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Part III

Statement of Program Service Accomplishments

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

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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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 2,238,408 including grants of \$ 2,233,389) (Revenue \$)

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****SEE LATER IN 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 ▶ 2,238,408

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 instructions)? 	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	No
6 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 	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 for escrow or custodial account liability, 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 temporarily restricted endowments, permanent endowments, 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 Yes	
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 and XII 	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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? 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 United States? 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 United States? 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 hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

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? <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, line 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 through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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>	35b		
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 11b 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

		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		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	0	2b		
b		If at least one is reported on line 2a, did 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).				
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 as charitable contributions?		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	14	
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			
1b	Enter the number of voting members included in line 1a, above, who are independent	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	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	8a	Yes
8b	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	Did the organization have local chapters, branches, or affiliates?	10a	No
10b	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?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did 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?		
15a	The organization's CEO, Executive Director, or top management official	15a	Yes
15b	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
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial 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 and records of the organization	LINDA D NICHOLSON CONTROLLER 743 SPRING STREET GAINESVILLE, GA (770) 219-6646

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

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 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

[illegible]

Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								0	6,846,277	1,771,153

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

		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>	3 Yes	
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>	4 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>	5	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. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation

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

Part VIII

Statement of Revenue

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

			(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	293,324		
	d	Related organizations	1d	1,282,845		
	e	Government grants (contributions)	1e	207,774		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,483,367		
	g	Noncash contributions included in lines 1a-1f \$		18,469		
	h	Total. Add lines 1a-1f		5,267,310		
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)		558,231	
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	15,055			
c		Gain or (loss)	-15,055			
d		Net gain or (loss)		-15,055		-15,055
8a		Gross income from fundraising events (not including \$ 293,324 of contributions reported on line 1c) See Part IV, line 18				
a			14,891			
b		Less direct expenses	b	68,423		
c		Net income or (loss) from fundraising events		-53,532		-53,532
9a		Gross income from gaming activities See Part IV, line 19				
a						
b		Less direct expenses	b			
c		Net income or (loss) from gaming activities				
10a		Gross sales of inventory, less returns and allowances				
a						
b	Less cost of goods sold	b				
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		5,756,954	0	0	489,644

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).

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

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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 United States. See Part IV, line 21.	2,233,389	2,233,389		
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	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	182,095	965	10,634	170,496
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.	398,035	2,110	23,245	372,680
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	22,535	119	1,316	21,100
9	Other employee benefits.	82,894	439	4,841	77,614
10	Payroll taxes.	37,838	201	2,210	35,427
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	2,450	13	143	2,294
c	Accounting.				
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.	85,410			85,410
f	Investment management fees.	73,405	389	4,287	68,729
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	25,393	135	1,483	23,775
12	Advertising and promotion.				
13	Office expenses.				
14	Information technology.				
15	Royalties.				
16	Occupancy.	9,726	52	568	9,106
17	Travel.	3,250	17	190	3,043
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	5,824	31	340	5,453
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	10,586	56	618	9,912
23	Insurance.				
24	Other expenses. Itemize expenses not covered 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 O).				
a	SUPPLIES	28,996	154	1,693	27,149
b	SOFTWARE SUPPORT	15,594	83	911	14,600
c	PRINTING	15,549	82	908	14,559
d	SALES & PROPERTY TAX	7,900	42	461	7,397
e	All other expenses	24,985	131	1,460	23,394
25	Total functional expenses. Add lines 1 through 24e.	3,265,854	2,238,408	55,308	972,138
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

☐

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			1,140,494	2	725,989
	3	Pledges and grants receivable, net			4,691,164	3	4,408,068
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Loans and other 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) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net			97,658	7	92,719
	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	3,635,750			
	b	Less accumulated depreciation	10b	132,542	3,367,562	10c	3,503,208
	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			12,106,293	13	16,774,531
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			457,176	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)			21,860,347	16	25,504,515
Liabilities	17	Accounts payable and accrued expenses			94,671	17	114,741
	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	Loans and other 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			153,563	25	508,753
	26	Total liabilities. Add lines 17 through 25			248,234	26	623,494
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			6,570,979	27	8,031,132
	28	Temporarily restricted net assets			12,539,549	28	13,958,613
	29	Permanently restricted net assets			2,501,585	29	2,891,276
	Organizations that do not follow SFAS 117 (ASC 958), 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			21,612,113	33	24,881,021
	34	Total liabilities and net assets/fund balances			21,860,347	34	25,504,515

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	5,756,954
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,265,854
3	Revenue less expenses Subtract line 2 from line 1	3	2,491,100
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	21,612,113
5	Net unrealized gains (losses) on investments	5	841,468
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-63,660
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	24,881,021

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited 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 separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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
3b	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		

