RAISES FUNDS TO BENEFIT THE COMMUNITY. THE MEDICAL CENTER FOUNDATION IS THE FUNDRAISING ARM OF NORTHEAST GEORGIA MEDICAL CENTER AND HEALTH SYSTEM AND RAISES FUNDS TO IMPROVE THE HEALTH OF THE COMMUNITY. THE FOUNDATION'S OPERATING EXPENSES ARE SUPPORTED BY NGMC SO THAT DONATED FUNDS CAN BE USED TO SUPPORT NGMC PROJECTS AND COMMUNITY HEALTH IMPROVEMENT INITIATIVES. FOLLOWING ARE ITEMS OF INTEREST TO NOTE - SINCE 1997, OVER \$2.2 MILLION HAS BEEN RAISED FOR COMMUNITY HEALTH IMPROVEMENT PROJECTS.</p>

Identifier	Return Reference	Explanation
		<p>THROUGH THE MEDICAL CENTER OPEN GOLF TOURNAMENT - THE 2010 MEDICAL CENTER OPEN GOLF TOURNAMENT, HELD IN FY11, RAISED OVER \$186,000 TO BENEFIT THE HALL COUNTY FIRE SERVICES AED PROGRAM AND THE NORTHEAST GEORGIA REGIONAL STEMI PROGRAM TO PROVIDE LIFE-SAVING CARDIAC EQUIPMENT FOR GAINESVILLE CITY AND HALL COUNTY SCHOOLS AND GEORGIA'S REGION II EMS - THE MEDICAL CENTER FOUNDATION AND THE WATCH (WE ARE TARGETING COMMUNITY HEALTHCARE) EMPLOYEE-GIVING CLUB RECEIVED THE 2011 SPIRIT OF PHILANTHROPY AWARD FOR BEST EMPLOYEE GIVING PROGRAM FROM THE GEORGIA HOSPITAL ASSOCIATION'S GEORGIA ASSOCIATION FOR DEVELOPMENT PROFESSIONALS WATCH MEMBERS HAVE DONATED MORE THAN \$4 MILLION TO SUPPORT THE HEALTHY JOURNEY CAMPAIGN SINCE THE PROGRAM'S INCEPTION IN 2000 SAFE KIDS COALITION WORKS TO KEEP KIDS SAFE THE GAINESVILLE-HALL COUNTY SAFE KIDS COALITION, LED BY NGMC, IS PART OF THE NATIONAL SAFE KIDS CAMPAIGN, THE FIRST AND ONLY NATIONAL ORGANIZATION DEDICATED SOLELY TO THE PREVENTION OF UNINTENTIONAL CHILDHOOD INJURY, WHICH IS THE NATION'S NUMBER ONE KILLER OF CHILDREN AGE 5-14 AND UNDER THIS PROGRAM PROVIDES AFFORDABLE SAFETY EQUIPMENT SUCH AS CAR SEATS AND BIKE HELMETS TO AREA CHILDREN IN NEED WORKING WITH A COALITION MADE UP OF LAW ENFORCEMENT, AREA SCHOOLS, COMMUNITY VOLUNTEERS AND OTHERS, SAFE KIDS PROVIDES EDUCATIONAL MATERIALS AND PROGRAMS THAT TEACH CHILDREN AND THEIR PARENTS HOW TO AVOID ACCIDENTS AND INJURIES SAFE KIDS CONTINUED THE WORK OF INJURY PREVENTION FOR FAMILIES IN THE HALL COUNTY COMMUNITY IN 2011 THANKS TO THE SUPPORT OF THE MEDICAL CENTER FOUNDATION AND THE HEALTHY JOURNEY CAMPAIGN IN FY11, MEMBERS OF THE GAINESVILLE-HALL COUNTY SAFE KIDS COALITION PROVIDED OVER 300 PROGRAMS AND EVENTS THAT REACHED AN ESTIMATED 51,000 CHILDREN AND THEIR FAMILY MEMBERS, TEACHERS AND CAREGIVERS THROUGH THESE PROGRAMS, OVER 3,000 SAFETY DEVICES WERE DISTRIBUTED TO FAMILIES WHO WERE IN NEED OF THEM GETTING OLDER AND BETTER WORKSHOP OVER 200 PEOPLE PARTICIPATED IN THE GETTING OLDER AND BETTER WORKSHOP IN MAY AT FIRST UNITED METHODIST CHURCH IN GAINESVILLE AND THE SPOUT SPRINGS LIBRARY IN FLOWERY BRANCH THIS EVENT WAS SPONSORED BY THE MEDICAL CENTER AUXILIARY, PROVIDED BY NGMC, AND FEATURED SPEAKERS ON SURGICAL AND NON-SURGICAL OPTIONS FOR JOINT PAIN SPONSORSHIPS AND DONATIONS IN FY11, NGMC SPONSORED OR MADE A DONATION TO OVER 15 COMMUNITY AGENCIES SERVING HEALTH AND HUMAN SERVICE NEEDS, RANGING FROM SUPPORTING THE AMERICAN CANCER SOCIETY TO TEEN PREGNANCY PREVENTION SPONSORSHIPS/DONATIONS TOTALED OVER \$30,000 IN FY11</p>

