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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

Open to Public Inspection

Phone no. 706 - 722 - 5337

X Yes___

Form 990 (2011)

OMB No 1545-0047

For the 2011 calendar year, or tax year beginning and ending C Name of organization D Employer identification number VOLUNTEER BOARD OF UNIVERSITY Address change HEALTH, INC. Name change 58-0708804 Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin 706<u>-</u>774-8877 1350 WALTON WAY Amended City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-AUGUSTA, GA 30901 H(a) Is this a group return pending F Name and address of principal officer CHRISTY JONES Yes X No for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? Tax-exempt status X 501(c)(3) 4947(a)(1) or 501(c) () ◀ (insert no.) If "No," attach a list. (see instructions) J Website: ► N/A **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > Year of formation: 1958 M State of legal domicile: GA Part I Summary Briefly describe the organization's mission or most significant activities TO SUPPORT THE EMPLOYEES AND Activities & Governance PATIENTS OF UNIVERSITY HEALTH SERVICES BY PROVIDING GOODS AND Check this box > if the organization discontinued its operations or disposed of more than 25% of its net assets 27 Number of voting members of the governing body (Part VI, line 1a) 27 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 343 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year** Current Year 0. 0. Contributions and grants (Part VIII, line 1h) 297,947 299,080. Program service revenue (Part VIII, line 2g) 5,051 3,585. Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 165,339. 175.157. 468,337 477,822. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 207,770 172,251. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 137,625. 152,221 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundaising expenses (Part IX, dolumn (D), line 25) Other expenses (Part IX, column A), lines 11a-11d, 11f-24e) 59,558. 66,422. Total expenses, Add Ines 13 17 (must equal Part IX, column (A), line 25)
Revenue less expenses. Subtract life 18 from line 12 419,549. 376,298. 48,788 101,524. Assets or I Beginning of Current Year End of Year Total assets (Part) Fine 16) 344,994. 435,741. Total liabilities (Part X, line 26) 11,045 268. Net. Net assets or fund balances Subtract line 21 from line 20 333,949. 473 | 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. pues Mestal Signature of officer Sign ≪ Here CHRISTY LOWES PRESIDENT Type or print name and title PTIN Print/Type preparer's name Paid 205/10/12 self-employed P00011384 Firm's name ► SEROTTA MADDOCKS ÆVANS & 58-1107697 CO., Firm's EIN Preparer Firm's address > 701 GREENE STREET, SUITE Use Only

AUGUSTA, GA 30901 May the IRS discuss this return with the preparer shown above? (see instructions)

	# III Statement of Brogram Service Acc	no muliah manta	58-07	<u> 08804 Page 2</u>
Par	t III Statement of Program Service Acc	•		
	Check if Schedule O contains a response to a	any question in this Part III		X
1	Briefly describe the organization's mission.			
	THE PURPOSE OF THIS ORGAN			
	SERVICES, INC. (UHS) WITH			
	AREAS AND WITH FUNDS WHICH	WILL BE RAISED THRO	OUGH IN HOUSE BU	SINESSES_
	AND FUNDRAISING; PROMOTE U	JHS TO THE COMMUNITIE	<u>ES IT SERVES, AN</u>	D PROVIDE
2	Did the organization undertake any significant progr	am services during the year which were	not listed on	
	the prior Form 990 or 990-EZ?			Yes X No
	If "Yes," describe these new services on Schedule	0.		
3	Did the organization cease conducting, or make sig		program services?	Yes X No
•	If "Yes," describe these changes on Schedule O	·····ou···· onlanged in mon it contacts, any	program connects	
4	Describe the organization's program service accom	plichments for each of its three largest p	rogram conjects as measured	hy avnances
7	Section 501(c)(3) and 501(c)(4) organizations and se	- ·	_	
			port the amount of grants and	allocations to
4-	others, the total expenses, and revenue, if any, for			474,237.)
4a)5. including grants of \$) (Revenue \$	
	ALL PROGRAM EXPENSES WERE			
	THE CONVENIENCE OF UNIVERS	SITY HEALTH SERVICES	PATIENTS AND EM	PLOYEES.
		= · -		

4h	/- \		\ /	
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$	
		· · · · · · · · · · · · · · · · · · ·		
				
				
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
				<u>.</u>
			<u>.</u> , , ,	
				
4d	Other program services (Describe in Schedule O.)			
	(Expenses \$ including gra		venue \$	
<u>4e</u>	Total program service expenses ▶	317,405.		
	···· · · · · · · · · · · · · · · · · ·			Form 990 (2011)

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? 1 If "Yes," complete Schedule A X X 2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I X 3 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 X 4 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 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 Х Schedule D. Part III 8 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide Х credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D. Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent X endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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. X Part VI 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 11b 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 Х 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Х 11e 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 <u>1</u>1f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete Schedule D. Parts XI. XII. and XIII X 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional X 12b Х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? Х 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 Х or more? If "Yes," complete Schedule F, Parts I and IV 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV Х 16 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 X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines X 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X complete Schedule G, Part III 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Х 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

Form 990 (2011) HEALTH, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	_27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			\ \ **
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			\ \ _{\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\}
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity?		3.7	
25-	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	37
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
þ	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	051		.
26	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2			v
27		_36_		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-		v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		v	
	Note, All Form 990 filers are required to complete Schedule O	38	X	00441
		rorm	990 (2011)