(A)	(B)	(C)	(D)
Name and Title	Average	Position (do not check)	Reportable

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
NANCY COLSTON PRESIDENT & CDO - MCF	40 00	X		X				0	182,095	37,518
PIERPONT F BROWN III MEMBER, PHYSICIAN - NGPG	1 00 40 00	X						0	570,046	31,110
BETH BALDWIN MEMBER	1 00	X						0	0	0
SCOTT MCGARITY MEMBER	1 00	X						0	0	0
WILLIAM BUDDY LANGSTON MEMBER	1 00	X						0	0	0
HEATH GURR MEMBER, PHARMACIST - NGMC	1 00 40 00	X						0	121,135	26,597
RICHARD POPE MEMBER	1 00	X						0	0	0
LONA POPE MEMBER	1 00	X						0	0	0
MARY INGRAM MEMBER, RN - NGMC	1 00 40 00	X						0	105,343	32,910
JENNIFER STOECKIG MEMBER, COORD CARE PLAN - NGMC	1 00 40 00	X						0	65,872	19,091
JIM MOORE CHAIRPERSON	1 00	X						0	0	0
BO WEBER MEMBER	1 00	X						0	0	0
LAURIE WEBER MEMBER	1 00	X						0	0	0
PETER ROCCO MEMBER	1 00	X						0	0	0
ANTHONY M HERDENER VP & CFO - NGHS	1 00			X				0	529,141	139,459
CAROL H BURRELL PRESIDENT & CEO	1 00 40 00			X				0	955,367	912,364
TRACY M VARDEMAN VP STRATEGIC PLAN/MKTING - NHGS	1 00 40 00			X				0	277,018	65,979
ALLANA L CUMMINGS VP & CIO - NGHS	1 00 40 00			X				0	434,062	56,407
JAMES WALKER VP HR - NGHS (TERM 9/30/13)	1 00 40 00			X				0	258,465	49,504
NANCY J MARTIN VP & CNO - NGMC (TERM 4/26/13)	1 00 40 00			X				0	316,924	82,236
JOHN A WILLIAMSON VP - NGMC	1 00 40 00			X				0	337,413	64,336
LINDA NICHOLSON CONTROLLER	1 00 40 00			X				0	253,528	75,883
JAMES BAILEY VP & CMIO/CQO - NGHS	1 00 32 00			X				0	597,914	28,418
PAUL G VERVALIN VP&CAO-NGHS, PRES-NGPG(TERM 8/30/13)	1 00 40 00			X				0	375,481	63,188
SAMUEL O JOHNSON VP MEDICAL AFFAIRS & CMO - NGHS	1 00 40 00			X				0	437,805	68,068

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
BRADLEY K NURKIN PRESIDENT - NGMC	1 00 40 00			X				0	153,794	5,356
SONJA F MCCLENDON VP PROF SRVCS - NGMC(HIRED 2/11/13)	1 00 40 00			X				0	0	0
MARY M STRAND VP REV CYCLE - NGHS(HIRED 10/15/12)	1 00 40 00			X				0	54,951	1,104
KAREN S WATTS VP & CNO - NGMC (HIRED 3/4/13)	1 00 40 00			X				0	0	0
JAMES E GARDNER JR FORMER PRESIDENT & CEO	0 00						X	0	703,102	3,606
SANDRA K JOHNSON FORMER VP REV CYCLE (TERM 7/25/12)	0 00						X	0	116,821	8,019

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

2012

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 33¹/₃% 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 33¹/₃% 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 - Non-functionally integrated
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

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 monetary support |
|------------------------------------|----------|--|--|----|---|----|--|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |
- For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2012

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	2,281,080	3,101,738	3,800,603	3,854,930	5,267,310	18,305,661
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	2,281,080	3,101,738	3,800,603	3,854,930	5,267,310	18,305,661
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)						1,880,584
6 Public support. Subtract line 5 from line 4						16,425,077

Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	2,281,080	3,101,738	3,800,603	3,854,930	5,267,310	18,305,661
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	482,286	333,424	267,897	463,680	558,231	2,105,518
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)						20,411,179
12	Gross receipts from related activities, etc (see instructions)					12	120,568
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 2012 (line 6, column (f) divided by line 11, column (f))	14	80.470 %
15	Public support percentage for 2011 Schedule A, Part II, line 14	15	80.580 %
16a	33 1/3% support test—2012. 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 <input checked="" type="checkbox"/>		
b	33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2012. 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 <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2011. 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 <input type="checkbox"/>		
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 <input type="checkbox"/>		

Part IIISupport 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2012. 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—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

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

Facts And Circumstances Test

Explanation

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

2012

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 35c (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 function 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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- 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><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><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></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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable 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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(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?	Yes		18
j	Total. Add lines 1c through 1i.			18
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible 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, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <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 education)☐ Preservation of an historically important land area☐ Protection of natural habitat☐ Preservation of a certified historic structure☐ Preservation of open space

2

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

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

3

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

4

Number of states where property subject to conservation easement is located ▶_____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

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

Part III

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

1a

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

b

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

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2

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

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2012

Part III

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

- 3

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

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 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 XIII and complete the following table
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	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 XIII Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	15,041,133	11,866,689	10,371,919	9,240,287	10,316,115
b Contributions	4,067,156	2,888,063	2,757,537	1,974,645	2,333,317
c Net investment earnings, gains, and losses	139,010	279,190	50,661	106,903	36,357
d Grants or scholarships					
e Other expenditures for facilities and programs	2,329,610	41,382	1,305,082	938,110	3,552,570
f Administrative expenses	67,800	-48,573	8,346	11,806	-107,068
g End of year balance	16,849,889	15,041,133	11,866,689	10,371,919	9,240,287

- 2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a

Board designated or quasi-endowment

b

Permanent endowment

17 160 %

c

Temporarily restricted endowment

82 840 %
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b
- 4

Describe in Part XIII the intended uses of the organization's endowment funds
- Part VI

Land, Buildings, and Equipment. See Form 990, Part X, line 10.
- | Description of property | (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 | | 128,195 | 38,231 | 89,964 |
| c Leasehold improvements | | 5,635 | 3,098 | 2,537 |
| d Equipment | | 121,579 | 91,213 | 30,366 |
| e Other | | 75,591 | | 75,591 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 3,503,208 |
- Schedule D (Form 990) 2012