Identifier	Return Reference	Explanation
		<p>EMPLOYEES LEAD THE WAY UNITED WAY PACESETTER & MORE NGMC COMPLETED ITS 2011 UNITED WAY CORNERSTONE CAMPAIGN 9/11 NGHS EMPLOYEES CONTRIBUTED OVER \$136,000 TO UNITED WAY AS A CORNERSTONE COMPANY THIS IS 13% MORE THAN LAST YEAR AND \$18,000 MORE THAN NGHS HAS EVER CONTRIBUTED AS AN ORGANIZATION NGMC EMPLOYEES ARE VERY ACTIVE IN THE COMMUNITY, VOLUNTEERING AT THE GOOD NEWS CLINICS, IN THEIR CHURCHES ON MISSION TRIPS AND FOR COMMUNITY AGENCIES SUCH AS THE HUMANE SOCIETY AND HABITAT FOR HUMANITY WHEN IT COMES TO SUPPORTING THE MEDICAL CENTER FOUNDATION'S EMPLOYEE GIVING CLUB, W A T C H (WE ARE TARGETING COMMUNITY HEALTHCARE), OVER 2,300 EMPLOYEES DONATED OVER \$413,000 IN FY 11 FLOYD HIGDON OF NGMC PLANT OPERATIONS RECEIVED THE BOYS AND GIRLS CLUBS' HELPING HANDS AWARD AT THEIR ANNUAL GALA FLOYD HAS SERVED ON THE BOYS AND GIRLS CLUBS BOARD OF DIRECTORS FOR OVER FIVE YEARS IN 2009, HE RECEIVED THEIR PRESIDENT'S AWARD FOR 1,400 HOURS OF VOLUNTEER SERVICES AND FOR ADDITIONAL VOLUNTEER EFFORTS WITH HIS CHURCH AND OVERSEAS MISSIONS GOVERNOR NATHAN DEAL APPOINTED DEB BAILEY, BSN, MSN, NGMC DIRECTOR OF GOVERNMENTAL RELATIONS, TO THE GEORGIA BOARD OF NURSING SHE SERVES ON THE HEALTH COMMITTEE OF THE GEORGIA CHAMBER OF COMMERCE AS WELL AS GEORGIA PUBLIC HEALTH COMMISSION AND NURSING EDUCATION STUDY GROUP DOUG CARTER, NGMC'S BOARD CHAIRMAN, SERVED AS THE CHAIRMAN OF THE GEORGIA CHAMBER OF COMMERCE IN 2011 CAROL BURRELL, NGMC'S CEO, WAS NAMED TO THE ATLANTA BUSINESS CHRONICLE'S TOP 100 NAMES AND FACES TO KNOW IN THE HEALTHCARE INDUSTRY BLOOD DRIVES NGMC EMPLOYEES DONATED OVER 311 UNITS OF BLOOD IN FY 11, BENEFITTING OVER 900 INDIVIDUALS SUPPORT OF COMMUNITY EVENTS NGMC EMPLOYEES ALSO TURNED OUT IN FULL FORCE FOR COMMUNITY EVENTS SUCH AS THE AMERICAN HEART WALK, MARCH OF DIMES' WALKAMERICA AND AMERICAN CANCER SOCIETY'S RELAY FOR LIFE, AVERAGING PARTICIPATION OF 200-300 PER EVENT TRAINING AND EDUCATION FOR HEALTHCARE PROFESSIONALS AND OTHER STUDENTS NORTHEAST GEORGIA MEDICAL CENTER SUPPORTS THE TRAINING AND EDUCATION OF NURSES AND OTHER HEALTHCARE PROFESSIONALS - NGMC IS A TRAINING SITE FOR HANDICAPPED HIGH SCHOOL STUDENTS WHO WORK IN THE AREAS OF MATERIALS MANAGEMENT, NUTRITIONAL SERVICES, PHARMACY AND LINENS 21 STUDENTS AND 3 INSTRUCTORS PARTICIPATED IN FY 11 - 64 STUDENTS FROM AREA HIGH SCHOOLS PARTICIPATED IN THE YOUTH APPRENTICESHIP PROGRAM IN FY 11 - NGMC PARTNERS WITH LANIER TECH TO HOUSE A RADIOLOGY TECH PROGRAM AND HELPS FUND FACULTY, ALSO PROVIDES 2 PC LABS AND CLASSROOM SPACE FOR LANIER TECH'S LPN PROGRAM - 94 JOB SHADOWS WERE PLACED AT NGMC DURING FY 11, ALLOWING HIGH SCHOOL AND POSTSECONDARY STUDENTS FROM AREA SCHOOLS TO SHADOW PROFESSIONAL HEALTHCARE STAFF</p>