Check Rechedule O contains a response to the using question on this Part V	<u>Form</u>	990 (2011) HEALTH, INC. 58-0708	804	P	age 5
Is Enter the number reported in Box 3 of Form 1098. Enter -0 if not applicable be lister the number of Forms W.2G-included in line 1a. Enter -0 if not applicable c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) wintings to prize winners? 2a Forer the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements. 1b If a least one is reported on line 2a, did the organization flad all required federal employment tax returns? Note: if the sum of line 1s and 2s is greater than 50, you may be required to e-file emistructions) 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 4a It 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 shirk account, securities account, or other financial account)? 5b If Yes, "enter the name of the foreign country: be a shirk account, securities account, or other financial accounts? 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization and party to a prohibited tax shelter transaction at any time during the tax year? 5d Was the organization and party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization and party to a prohibited tax shelter transaction at any time during the tax year? 5d Was the organization and party for operation that any organization and the organization	Par				
tale Eiter the number reported in Box 3 of Form 1096 Enter 5-4 in ota applicable Eiter the number of Forms W26 included in Into a Entert of 1 or data applicable C Dd the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining within 15 or 15		Check if Schedule O contains a response to any question in this Part V			
tale Eiter the number reported in Box 3 of Form 1096 Enter 5-4 in ota applicable Eiter the number of Forms W26 included in Into a Entert of 1 or data applicable C Dd the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining within 15 or 15				Yes	No
b Enter the number of Forms W2G included in line 1a. Enter 0-f not applicable Different organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) winnings to prize winners? Enter the number of employees reported on Form W3, Transmital of Wage and Tax Statements. Ited for the calendary via rending with or within the year covered by this return It at least one is reported on line 2a, did the organization life all required federal employment tax returns? Note. If the sum of lines 1 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? 4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial accountly in the following country (such as a bank account, securities, or other financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If Yes, "to line Sa or 5b, did the organization hat it was or is a party to a prohibited tax shelter transaction? 6c If Yes, "to line Sa or 5b, did the organization hat it was or is a party to a prohibited tax shelter transaction? 6c If Yes, "did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any certifications have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any certifications that were not tax deductible? 7 Organizations that many receive deductible contributions under section 170(c). 8b If Yes," did the organization network symmetria nexes of \$5 made party as a certification and party for goods and services provided to the payor? 7 The party of the organization services apparent in excess of \$5 made party as a certification and party for goods and services provided to the payor? 7 The party of the organization services and party of	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			110
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gambling) winnings to prize women? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, fied for the calendar year ending with or within the year covered by this return. 5 If at least one is reported on the 2A, die the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross income of \$1.000 or more dump the year? 3 A If yes, *ha is filed a Form 990 T for this year? If *No. *provide an explanation in Schedule O 5 If *Yes,* has is filed a Form 990 T for this year? If *No. *provide an explanation in Schedule O 5 If *Yes,* has it filed a Form 990 T for this year? If *No. *provide an explanation in Schedule O 5 If *Yes,* the critical cale is the foreign country (such as a bank account, securities account, or other financial account)? 5 If *Yes,* the critical cale is the foreign country (such as a bank account, securities account, or other financial Accounts 5 Was the organization a party to a prohibited tax sheller transaction at all the schedule transaction at a file schedule transaction at all the schedule transaction? 6 If *Yes,* to line 5a or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction at any contributions that were not tax deductible? 5 If *Yes,* to line 5a or 5b, did the organization in half was or is a party to a prohibited tax sheller transaction at any contributions that were not tax deductible? 6 If *Yes,* to line the organization moula gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions or close solicity and the organization solicity any contributions that may receive deductible? 6 If *Yes,* to the organization shell the organization shell the organization shell the org	b	· · · · · · · · · · · · · · · · · · ·			
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Page Their the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filled for the calendary year ending with or within the year covered by this return			1c		
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Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3	b	· · · · · · · · · · · · · · · · · · ·	2b		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 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)? 5 If "Yes," either the name of the foreign country: ► 5 See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts 5 Se Was the organization a party to a prohibeted tax shelter transaction at any time during the tax year? 5 Did any taxable party notify the organization that it was or is a party to a prohibeted tax shelter transaction? 5 If "Yes," to line 5a or 5b, did the organization that if was or is a party to a prohibeted tax shelter transaction? 6 If "Yes," to line 5a or 5b, did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization should writh every solicitation an express statement that such contributions or gifts were not tax deductible? 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 If "Yes," did the organization neture with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 If "Yes," did the organization neture with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made partly as a contribution of targible personal property for which it was required to file Form 8282? 8 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 Did the organization funds the surface of targible personal property for which it was required? 10 If the organization in excess of a contribution		· · · · · · · · · · · · · · · · · · ·			
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14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X					l
	С				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			14a		<u> X</u>
	<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2011)

HEALTH, INC.

58-0708804

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

	Check if Schedule O contains a response to any question in this Part VI					\mathbf{x}
Sec	tion 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	27			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
þ	Enter the number of voting members included in line 1a, above, who are independent	1b	27			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with	any other			
	officer, director, trustee, or key employee?			_2_		_X_
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3_		_ X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 wa	s filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5		Х
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or			
	more members of the governing body?			7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockho	olders, or			
	persons other than the governing body?			7b	_X_	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:			
а	The governing body?			8a	X	
b	b Each committee with authority to act on behalf of the governing body?					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ched a	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	Code)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
and branches to ensure their operations are consistent with the organization's exempt purposes?						
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?						
b Describe in Schedule O the process, if any, used by the organization to review this Form 990						
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es, " a	escribe			
40	In Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14 15	Did the organization have a written document retention and destruction policy?	_1		14	X	
15	Did the process for determining compensation of the following persons include a review and approve persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•	aepenaent			
	The organization's CEO, Executive Director, or top management official			40-	х	
	Other officers or key employees of the organization			15a	X	
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			15b	Λ	
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange.	mont u	uth a			
	taxable entity during the year?	IIIGIIL V	iui a	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	ta ite r	articipation	IOa		<u> </u>
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the organizati	-	•			
	exempt status with respect to such arrangements?	inzano	13	16b		
Sec	tion C. Disclosure			1_100		
17	List the states with which a copy of this Form 990 is required to be filed ▶GA		-			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	(Sect	on 501(c)(3)s only):	availah	le	-
	for public inspection Indicate how you made these available. Check all that apply	,500				
	Own website Another's website X Upon request					
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and finance						
statements available to the public during the tax year.						
20	State the name, physical address, and telephone number of the person who possesses the books a	nd rec	ords of the organiza	tion 🕨	•	
	CAROLINE THOMAS - 706-774-8877		·	•		
	1350 WALTON WAY AUGUSTA, GA 30901					-