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return					
1	Total revenue, gains, and other support per audited financial statements			1	5,385,098
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	848,171		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	848,171
3	Subtract line 2e from line 1			3	4,536,927
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	73,405		
b	Other (Describe in Part XIII)	4b	1,146,622		
c	Add lines 4a and 4b			4c	1,220,027
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)			5	5,756,954
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return					
1	Total expenses and losses per audited financial statements			1	3,260,872
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 XIII)	2d	68,423		
e	Add lines 2a through 2d			2e	68,423
3	Subtract line 2e from line 1			3	3,192,449
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	73,405		
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b			4c	73,405
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)			5	3,265,854

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, 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, LINE 2	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, 2013, 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 4B - OTHER ADJUSTMENTS		FUNDRAISING EVENTS EXPENSE -68,423 CONTRIBUTIONS INCLUDED IN EQUITY ON BOOKS 1,282,845 ESTIMATED ALLOWANCE FOR DISCOUNT ON PLEDGES -67,800
PART XII, LINE 2D - OTHER ADJUSTMENTS		FUNDRAISING EVENTS EXPENSE 68,423

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. Form 990-EZ filers are not required to complete this part.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2012

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 ☒ Mail solicitations

b ☐ Internet and email solicitations

c ☐ Phone solicitations

d ☒ In-person solicitations

e ☒ Solicitation of non-government grants

f ☒ Solicitation of government grants

g ☒ Special fundraising events

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.

(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			
CORPORATE DEVELOPMINT 49 CALHOUN ST CHARLESTON, SC 29401	FUNDRAISING FEASIBILITY STUDY		No	0	77,371	-77,371
Total ▶					77,371	-77,371

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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>GOLF TOURNAMENT</u> (event type)	 (event type)	 (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	308,215		308,215
	2	Less Contributions	293,324		293,324
	3	Gross income (line 1 minus line 2)	14,891		14,891
Direct Expenses	4	Cash prizes	2,500		2,500
	5	Noncash prizes	8,361		8,361
	6	Rent/facility costs	8,611		8,611
	7	Food and beverages	13,013		13,013
	8	Entertainment			
	9	Other direct expenses	35,938		35,938
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine line 3, column (d), and line 10 ▶			
					(68,423)
					-53,532

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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
Direct Expenses	6	Volunteer labor			
	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 _____

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 Enter 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 of the third party

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 Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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

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. Part II can be duplicated if additional space is needed.

(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 INC 743 SPRING STREET GAINESVILLE, GA 30501	58-1694098	501(C)(3)	1,708,079				GENERAL SUPPORT
(2) MY SISTERS PLACE PO BOX 908492 GAINESVILLE, GA 30501	16-1619238	501(C)(3)	220,076				GENERAL SUPPORT
(3) HEALTH ACCESS INITIATIVE PO BOX 907446 GAINESVILLE, GA 30501	54-2093019	501(C)(3)	142,000				HEALTHY JOURNEY III COMMITMENT
(4) GOOD NEWS AT NOON PO BOX 2683 GAINESVILLE, GA 30503	58-1895047	501(C)(3)	131,105				ENDOWMENT FUND CONTRIBUTION
(5) AMERICAN CANCER SOCIETY PO BOX 102454 ATLANTA, GA 30368	13-1788491	501(C)(3)	13,013				2013 RELAY FOR LIFE
(6) AMERICAN HEART ASSOCIATION PO BOX 4002900 DES MOINES, IA 50340	13-5613797	501(C)(3)	12,626				2013 HEART WALK
(7) MARCH OF DIMES 311 GREEN STREET SUITE 101 GAINESVILLE, GA 30501	13-1846366	501(C)(3)	6,490				GENERAL SUPPORT

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

7

3

Enter total number of other organizations listed in the line 1 table

0

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 can be duplicated 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, Part III, column (b), 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 PRIOR TO DISBURSEMENT

OMB No 1545-0047

Open to Public Inspection

▶ Attach to Form 990. ▶ See separate instructions.

58-1694820

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	PART I, LINES 4A-B	PART I, LINE 4A JAMES GARDNER, JR WAS EMPLOYED BY NORTHEAST GEORGIA HEALTH SYSTEM, INC FROM MARCH 2004 UNTIL MARCH 2011 MR GARDNER WAS HIRED TO SERVE AS PRESIDENT AND CEO OF THE SYSTEM DURING 2012, MR GARDNER WAS PAID SEVERENCE OF \$502,216 BASED ON THE TERMS OF HIS EMPLOYMENT CONTRACT PART I, LINE 4B - EMPLOYER CONTRIBUTION TO 457(F) EXECUTIVE RETIREMENT BENEFIT PLAN ANTHONY M HERDENER \$ 76,176 PAUL G VERVALIN \$ 32,138 TRACY M VARDEMAN \$ 23,230 LINDA NICHOLSON \$ 19,282 JAMES WALKER \$ 24,473 CAROL H BURRELL \$851,311 ALLANA L CUMMINGS \$ 38,401 SAMUEL O JOHNSON \$ 40,098 NANCY J MARTIN \$ 24,279 JOHN A WILLIAMSON \$ 28,402 CAROL H BURRELL, PRESIDENT AND CEO OF NORTHEAST GEORGIA HEALTH SYSTEM, BEGAN HER CAREER AT NORTHEAST GEORGIA HEALTH SYSTEM IN 1999 SHE WAS PROMOTED TO PRESIDENT AND CEO IN JULY 2011 HER FIRST FULL YEAR AS CEO WAS COMPLETED IN 2012 WHICH IS REFLECTED IN HER PAY AND DEFERRED COMPENSATION THE CONTRIBUTION TO THE 457(F) EXECUTIVE RETIREMENT PLAN ON HER BEHALF FOR 2012 (\$851,311) WAS COMPUTED BASED ON HER AGE, LENGTH OF EMPLOYMENT, AND CURRENT POSITION WITH NORTHEAST GEORGIA HEALTH SYSTEM EMPLOYER PAYMENT FROM 457(F) PLAN (INCLUDING VESTED EARNINGS ON PREVIOUSLY REPORTED COMPENSATION) NANCY J MARTIN \$49,739 TRACY M VARDEMAN \$22,118 JOHN A WILLIAMSON \$26,617 LINDA NICHOLSON \$20,594 PAUL G VERVALIN \$33,967