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
THE MEDICAL CENTER FOUNDATION INC

Employer identification number
58-1694820

Part I

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

(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) RIVER PLACE MEDICAL OFFICE PLAZA I LLC 743 SPRING STREET GAINESVILLE, GA 30501 58-1694090	RENTAL	GA	0	0	N/A
(2) NORTHEAST GA SPECIALITY GROUP LLC 743 SPRING STREET GAINESVILLE, GA 30501 26-0556238	HEALTHCARE CLINICS	GA	0	0	N/A
(3) NGHS QUICKCARE LLC 743 SPRING STREET GAINESVILLE, GA 30501 20-5064238	HEALTHCARE CLINICS	GA	0	0	N/A
(4) THE BRASELTON CLINIC LLC 743 SPRING STREET GAINESVILLE, GA 30501 26-0556190	HEALTHCARE CLINICS	GA	0	0	N/A
(5) NORTHEAST GEORGIA OCCUPATIONAL HEALTH LLC 743 SPRING STREET GAINESVILLE, GA 30501 58-2608332	OCCUPATIONAL MEDICINE	GA	0	0	N/A

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.)

(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 organization	
						Yes	No
(1) NORTHEAST GEORGIA MEDICAL CENTER INC 743 SPRING STREET GAINESVILLE, GA 30501 58-1694098	HEALTHCARE	GA	501(C)(3)	LINE 3	NORTHEAST GEORGIA HEALTH SYSTEM INC		No
(2) NORTHEAST GEORGIA PHYSICIANS GROUP INC 743 SPRING STREET GAINESVILLE, GA 30501 58-2078064	HEALTHCARE	GA	501(C)(3)	LINE 11B, II	NORTHEAST GEORGIA HEALTH SYSTEM INC		No
(3) NORTHEAST GEORGIA HEALTH SYSTEM INC 743 SPRING STREET GAINESVILLE, GA 30501 58-1694090	HEALTHCARE - PARENT ORG	GA	501(C)(3)	LINE 11C, III-FI	N/A		No

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	

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) NORTEAST GA HEALTH PARTNERS LLC 743 SPRING STREET GAINESVILLE, GA30501 58-2131807	PPO DEVELOPMENT	GA	N/A	C			
(2) STRATEGIC PHYSICIAN SERVICES INC 743 SPRING STREET GAINESVILLE, GA30501 26-0342081	PHYSICIAN SUPPORT SERVICES	GA	N/A	C			

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on 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

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?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

Yes

Yes

No

Yes

No

No

No

No

No

Yes

No

Yes

Yes

No

Yes

No

No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

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.

[illegible]

Part VII **Supplemental Information**

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

Identifier	Return Reference	Explanation
------------	------------------	-------------