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Form 990 (2011)	HEALTH, IN	C	58-0708804	Page					
Part VII Compensati	on of Officers, Dire	ectors, Trustees, Key Employee	s, Highest Compensated						
' Employees,	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 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.

X Check this box if neither the organization	nor any related	orga	anıza	ation	cor	npei	nsat	ed any current officer, o	director, or trustee	
(A)	(B)			(6	C)			(D)	(E)	(F)
Name and Title	Average	///	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week	\vdash	Cerar	id a d	irecto	or/trus	tee)	from	from related	other
	(describe	l 55						the	organizations	compensation
	hours for related	E	25			E SE		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	ruste	trus		8	Tipen.		(44-2/1099-101130)		organization and related
	in Schedule	<u> </u>	tiona		힅	is at				organizations
	0)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former			0.9424
(1) CHRISTY JONES		<u> </u>								
PRESIDENT		x		Х				0.	0.	0.
(2) PAT HOZEY							ļ		1	
PRESIDENT ELECT & FINANCE CHAIR		X	<u> </u>	X				0.	0.	0.
(3) ALISON JESELNIK										·
VICE PRESIDENT & SERVICE CHAIR		X	_	X	<u> </u>			0.	0.	0.
(4) BRUCE WILSON		ļ			1					
TREASURER		Х	<u> </u>	X	<u>L</u> .			0.	0.	0.
(5) PATTY SOMMERS					ļ					
RECORDING SECRETARY		X	L	X			L.,	0.	0.	0.
(6) JEAN CARSWELL							Ì			
CORRESPONDING SECRETARY		X	<u> </u>	X	<u> </u>			0.	0.	0.
(7) JANET SMITH										
PAST PRESIDENT/NOMINATING		X	<u> </u>	X	<u> </u>	<u> </u>		0.	0.	0.
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-ar	r viii	Section A. Officers, Directors		nplo	yee		_	<u>ligh</u>	<u>est</u>	I ' - I	·	\neg			
		(A) Name and title	(B) Average			ر Pos	C) ition	1		(D)	(E)			(F)	_
		Name and title	hours per		not d	heck	more	than		Reportable compensation	Reportable compensation		Estimated amount of		
			week					x/trus		from	from related			other	-
			(describe	rector						the	organizations		comp		
			hours for related	Individual trustee or director	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC	"		m the	
			organizations	truste	institutional trustee		, a	шреп		(44.57 1099-141130)			-	ınızatı relatı	
			ın Schedule	Idual	nton		Кеу етрюуее	est co	ä			1		nızatı	
			O)	Ę	Insti	Officer	Key	Highest compensated employee	Former						
						L						_			
														-	
		·										\dashv			
-												-			
						-		-				\dashv			
				-								\dashv			
	-		1									\dashv			
												1			
1b	Sub-1	total	· ·			.	٠	▶		0.		0.			0.
С	Tota!	from continuation sheets to Pa	rt VII, Section A					•		0.		0.			0.
		(add lines 1b and 1c)	• • • • •					>		0.		0.			0.
2	Total	number of individuals (including b	out not limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportable				
	comp	pensation from the organization	<u> </u>												0
														Yes	No
3	Did th	ne organization list any former off	icer, director, or tru	ıste	e, ke	y er	nplo	yee,	or I	highest compensated e	mployee on				
	line 1	a? If "Yes," complete Schedule J	for such individual									ļ	3		X
4	For a	ny individual listed on line 1a, is th	e sum of reportab	le co	mp	ensa	atior	n and	oth	ner compensation from	the organization				
	and r	elated organizations greater than	\$150,000? If "Yes,	" co	mple	ete S	Sche	edule	Jf	or such individual		ļ	4		_X_
5		ny person listed on line 1a receive					-		elat	ed organization or indivi	dual for services			1	
<u> </u>		ered to the organization? If "Yes,"	complete Schedul	e <i>J f</i>	or st	uch	pers	son					5		X
		. Independent Contractors													
1		olete this table for your five highes									•	ensa	ation fr	om	
	the o	rganization. Report compensation		ear e	endi	ng v	vith	or w	ithir T		/ear				
		(A) Name and busir		BT/	``	,				(B) Description of s	ervices	C	(C) ompen		n
				14(INC	<u>`</u>			_		0.7.000				
			 ·				-		1		-				
									\dashv						
									1						
										·····					
2	Total	number of independent contractor	ors (including but n	ot lii	nıte	d to	tho	se lis	sted	above) who received m	ore than				