Software ID:
Software Version:
EIN: 58-1694820
Name: THE MEDICAL CENTER FOUNDATION INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
NANCY COLSTON	(i)	0	0	0	0	0	0	0
	(ii)	141,154	18,350	22,591	24,675	12,843	219,613	0
PIERPONT F BROWN III	(i)	0	0	0	0	0	0	0
	(ii)	550,414	0	19,632	8,750	22,360	601,156	0
ANTHONY M HERDENER	(i)	0	0	0	0	0	0	0
	(ii)	341,600	132,316	55,225	115,107	24,352	668,600	0
CAROL H BURRELL	(i)	0	0	0	0	0	0	0
	(ii)	555,627	363,678	36,062	884,483	27,881	1,867,731	0
TRACY M VARDEMAN	(i)	0	0	0	0	0	0	0
	(ii)	187,290	71,286	18,442	48,599	17,380	342,997	21,164
ALLANA L CUMMINGS	(i)	0	0	0	0	0	0	0
	(ii)	317,482	102,659	13,921	47,151	9,256	490,469	0
JAMES WALKER	(i)	0	0	0	0	0	0	0
	(ii)	197,312	41,287	19,866	32,756	16,748	307,969	0
NANCY J MARTIN	(i)	0	0	0	0	0	0	0
	(ii)	198,992	107,511	10,421	66,730	15,506	399,160	49,326
JOHN A WILLIAMSON	(i)	0	0	0	0	0	0	0
	(ii)	229,063	90,184	18,166	46,454	17,882	401,749	25,469
LINDA NICHOLSON	(i)	0	0	0	0	0	0	0
	(ii)	155,251	74,165	24,112	61,330	14,553	329,411	19,706
JAMES BAILEY	(i)	0	0	0	0	0	0	0
	(ii)	551,606	19,113	27,195	8,750	19,668	626,332	0
PAUL G VERVALIN	(i)	0	0	0	0	0	0	0
	(ii)	256,501	112,634	6,346	40,888	22,300	438,669	32,502
SAMUEL O JOHNSON	(i)	0	0	0	0	0	0	0
	(ii)	321,628	94,406	21,771	48,848	19,220	505,873	0
BRADLEY K NURKIN	(i)	0	0	0	0	0	0	0
	(ii)	105,549	32,000	16,245	1,500	3,856	159,150	0
JAMES E GARDNER JR	(i)	0	0	0	0	0	0	0
	(ii)	0	200,886	502,216	0	3,606	706,708	0
SANDRA K JOHNSON	(i)	0	0	0	0	0	0	0
	(ii)	97,220	0	19,601	2,357	5,662	124,840	0

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

2012

Open to Public
Inspection

Name of the organization THE MEDICAL CENTER FOUNDATION INC	Employer identification number 58-1694820
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Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	BO WEBER AND LAURIE WEBER, BOARD MEMBERS, HAVE A FAMILY RELATIONSHIP LONA POPE AND RICHARD POPE, BOARD MEMBERS, HAVE A FAMILY RELATIONSHIP

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 OF VOTING 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, RECOMMENDATIONS ON RANGES AND PLACEMENT FROM THE CEO, 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 9	OTHER CHANGES -63,660

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 OR THE MEDICAL CENTER) 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, UNDER INSURED 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 \$16.9 MILLION IN 2013 WITH ANOTHER \$10.6 MILLION PROVIDED TO REGIONAL RESIDENTS OUTSIDE HALL COUNTY. THE MEDICAL CENTER'S CHARITY CARE POLICY PROVIDES FINANCIAL ASSISTANCE TO PATIENTS WITH A HOUSEHOLD INCOME OF 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 62-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 2012, THE LATEST DATA AVAILABLE, NGMC WAS SIXTH IN THE STATE FOR NET UNCOMPENSATED CARE. NGMC PROVIDED INDIGENT CARE TO HALL COUNTY RESIDENTS AT A COST OF \$16.9 MILLION IN 2013, WITH ANOTHER \$10.6 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 2011 (LATEST NUMBERS AVAILABLE), THE HOSPITAL GENERATED MORE THAN \$1 BILLION DOLLARS IN REVENUE FOR THE LOCAL AND STATE ECONOMIES, 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 2011 IN ADDITION TO THE MORE THAN 5,000 EMPLOYED DIRECTLY BY NORTHEAST GEORGIA HEALTH SYSTEM. UNDER 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 TO FAIR MARKET VALUE, REMAIN ACCOUNTABLE TO THE COMMUNITY, REFRAIN FROM PARTICIPATING IN POLITICAL CAMPAIGNS FOR OR AGAINST CANDIDATES AND/OR LOBBY 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 1965. OPERATE A FULL-TIME EMERGENCY ROOM (ER) THAT IS AVAILABLE TO ALL PEOPLE, REGARDLESS OF THEIR ABILITY TO PAY, -NGMC OPERATES THE 4TH BUSIEST ER IN GEORGIA. IN 2013, MORE THAN 20% 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 FISCAL YEAR 2013, NGMC'S PAYOR MIX WAS 60% MEDICARE/MEDICAID, 30% COMMERCIAL INSURANCE AND 10% SELF-PAY. PARTICIPATE IN MEDICAID AND MEDICARE, -51% OF PATIENTS SERVE</p>

Identifier	Return Reference	Explanation
	FORM 990, PART III LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS	<p>D BY NGMC IN FISCAL YEAR 2013 WERE MEDICAID AND MEDICARE PATIENTS. CREATE A GOVERNING BOARD THAT IS REPRESENTATIVE OF THE COMMUNITY IT SERVES, -MORE THAN 80 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, -NGMC HAS A MEDICAL STAFF OF ROUGHLY 600 PHYSICIANS REPRESENTING NUMEROUS ADVANCED SPECIALTIES SUCH AS GYNECOLOGIC ONCOLOGY, ELECTROPHYSIOLOGY, CARDIAC SURGERY, CRITICAL CARE MEDICINE, SURGICAL TRAUMA, 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 HYPERTHERMIC 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 2013, NGMC RECEIVED \$9.6 MILLION IN NET FUNDS ALLOCATED THROUGH THE ICTF AND UPL PROGRAM TO PARTIALLY OFFSET A FINANCIAL LOSS OF \$38.2 MILLION IN COSTS 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. NGMCHAS 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 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 HAI. SINCE 1999, NGMC HAS PROVIDED \$4,002,731 IN SUPPORT OF GOOD NEWS CLINICS WITH AVERAGE ANNUAL SUPPORT OF \$314,933 IN FISCAL YEARS 2007 -2013. IN 2013, NGMC CONTRIBUTED OVER \$362,913 IN FINANCIAL SUPPORT. HEALTH ACCESS INITIATIVE, FOUNDED BY THE HALL COUNTY MEDICAL SOCIETY AND LAUNCHED IN 2003, HALL COUNTY'S HEALTH ACCESS INITIATIVE (HAI) IS A REFERRAL SERVICE THAT MATCHES FINANCIALLY ELIGIBLE PATIENTS TO PHYSICIANS WHO HAVE VOLUNTEERED TO PROVIDE FREE TREATMENT TO PATIENTS WHO QUALIFY FOR SERVICES. HAI 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 FISCAL YEAR 2013, HEALTH ACCESS PROVIDED 5,783 SPECIALTY REFERRAL PATIENT VISITS AND SERVED 2565 PATIENTS. A NETWORK OF 240 SPECIALTY PHYSICIANS AND NGMC PROVIDED PATIENT VISITS AND INPATIENT AND OUTPATIENT SERVICES PROVIDING SPECIALTY CARE SERVICES VALUED AT \$13.3 MILLION. TO QUALIFY FOR HAI SERVICES, A PATIENT'S INCOME MUST BE AT OR BELOW 150 PERCENT FEDERAL POVERTY LEVEL AND A PATIENT MUST HAVE NO MEDICAL INSURANCE. THE PATIENT MUST LIVE IN HALL COUNTY AND MUST BE REFERRED BY A PHYSICIAN THAT IS IN THE HAI NETWORK. HEALTH ACCESS IS NOW A COMPONENT OF PROGRAMMING AT GOOD NEWS CLINICS.</p> <p>HIGHLIGHTS OF COMMUNITY BENEFIT PROGRAMS AND ACTIVITIES: 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 FISCAL YEAR 2013, OVER \$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. NGMC OFFERED SEVERAL COMMUNITY EDUCATION SEMINARS IN 2013 ON TOPICS INCLUDING PROSTATE CANCER, PARKINSON'S DISEASE, HEALTH TIPS FOR SENIORS, WOMEN'S HEALTH EDUCATION AND MORE. THESE SEMINARS INVOLVED MORE THAN 200 PARTICIPANTS AND MANY DIFFERENT PHYSICIANS FROM PRACTICES THROUGHOUT THE COMMUNITY PARTICIPATED IN THE SEMINARS.</p> <p>COMMUNITY HEALTH NEEDS ASSESSMENT: NORTHEAST GEORGIA MEDICAL CENTER (NGMC), WITH INPUT FROM THE COMMUNITY, COMPLETED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN 2013. NGMC'S ASSESSMENT INCLUDES A SECONDARY DATA SCAN AND A COMMUNITY HEALTH PROFILE FOR HALL COUNTY. THE ASSESSMENT FOCUSES MAINLY ON THE NEEDS OF THE COMMUNITY'S MOST VULNERABLE POPULATIONS, PARTICULARLY THOSE WITH LOW-INCOMES WHO ARE UNINSURED. SIX FOCUS GROUPS WERE HELD AND NEARLY 25 ONE-ON-ONE INTERVIEWS WERE CONDUCTED WITH STAKEHOLDERS. THE STUDY CULMINATED IN THE IDENTIFICATION OF 10 PRIORITY HEALTH NEEDS. GO TO WWW.NGHS.COM TO SEE A SPREADSHEET OF INITIATIVES AND ACTIVITIES WITH WHICH NGMC IS INVOLVED AND HOW NGMC INTENDS TO ADDRESS EACH NEED. MANY ACTIVITIES OVERLAP DIFFERENT PRIORITIES, AND NGMC'S INVOLVEMENT RANGES FROM PROVIDING THE ACTIVITY ITSELF TO CONTRIBUTING IN SOME WAY. THE SPREADSHEET IS NOT AN EXHAUSTIVE LIST, BUT HIGHLIGHTS MANY OF THE ORGANIZATION'S EFFORTS TO ADDRESS IDENTIFIED COMMUNITY HEALTH NEEDS. THE FULL CHNA IS ALSO AVAILABLE ON THE WEBSITE.</p> <p>PARTNERING TO REACH THE UNINSURED: INDIGENT CARE COUNCIL. NGMC HAS DEVELOPED A COMMUNITY COUNCIL ON CARING FOR THE INDIGENT. THE PURPOSE OF THE COUNCIL IS TO IDENTIFY A ROADMAP TOWARD GREATER ALIGNMENT AND COORDINATION AROUND MEDICAL HOME MANAGEMENT, THE OBJECTIVE OF WHICH IS THE UNITY OF HEALTHCARE PROVIDERS IN AND AROUND HALL COUNTY WHO CARE FOR THE IND</p>