\$100,000 of compensation from the organization

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	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
A, C	С	Fundraising events	1c					
ia Gi	d	Related organizations	1d					
Sig	е	Government grants (contribut	ions) 1e					
e H	f	All other contributions, gifts, gran	ts, and					
_돌 美		sımılar amounts not ıncluded abo	ve 1f					
45	g	Noncash contributions included in lines	1a-1f \$					į
<u>5 6</u>	h	Total. Add lines 1a-1f		<u> </u>				
				Business Code				
i i	2 a			446199	233,553.	233,553.		
e Z	b			812900	36,233.	36,233.		
S E	C	GOLD SALE		812900	29,294.	29,294.		
Re	d		· 					
Program Service Revenue	e	All abban and an area and an area						
_	f	All other program service reve	enue		299,080.			
\dashv	<u> </u>	Total. Add lines 2a-2f Investment income (including	dividends inter	est and	433,000.		***************************************	
	3	other similar amounts)	dividends, intere	sst, and	3,585.			3,585.
	4	Income from investment of ta	v-exempt bond r	roceeds	3,303.		1	3,363.
- 1	5	Royalties	x exempt bond p	Flocicus				
1	Ū		(i) Real	(II) Personal	· · · · · · · · · · · · · · · · · · ·			
1	6 a	Gross rents	(77,134.	(ii) orderial				
	b	Less: rental expenses						
	c	Rental income or (loss)						1
	d	Net rental income or (loss)	<u></u>	•]
		Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	b	Less cost or other basis						[
		and sales expenses						
	С	Gain or (loss)						ŀ
	d	Net gain or (loss)						
nue	8 a	Gross income from fundraisin including \$	g events (not of					
e e		contributions reported on line						
Other Reven		Part IV, line 18	а			,		İ
흌	b	Less: direct expenses	b					
٥	С	Net income or (loss) from fund	raising events					
	9 a	Gross income from gaming ac	tivities See					
		Part IV, line 19	а					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gam	ing activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
		Less: cost of goods sold	b	233104.				
-	С	Net income or (loss) from sale		>	152,739.	152,739.	·	
-		Miscellaneous Revenu	e	Business Code				
	11 a			999999	22,418.	22,418.		
	b			<u> </u>				
- 1	C	All address on						
	d	All other revenue			22 410			
- 1		Total Add lines 11a-11d			22,418.	474 007		2 505
	12	Total revenue. See instructions			477,822.	474,237.	0.	<u>3,585.</u>

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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)

	Check if Schedule O contains a respons				<u> </u>
	not include amounts reported on lines 6b, 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 United States. See Part IV, line 21	172,251.	172,251.		
2	Grants and other assistance to individuals in				
_	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors.				
5	trustees, and key employees				
6	Compensation not included above, to disqualified				
٠	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	137,625.	96,342.	41,283.	
8	Pension plan accruals and contributions (include			11,200	
_	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes			· 	
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	10,780.	325.	10,455.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				. <u></u>
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	7,800.	7,800.		· · · · · · · · · · · · · · · · · · ·
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings		 		
20	Interest				
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization Insurance	931.	931.		
23 24	Other expenses. Itemize expenses not covered	331.			
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule (C.)				
а	SUPPLIES	19,261.	18,559.	702.	
b	BANK CHARGES	9,870.	9,870.		
С	MISCELLANEOUS	8,428.	5,999.	2,429.	
d	REPAIRS	4,796.	4,796.		
е	All other expenses	4,556.	532.	4,024.	
25	Total functional expenses. Add lines 1 through 24e	376,298.	317,405.	58,893.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)			<u> </u>	

Form 990 (2011)
Part X | Balance Sheet

HEALTH, INC.

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Pa	rt X	Balance Sheet			
	,		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	193,749.	_1	264,025.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	50,507.	4	60,638.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)		6	
ets	7	Notes and loans receivable, net	21,220.	7	35,672.
Assets	8	Inventories for sale or use	79,233.	8	75,406.
	9	Prepaid expenses and deferred charges	285.	9	0.
	10a	Land, buildings, and equipment cost or other			<u> </u>
		basis Complete Part VI of Schedule D 10a			
	Ь	Less. accumulated depreciation 10b	7	10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	344,994.	16	435,741.
	17	Accounts payable and accrued expenses	11,045.	17	268.
	18	Grants payable	11,043.	18	200.
	19	Deferred revenue	" -	19	
	20	Tax-exempt bond liabilities		20	
"	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,		21	
<u> </u>		highest compensated employees, and disqualified persons. Complete Part II			
<u> </u>		of Schedule L		00	
	22			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 (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	11 045	25	200
	26	Total liabilities. Add lines 17 through 25	11,045.	26	268.
		Organizations that follow SFAS 117, check here X and complete	·		
Š		lines 27 through 29, and lines 33 and 34.	222 040		425 452
<u>a</u>	27	Unrestricted net assets	333,949.	27	435,473.
Fund Balances	28	Temporarily restricted net assets		28	
ם	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117, check here and			
Ď		complete lines 30 through 34.			
et;	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds		32	
~	33	Total net assets or fund balances	333,949.	33	435,473.
	34	Total liabilities and net assets/fund balances	344,994.	34	435,741.

Form **990** (2011)

	990 (2011) HEALTH, INC.	<u> 58-0</u>	708804	Pa	<u>qe 12</u>		
Pa	rt 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	47	7,8	22.		
2	2 Total expenses (must equal Part IX, column (A), line 25)						
3	Revenue less expenses Subtract line 2 from line 1	3	10:	1,5	24.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	33	3,9	49.		
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.		
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	43	5, 4	73.		
Pa	rt XII Financial Statements and Reporting	-					
	Check if Schedule O contains a response to any question in this Part XII				\mathbf{x}		
				Yes	No		
1	Accounting method used to prepare the Form 990. Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	d on a					
	separate basis, consolidated basis, or both						
	X Separate basis Consolidated basis Both consolidated and separate basis						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit	:				
	Act and OMB Circular A-133?	-	3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audıt					
	or guides, explain why in Schodule O and describe any stone taken to undergo such guides		26				

Form **990** (2011)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

2011

Open to Public Inspection

Name of the organization Employer identification number VOLUNTEER BOARD OF UNIVERSITY HEALTH, INC 58-0708804 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). 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. 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) \mathbf{x} 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). 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 ___ Type III - Other 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) 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h (iii) Type of (vi) Is the (iv) is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organizátion in col. organization in col. (i) listed in your organization in col. organization (i) organized in the support (described on lines 1-9 (i) of your support? laovernina document? U.S.? above or IRC section (see instructions)) No Yes No UNIVERSITY **HEALTH SERVI** 172,251 Х

172,251.

	A (Form 990 or 990-EZ) 2011		
Part II	Support Schedule for Organizations Described in Sections 170((b)(1)(A)(iv) and 170(b)(1)(A)(v	/i)

Part II

Page 2

fails to qualify under the tests i			_			o gamzanon
Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Gifts, grants, contributions, and						
membership fees received (Do not						
include any "unusual grants ")						
2 Tax revenues levied for the organ-						
ızatıon'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			ļ			
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,				ľ		
column (f)			ļ			
6 Public support. Subtract line 5 from line 4			1	<u> </u>		
Section B. Total Support		1		1	Т	ı
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest,						
dividends, payments received on			i			
securities loans, rents, royalties						
and income from similar sources		<u> </u>		<u> </u>		
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		1				
assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10		1			1	
12 Gross receipts from related activities, e	•	•			12	
13 First five years. If the Form 990 is for the	=	s first, second, th	ra, tourth, or titth t	ax year as a section	on 501(c)(3)	
organization, check this box and stop Section C. Computation of Public		ercentage				
14 Public support percentage for 2011 (lir		-	column (fl)		14	
15 Public support percentage from 2010		•			15	
16a 33 1/3% support test - 2011. If the or			on line 13, and line	14 is 33 1/3% or	more, check this bo	ox and
stop here. The organization qualifies a	s a publicly sup	ported organizatio	n .		•	▶□
b 33 1/3% support test - 2010. If the or	ganization did n	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, check to	nis box
and stop here. The organization qualif					•	►□
17a 10% -facts-and-circumstances test	- 2011. If the or	ganization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
and if the organization meets the "fact						
meets the "facts-and-circumstances" t		•	•	•	9-	▶□
b 10% -facts-and-circumstances test	-	•		•	17a, and line 15 is	10% or
more, and if the organization meets the		-				
organization meets the "facts-and-circu				•		▶□
18 Private foundation. If the organization		-				ıs 🕨

Schedule A (Form 990 or 990-EZ) 2011 HEALTH, INC.

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

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

13 Total support (Add lines 9, 10c, 11, and 12) 757,914. 737,515. 681,920. 686,784. 710,926. 3,575,059, 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 2011 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2010 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) 18 97.87 % 19 98.27 %	Sec	ction A. Public Support	elow, please comp	nete Fait II)			· · ·	
1 Giffs, grants, contributions, and membership feets 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 take-exempt jumpoes 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues leved for the organization's benefit and either paid to ore 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 but most included on lines 1.2, and 3 received from disqualified persons but monetal trade to lines 1.2, and 3 received from disqualified persons but most included on lines 1.2, and 3 received from disqualified persons but monetal trade of the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1.2, and 3 received from disqualified persons but monetal received from section 1 to the section 1 to			(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
membership fees received (Do not included any hursusal grants?) Gross receipts from admissions, membranding sold or services performed, or facilities furnished in any activity that is related to the organization's take wampt purpose 3 Gross receipts from admissions that are not an unrelated trade or business under section 513 Tax revenues leved for the organization's benefit and either pand to or expanded on its behalf Tax revenues leved for the organization's benefit and either pand to or expanded on its behalf Tax revenues leved for the organization's benefit and either pand to or expanded on the behalf Tax revenues leved for the organization's benefit and either pand to or expanded on its behalf Tax revenues leved for the organization's benefit and either pand to or expanded on the behalf Tax amounts included on lines 1, 2, and 37, 668. 725, 415. 675, 518. 679, 214. 685, 823. 3, 499, 038. Total: Add lines 1 through 5 Tax Amounts recluded on lines 1, 2, and 37, 668. 725, 415. 675, 518. 679, 214. 685, 823. 3, 499, 038. Tax amounts recluded on lines 1, 2, and 37, 668. 725, 415. 675, 518. 679, 214. 685, 823. 3, 499, 038. Tax amounts recluded on lines 1, 2, and 37, 668. 725, 415. 675, 518. 679, 214. 685, 823. 3, 499, 038. Tax amounts recluded on lines 1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,				1-,	1-1			1-1 - 2
1,195 1,150 6,103 970 900 10,318 2 2 2 2 2 2 2 2 2								
2 Gross receipts from admissions, merchandes sold or services performed, or facilities furnished in any activity that is related to the organization's trace-semply purpose 3 Gross receipts from activities that are not an unrelated rade or business under section 513 4 Tax revenues leved for the organization's behalf 5 The value of services or facilities furnished by a governmental unit to the organization as behalf 6 Total Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons by bornous production of expended from sequential persons by bornous production of expended from disqualified persons by bornous production of the secret of the		· · · · · ·	1.195	1 150.	6.103.	970.	900.	10 318.
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Section C. Computation of Public Support Percentage 15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2010 Schedule A, Part III, line 15 17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2010 Schedule A, Part III, line 17 19 33 1/3% support tests - 2011. 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 19 33 1/3% support tests - 2010. 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		•		<u> </u>		<u> </u>		
16 Public support percentage from 2010 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2010 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2011. 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 - 2010. 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 In 16 98.27 % 99 % 17	Se	ction C. Computation of Publ	ic Support Pe	rcentage			"	
16 Public support percentage from 2010 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2010 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2011. 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 - 2010. 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 Incomparison of the properties of the propert	15	Public support percentage for 2011 (I	ine 8, column (f) d	ıvıded by line 13, d	column (f))		15	97.87 %
Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2010 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2011. 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 - 2010. 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				=	.,,			
17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2010 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2011. 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 - 2010. 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	Se		-					
Investment income percentage from 2010 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2011. 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 - 2010. 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					ne 13, column (f))		17	.99 %
19a 33 1/3% support tests - 2011. 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 - 2010. 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								
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 - 2010. 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		•	•		on line 14, and line	e 15 is more than 3		
b 33 1/3% support tests - 2010. 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	•							
	ŀ	33 1/3% support tests - 2010. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	
	20				•		•	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