Identifier	Return Reference	Explanation
		<p>IGENT POPULATION TO ENSURE CONSISTENT AND QUALITY PATIENT CARE THROUGH ENHANCED COORDINATION. MEMBERS OF THE COUNCIL INCLUDE REPRESENTATIVES FROM NGMC, THE PRIMARY CARE CLINIC AT HALL COUNTY HEALTH DEPARTMENT, THE NORTHEAST GEORGIA DIAGNOSTIC CLINIC, THE LONGSTREET CLINIC, GOOD NEWS CLINICS (INDIGENT CLINIC), MEDLINK (FEDERALLY QUALIFIED HEALTH CENTER), AS WELL AS PHYSICIANS GOOD NEWS CLINICS. FUNDING FROM NGMC HELPS PROVIDE MEDICATIONS, MEDICAL SUPPLIES AND OTHER SUPPORT FOR GOOD NEWS CLINICS (GNCS). THE LARGEST FREE CLINIC IN GEORGIA, FOUNDED IN 1992, GNCS IS A CHRISTIAN MINISTRY THAT PROVIDES MEDICAL CARE TO THE INDIGENT AND UNINSURED POPULATION AT NO CHARGE. FORTY-FOUR PHYSICIANS, FIVE MID-LEVEL PROVIDERS AND FORTY-THREE DENTISTS VOLUNTEER TO TREAT PATIENTS AT GNCS. IN ADDITION, 218 SPECIALIST PHYSICIANS VOLUNTEER TO TREAT PATIENTS IN THEIR OFFICES THROUGH REFERRALS FROM GNCS, NORTHEAST GEORGIA PHYSICIANS GROUP PRACTICE AT THE HALL COUNTY HEALTH DEPARTMENT AND PHYSICIANS IN HALL COUNTY. IN FISCAL YEAR 2013, OVER \$300,000 WAS DONATED TO HELP GNCS PROVIDE CARE TO INDIGENT PATIENTS WHO WERE AT OR BELOW 150% OF THE FEDERAL POVERTY GUIDELINES AND DID NOT QUALIFY FOR OTHER PROGRAMS. CLINICAL PROFESSIONALS FROM NGMC STAFF THE CONGESTIVE HEART FAILURE CLINIC AT GNCS, AS WELL AS A CARDIOLOGY CLINIC. ADDITIONAL HEALTH SCREENINGS ARE PROVIDED TO VULNERABLE POPULATIONS AT GNCS SUCH AS PROSTATE SCREENINGS, CANCER EDUCATION AT CHURCHES OR AT COMMUNITY EVENTS. HEALTH DEPARTMENT PRIMARY CARE CLINIC. NGMC 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 FISCAL YEAR 2013, NGMC CONTRIBUTED OVER \$500,000. PRENATAL CARE PROGRAM AT THE HEALTH DEPARTMENT. NGMC PARTNERS WITH THE LONGSTREET CLINIC TO IMPROVE BIRTH OUTCOMES BY INCREASING EARLY INITIATION OF PRENATAL CARE FOR LOW-INCOME, UNINSURED, AND UNDER-INSURED PREGNANT WOMEN VIA THE HEALTH DEPARTMENT'S PRIMARY CARE CENTER. THE YEARLY COST TO NGMC IS APPROXIMATELY \$200,000. INDIGENT PATIENT FUND. AT NGMC, FINANCIAL ASSISTANCE IS PROVIDED FOR INDIGENT PATIENTS TO OBTAIN URGENTLY NEEDED DISCHARGE MEDICATIONS AND TRANSPORTATION. INDIVIDUALS ELIGIBLE FOR THESE FUNDS ARE THOSE PATIENTS WHOSE NEEDS CANNOT BE MET THROUGH PRIMARY INSURANCE, THEIR OWN PERSONAL FUNDS, GOVERNMENT PROGRAMS, OR OTHER CHARITABLE SERVICES. THIS HELPS TO ENSURE MEDICATION COMPLIANCE AND MAXIMIZE CONDITIONS FOR RECOVERY AND RECUPERATION. THE MEDICAL CENTER FOUNDATION PROVIDES FUNDING FOR THIS FUND. NGMC VOLUNTEERS. IN FISCAL YEAR 2013, NEARLY 638 NGMC VOLUNTEERS CONTRIBUTED MORE THAN 61,627 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 TEEN VOLUNTEER PROGRAM HAD 117 TEEN PARTICIPANTS IN 2013. THE TEENS CAME FROM SEVEN COUNTIES AND REPRESENTED 21 DIFFERENT SCHOOLS WITHIN THE AREA. TEENS DONATED MORE THAN 4,900 HOURS OF SERVICE. ENCOURAGING MEDICAL VOLUNTEERING. NGMC PROVIDES INFORMATION AT PHYSICIAN ORIENTATION TO ENCOURAGE PHYSICIANS TO STEP UP THROUGH VOLUNTEER OPPORTUNITIES AT LOCAL FREE CLINICS (GOOD NEWS CLINICS IN GAINESVILLE AND HELPING HAND CLINIC IN CLEVELAND) AS WELL AS HEALTH ACCESS. NGMC ALSO ENCOURAGES PHYSICIANS TO GIVE OF THEIR TIME BY VOLUNTEERING AT THESE LOCATIONS. THE CANCER CENTER AT NGMC HAS DEVELOPED A MEMBERSHIP MODEL FOR PHYSICIANS THAT CONTAINS CONDITIONS OF PARTICIPATION WHICH INCLUDES ACTIVE PARTICIPATION IN A SPEAKER PROGRAM, SCREENING ACTIVITY, CANCER PREVENTION ACTIVITY, OR OUTREACH. THE PURPOSE OF THIS MEMBERSHIP MODEL IS TO IMPROVE PATIENT CARE QUALITY, ACCESS, AND PROGRAMMATIC EXCELLENCE.</p>

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		<p>PARTNER IN HALLMARK, WHICH IS A COMMUNITY INVESTMENT PLAN THAT ADDRESSES ECONOMIC DEVELOPM ENT, EDUCATION, GOVERNMENT, AND COMMUNITY DEVELOPMENT THROUGH PARTNERSHIP NGMC HELPS PROM OTE ACCESS TO PHYSICAL ACTIVITIES FOR BOTH ADULTS AND CHILDREN THROUGH PARTICIPATION ON TH E HEALTHY BEGINNINGS PARTNERSHIP, A COLLABORATIVE EFFORT BETWEEN NGMC, UNITED WAY , FAMILY CONNECTION, GAINESVILLE PARKS AND RECREATION, GOOD NEWS CLINICS AND MORE, THAT SEEKS TO RA ISE AWARENESS OF HEALTHY LIVING, PARTICULARLY TO FAMILIES MEMBERS OF NGMC'S BARIATRIC SER VICE LINE ALSO SERVE ON HALL COUNTY SCHOOL SYSTEM'S WELLNESS COUNCIL AN NGMC REPRESENTATI VE SERVES ON HALL COUNTY FAMILY CONNECTION (HCFC) HCFC ADOPTED TEEN PREGNANCY PREVENTION AND OBESITY PREVENTION AS ITS TWO FOCUS AREAS FOR THE NEXT THREE YEARS HALL COUNTY FAMILY CONNECTION IS A COLLABORATIVE WHICH SERVES AS THE LOCAL DECISION-MAKING BODY , BRINGING CO MMUNITY PARTNERS TOGETHER TO DEVELOP, IMPLEMENT, AND EVALUATE PLANS THAT ADDRESS THE SERIO US CHALLENGES FACING THE CHILDREN AND FAMILIES IN OUR COUNTY ITS VISION IS THAT EVERY CH ILD HAS THE OPPORTUNITY TO REACH HIS OR HER FULL POTENTIAL FOR GOOD HEALTH, BE SECURE FROM ABUSE AND NEGLECT, AND BECOME A LITERATE, PRODUCTIVE, ECONOMICALLY SELF-SUFFICIENT MEMBER OF OUR COMMUNITY THE MISSION OF HCFC IS TO IDENTIFY AND MONITOR AREAS OF COMMUNITY CONCER N AND TO MOBILIZE THE COMMUNITY AND ITS RESOURCES IN A COMMON EFFORT TO DEVELOP SOLUTIONS THE MEDICAL CENTER FOUNDATION (MCF) RAISES FUNDS TO BENEFIT THE COMMUNITY MCF IS THE FUN DRAISING ARM OF NGMC AND RAISES FUNDS TO IMPROVE THE HEALTH OF THE COMMUNITY MCF'S OPERAT ING EXPENSES ARE SUPPORTED BY NGMC SO THAT DONATED FUNDS CAN BE USED TO SUPPORT NGMC PROJE CTS AND COMMUNITY HEALTH IMPROVEMENT INITIATIVES THE FOLLOWING ARE ITEMS OF INTEREST TO N OTE -SINCE 1997, OVER \$2 7 MILLION HAS BEEN RAISED FOR COMMUNITY HEALTH IMPROVEMENT PROJE CTS THROUGH THE MEDICAL CENTER OPEN - THE 2013 MEDICAL CENTER OPEN GOLF TOURNAMENT RAISED OVER \$217,101 FOR MY SISTER'S PLACE, A MINISTRY THAT CARES FOR AND HELPS HOMELESS WOMEN AND THEIR CHILDREN, BY FUNDING THE REMODEL AND EXPANSION OF A NEWLY ACQUIRED, 3,200 SQUARE-F OOT PROPERTY TO DOUBLE THEIR CURRENT CAPACITY -W A T C H MEMBERS HAVE DONATED MORE THAN \$4 MILLION TO SUPPORT THE HEALTHY JOURNEY CAMPAIGN SINCE THE PROGRAM'S INCEPTION IN 2000 INVESTING IN OUR YOUTH 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 F IRST AND ONLY NATIONAL ORGANIZATION DEDICATED SOLELY TO THE PREVENTION OF UNINTENTIONAL CH ILDHOOD INJURY , WHICH IS THE NATION'S NUMBER ONE KILLER OF CHILDREN AGES 14 AND UNDER THI S 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, COMMU NITY VOLUNTEERS AND OTHERS, SAFE KIDS PROVIDES EDUCATIONAL MATERIALS AND PROGRAMS THAT TEA CH 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 2013 THANKS TO THE SUPPORT OF MCF AND THE HEALTHY JOURNEY CAMPAIGN IN FISCAL YEAR 2013, MEMBERS OF THE GAIN ESVILLE-HALL COUNTY SAFE KIDS COALITION PROVIDED OVER 367 PROGRAMS AND EVENTS THAT REACHED AN ESTIMATED 58,000 CHILDREN AND THEIR FAMILY MEMBERS, TEACHERS AND CAREGIVERS THROUGH T HESE PROGRAMS, OVER 3,241 SAFETY DEVICES WERE DISTRIBUTED TO FAMILIES WHO WERE IN NEED OF THEM PRESCRIPTION DRUG ABUSE PROGRAM AS PART OF A COMMUNITY FOCUSED EFFORT TO REDUCE PRE Scription DRUG ABUSE, NGMC HAS INSTITUTED SPECIALIZED PRESCRIPTION MEDICATION GUIDELINES W ITH PARTICULAR FOCUS IN THE EMERGENCY ROOM THERE IS A NATIONAL EPIDEMIC OF PRESCRIPTION N ARCOTIC ABUSE WITH THIS IN MIND, NGMC PUT INTO PLACE NEW POLICIES AND PROTOCOLS TO ASSIST IN THE MANAGEMENT AND TRACKING OF ED NARCOTIC USE AND PRESCRIPTIONS THIS IS IN COMPLIANC E WITH STATE AND NATIONWIDE EFFORTS TO SAVE LIVES GOOD NEWS CLINICS IS A PARTNER IN THIS EFFORT AS WELL, AND IT WILL SOON BE EXPANDED INTO NGPG'S URGENT CARE CENTERS NGMC IS ALSO PARTNERING WITH THE DRUG FREE COALITION OF HALL COUNTY LOCALLY AS WELL AS THE MEDICAL ASS OCIATION OF GEORGIA'S "THINK ABOUT IT CAMPAIGN" THE "THINK ABOUT IT" CAMPAIGN FOR THE EDU CATION ABOUT AND PREVENTION OF PRESCRIPTION DRUG ABUSE IS A PROJECT SPONSORED BY THE MEDIC AL ASSOCIATION OF GEORGIA FOUNDATION "THINK ABOUT IT" IS COMPOSED OF THREE COMPREHENSIVE INITIATIVES DEVELOPMENT OF A STATEWIDE COMPREHENSIVE DRUG POLICY, SAFE STORAGE AND DISPOS AL OF PRESCRIPTION DRUGS, AND EDUCATION OF BOTH THE PUBLIC AND PROFESSIONALS ABOUT THE DAN GERS OF AND PREVENTION OF PRESCRIPTION DRUG ABUSE THE "THINK ABOUT IT" CAMPAIGN IS WORKIN G WITH A BROAD RANGE OF ORGANIZATIONS INCLUDING MEDICAL SPECIALTY SOCIETIES, THE STATE BOA RD OF MEDICAL EXAMINERS, THE GEORGIA BOARD OF PHARMACY , THE GEORGIA PHARMACY ASSOCIATION, THE GBI, OTHER LAW ENFORCEMENT AGENCIES, SCHOOLS,</p>