2011
Open to Public Inspection

Name of the organization

VOLUNTEER BOARD OF UNIVERSITY

Employer identification number 58 – 0708804

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	Is or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		or or or or or or or or or or or or or o
		(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 v	writing that the assets held in donor adv	used funds
Ū	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		
Ŭ	for charitable purposes and not for the benefit of the donor of	• •	•
	impermissible private benefit?	. donor advisor, or for any other purpos	Yes No
Pai		panization answered "Yes" to Form 990.	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or e		istorically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	n of a conservation easement on the last
_	day of the tax year		Total consolivation casement on the last
	Suy or the sun your		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	` '	
<u> </u>	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by th	
•	year >		o o gameaton cannig in o ten
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		f
Ū	violations, and enforcement of the conservation easements if		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and	-	
8	Does each conservation easement reported on line 2(d) above		
Ŭ	and section 170(h)(4)(B)(ii)?	to callery and requirements of bootion in	Yes No
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expens	
Ŭ	include, if applicable, the text of the footnote to the organization	•	
	conservation easements.	inon a mianala atatamanta that deponde	o the organization o accounting to
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or 0	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	•	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ement and balance sheet works of art.
	historical treasures, or other similar assets held for public ext	•	
	the text of the footnote to its financial statements that descri		,
b	If the organization elected, as permitted under SFAS 116 (AS		nt and balance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, ed	· · · · · · · · · · · · · · · · · · ·	
	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 tre	asures, or other similar assets for finance	
_	the following amounts required to be reported under SFAS 1		g, provido
а	5 - 1 - 1 - 5 - 000 D - 1 - 1 - 1	The state of the s	> \$
	Assets included in Form 990. Part X		\$

										4 Page 2
Par	t III Organizations Maintaining C	collections of A	rt, His	torical Tre	easures, or C	Other S	Simila	ar As <u>se</u>	ts (cont	inued)
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following that are	a signi	ficant (use of its	collectio	n items
	(check all that apply)									
а	Public exhibition	d		Loan or excl	hange programs					
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how tl	ney further th	ne organization's	exemp	t purpo	se in Par	XIV.	
5	During the year, did the organization solicit o	r receive donations	of art, h	storical treas	sures, or other si	mılar as	sets			
	to be sold to raise funds rather than to be ma			******					Yes	No_
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Par		ete if the	e organizatio	n answered "Yes	s" to Foi	rm 990	, Part IV, I	ine 9, or	
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	s or other assets	not inc	luded			
	on Form 990, Part X?		,						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing	table						
-	,,		.						Amoun	t
С	Beginning balance						1c			
	Additions during the year						1d	_		
e	Distributions during the year						1e			
f	f Ending balance									
2a	2a Did the organization include an amount on Form 990, Part X, line 21?									
	If "Yes," explain the arrangement in Part XIV									
Par	t V Endowment Funds. Complete	f the organization ar	swered	"Yes" to Fo	rm 990, Part IV, I	ine 10				
		(a) Current year	(b) F	rior year	(c) Two years ba	ck (d)	Three y	ears back	(e) Foul	years back
1a	Beginning of year balance								L	
b	Contributions									
С	Net investment earnings, gains, and losses			_						
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1	g, column (a	a)) held as				•	
а	Board designated or quasi-endowment	•	%	0 ,	,,					
b	Permanent endowment	%	_							
c	Temporarily restricted endowment ▶	 %								
-	The percentages in lines 2a, 2b, and 2c shou									
За	Are there endowment funds not in the posse	•	ation the	at are held a	nd administered	for the	organiz	ation		
	py.						J			Yes No
	(i) unrelated organizations								3a(i)	13 113
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Sche	dule R?					3b	
4	Describe in Part XIV the intended uses of the									
Pai	t VI Land, Buildings, and Equipm									
	Description of property	(a) Cost or o		1	or other (c) Accu	ımulate	ed T	(d) Boo	k value
	6	basis (investr			(other)	-	ciation	}	,_, 500	
	Land					<u>-</u>		-		
b	Buildings									
-	Leasehold improvements			<u> </u>						
_	Equipment									
	Other									
	. Add lines 1a through 1e (Column (d) must e	qual Form 990. Part	X, colui	mn (B), line 1	10(c))			•		0.

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011 HEALTH, II	NC.		58-0708804 Page 3
Part VII Investments - Other Securities.	See Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method o Cost or end-of-ye	
(1) Financial derivatives			
(2) Closely-held equity interests			_
(3) Other			
(A)			
(B)			
(C)			
(D)			· · · · · · · · · · · · · · · · · · ·
(E)			
(F)			
(G)			
(H)			
(I)			
Total (Col (b) must equal Form 990, Part X, col (B) line 12.)	>		
Part VIII Investments - Program Related	See Form 990, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method o Cost or end-of-ye	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total (Col (b) must equal Form 990, Part X, col (B) line 13.)	•		
Part IX Other Assets. See Form 990, Part X,			
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
(10)		<u></u>	
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part	<u>line 15)</u> : X, line 25.		>
1. (a) Description of liability		Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	-		
(10)			
(11)	· · ·		
Total, (Column (b) must equal Form 990, Part X, col (B)	line 25.)		
EIN 49 (ASC 740) Feetpote In Dort VIV provide the tout of the feetpote	ite to the organization's financial statement	s that reports the organization's liability for	uncertain tax positions under
2. FIN 48 (ASC 740) 132053 01-23-12			Schedule D (Form 990) 2011
01-20-14			Somediale D (FOITH 990) 2011

	dule D (Form 990) 2011 HEALTH, INC.			58-07	708804	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Finan	cial State	ments		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		477	822.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			298.
3	Excess or (deficit) for the year Subtract line 2 from line 1		3			524.
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities .		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV.)		8			
9	Total adjustments (net). Add lines 4 through 8		9		-	
10 Par	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and t XII Reconciliation of Revenue per Audited Financial Statements.		10 nue per R	eturn	101	524.
1	Total revenue, gains, and other support per audited financial statements			1	710	926.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				,	7
а	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.)		3,104.			
e	Add lines 2a through 2d	201 29	0/1010	2e	233	104.
3	Subtract line 2e from line 1			3	477	,104. ,822.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				T / /	,022.
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b		i		
c	Add lines 4a and 4b	40		4c		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	477	822.
	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Expe	nses per		= 1 1	<u> </u>
1	Total expenses and losses per audited financial statements			1		402.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			'	005	, = 0 21 •
a	Donated services and use of facilities	2a				
h	Prior year adjustments	2b		1		
C	Other losses	2c		i l		
d	Other (Describe in Part XIV)		3,104.			
	Add lines 2a through 2d	20 23	3,104·	0.	223	104
е 3	Subtract line 2e from line 1			2e 3		, <u>104.</u> ,298.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.			3	370	430.
•	Investment expenses not included on Form 990, Part VIII, line 7b	1 4- 1				
a	·	4a				
b	Other (Describe in Part XIV.)	4b				0
	Add lines 4a and 4b			4c	276	0.
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) t XIV Supplemental Information			5	376	<u>.298.</u>
						
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III					4, Part
	22, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp					
PAR	T X, LINE 2: AT DECEMBER 31, 2011, THE FOI	TOMING AE	ARS AR	E SUL	SU ECT	
TO	EXAMINATION BY MAJOR TAX JURISDICTIONS:					
FEI	ERAL 2008 - 2011					
GEO	ORGIA 2008 - 2011		•			
OTI	IER: COST OF GOODS SOLD					

SCHEDULE (Form 990) Department of the Treasury

Internal Revenue Service

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

Open to Public OMB No 1545-0047

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

% Schedule I (Form 990) (2011) **Employer identification number** 58-0708804 Inspection (h) Purpose of grant or assistance TUNDS AND VOLUNTEER X Yes 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 SERVICES 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 and address of organization (b) EIN (c) IRC section or government (c) IRC section if applicable cash grant assistance assistance or government (c) IRC section (d) Amount of ron-cash assistance assistance assistance other) 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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 172,251 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table UNIVERSITY For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501 (C) (3) Enter total number of other organizations listed in the line 1 table VOLUNTEER BOARD OF 58-1581103 General Information on Grants and Assistance criteria used to award the grants or assistance? HEALTH, INC. 1 (a) Name and address of organization UNIVERSITY HEALTH SERVICES, INC. Name of the organization AUGUSTA, GA 30901 1350 WALTON WAY Part Part II

Page 2

58-0708804

Schedule i (Form 990) (2011) HEALTH, INC.

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

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

Part III Grants and Other Assistance to Individuals in the United States.

(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.	ide the information	required in Part I,	line 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: THE OR	GANIZATIC	ON DOES NO	ORGANIZATION DOES NOT HAVE A FORMAL	ORMAL	
PROCEDURE TO MONITOR THE GRANT FUN	FUNDS. THE	FUNDS ARE	NOT PAID	FUNDS ARE NOT PAID IN ADVANCE;	
THE DEPARTMENT SPENDS THE GRANT FU	FUNDS ACCOR	ADING TO P	ACCORDING TO PRESET GUIDELINES.	ELINES. IF	
IT IS A FOUNDATION REQUEST, IT GOES		HE GENERAL	INTO THE GENERAL FUND AND IS	IS SPENT ON	
THE PROJECT AS NEEDED.					

SCHEDULĘ O

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ

2011
Open to Public Inspection

Name of the organization

VOLUNTEER BOARD OF UNIVERSITY HEALTH, INC.

Employer identification number 58-0708804

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SERVICES NECESSARY FOR PROPER PATIENT CARE. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: OPPORTUNITES TO TRAINED VOLUNTEER SERVICE IN A HEALTH CARE SETTING. FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS OF THE VOLUNTEER BOARD ELECT THEIR OFFICERS EVERY OCTOBER FOR THE FOLLOWING YEAR, AND ALL OFFICERS SERVE ON THE EXECUTIVE COMMITTEE (GOVERNING BODY). FORM 990, PART VI, SECTION A, LINE 7B: IF THE EXECUTIVE COMMITTE VOTES TO SPEND OVER \$6,000 AT ONE TIME ON ANY PROJECT, THAT HAS TO BE PRESENTED TO THE BOARD FOR FULL APPROVAL FROM ALL MEMBERS. ALSO THE BOARD'S ANNUAL BUDGET IS PRESENTED TO THE BOARD MEMBERS FOR APPROVAL. FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE FORM 990 IS AVAILABLE FOR REVIEW BY EACH BOARD MEMBER OF THE FINANCE COMMITTEE. FORM 990, PART VI, SECTION B, LINE 12C: THE OFFICERS AND BOARD MEMBERS ARE REQUIRED TO ANNUALLY DISCLOSE ANY CONFLICTS OF INTEREST. A FORM IS COMPLETED TO DISCLOSE ANY PERCEIVED CONFLICT AND THE PRESIDENT AND DIRECTOR ADDRESS HOW THE CONFLICT WILL BE HANDLED. FORM 990, PART VI, SECTION B, LINE 15: THE VOLUNTEER BOARD LEASES EMPLOYEES FROM UNIVERSITY HOSPITAL. THE EXPENSE FOR THE LEASED EMPLOYEES IS REFLECTED ON FORM 990. PART IX, LINE 7.

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization VOLUNTEER BOARD OF UNIVERSITY HEALTH, INC.	Employer identification number 58-0708804
meadin, inc.	36-0/08804
THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS ANNUALI	LY REVIEWS AND
APPROVES THE COMPENSATION OF THE EXECUTIVE DIRECTOR AND A	ALL STAFF MEMBERS.
FORM 990, PART VI, SECTION C, LINE 19: THE VOLUNTEER BOAH	RD OF UNIVERSITY
HEALTH, INC. RECORDS ARE AVAILABLE TO THE PUBLIC AND ARE	PROVIDED UPON
REQUEST IN ACCORDANCE WITH GEORGIA OPEN RECORDS ACT AND C	GEORGIA SUNSHINE
LAWS.	
VOLUNTEER BOARD OF UNIVERSITY HEALTH, INC UNDERGOES AN AN	NUAL AUDIT OF
ITS FINANCIAL STATEMENTS. THE AUDIT FIRM IS SELECTED BY	THE BOARD OF
DIRECTORS AND THE EXECUTIVE COMMITTEE OF THE BOARD OF DIR	RECTORS
PROVIDES OVERSIGHT FOR THE AUDIT PROCESS.	
	· · · · · · · · · · · · · · · · · · ·
	

SCHEDULER (Form 990)

Related Organizations and Unrelated Partnerships

Open to Public Inspection 2011

OMB No 1545-0047

Employer identification number 58-0708804 ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ See separate instructions. ► Attach to Form 990. VOLUNTEER BOARD OF UNIVERSITY INC HEALTH, Name of the organization

Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets <u>e</u> Total income Ð Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity Partl Part II

(g) Section 512(b)(13) controlled Š × entity? Yes Direct controlling status (if section 501(c)(3)) Public charity 170B(1)(A)II Exempt Code section 501 (C)(3) Legal domicile (state or foreign country) SEORGIA Primary activity PATIENT CARE 58-1581103, 1350 WALTON WAY, AUGUSTA, GA UNIVERSITY HEALTH SERVICES, INC. _ Name, address, and EIN of related organization 30901

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

Schedule R (Form 990) 2011

HEALTH,

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

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General or Percentage managing ownership Percentage ownership Schedule R (Form 990) 2011 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year) Code V-UBI Ceneral or F. managing c managing c 20 of Schedule K-1 (Form 1065) Ves No 9 Share of end-of-year assets Share of total income ate allocations? Dispropartion-Yes No Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets **6** (d)
(d)
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(entity Share of total income Ξ Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) <u>e</u> Primary activity Direct controlling entity 9 ਉ Legal domicile (state or foreign country) Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization <u>a</u> Part IV

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VOLUNTEER BOARD OF UNIVERSITY HEALTH, INC.

Schedule R (Form 990) 2011

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

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

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			Method of determining amount involved	Amount involved	Transaction type (a-r)	Name of other organization
			W. /			
×		÷	relationships and transaction thresholds	this line including covered	who must complete	r Other transfer of cash or property from related organization(s) 2 If the answer to any of the above is "Yes," see the instructions for information on who mist complete this line including covered relationships and transaction thresholds
×		₽				q Other transfer of cash or property to related organization(s)
×		4				p Reimbursement paid by related organization(s) for expenses
	×	10				 Reimbursement paid to related organization(s) for expenses
	X	1				n Sharing of paid employees with related organization(s)
×		Ē			tion(s)	m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
¦×		=	•		anization(s)	R 1 enormance of services or membership or fundraising solicitations by related prognization(s)
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	×	÷				i Lease of facilities equipment or other assets from related organization(s)
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×		19				g Purchase of assets from related organization(s)
×		11				f Sale of assets to related organization(s)
×		4				e Loans or loan guarantees by related organization(s)
×		P P				d Loans or loan guarantees to or for related organization(s)
×		10				c Gift, grant, or capital contribution from related organization(s)
	×	đ				b Gift, grant, or capital contribution to related organization(s)
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			in Parts II-IV?	related organizations listed	as with one or more	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?

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VOLUNTEER BOARD OF UNIVERSITY

HEALTH, INC.

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

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

tage							
(k) Percent Dwners							
General or F managing partner?							
Gene 7 Part Yes							
(h)							
Disproportionate allocations?				 			
S				 			
(g) Share of end-of-year assets							
(f) Share of total income							
(e) Are all partners sec 501(c)(3) 0rgs No							
574)							
Predominant income (related, unrelated, excluded from tax under section 512-514) y							
eign							
(c) Legal domicile (state or foreign country)							
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(b) Primary activity							
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(a) Name, address, and EIN of entity							
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Part VII	(Form 990) 2011 Supplemental Infor	mation				
•	Complete this part to pro	vide additional in	formation fo	or responses to questions on Schedule R (see instru	ctions)	
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