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		<p>RELIGIOUS, CIVIC, AND SOCIAL ORGANIZATIONS TO FURTHER EDUCATE AND CREATE PROGRAMS TO HELP ERADICATE PRESCRIPTION DRUG ABUSE ACROSS OUR STATE. NGMC'S ER MEDICAL DIRECTOR, A BOARD MEMBER, PHYSICIANS, AND OTHER ER STAFF ARE HEAVILY INVOLVED IN THESE EFFORTS. IN THE PAST, WE HAVE HOSTED SPEAKERS ON THE TOPIC AND MADE DONATIONS TO THE CAMPAIGN, AND WE PLAN TO CONTINUE TO SUPPORT IN THE FUTURE.</p> <p>FINANCIAL NAVIGATORS: NGMC HAS FINANCIAL ASSISTANCE COUNSELORS WHO HELP PATIENTS BECOME INSURED, BE IT THROUGH MEDICAID, PEACHCARE, OR OTHER PROGRAMS. NGMC IS CURRENTLY MAKING FINANCIAL COUNSELORS INTO "FINANCIAL NAVIGATORS." THIS TEAM FOCUSES ON BEING ADVOCATES FOR UNINSURED AND UNDER-INSURED PATIENTS AIDING THEM IN FINDING VIABLE MEANS TO ACCESS CARE. THEY FIND THE BEST SOLUTIONS FOR HELPING PATIENTS APPLY FOR MEDICAID, DISABILITY, ACCESSING THE NEW HEALTHCARE EXCHANGES, OR PROCESSING CHARITY WHEN APPROPRIATE. THE TEAM IS UNDERGOING TRAINING TO BECOME CERTIFIED IN THIS AREA AS "CERTIFIED HEALTHCARE REFORM SPECIALISTS." PATIENT NAVIGATORS: NGMC ALSO HAS A PATIENT NAVIGATION PROGRAM. THIS PROGRAM PROVIDES CANCER PATIENTS WITH GUIDANCE THROUGHOUT THEIR CANCER JOURNEY, AND THEY ARE SEEN AS A "LIVING RESOURCE DIRECTORY" FOR PATIENTS. SERVICES INCLUDE PROVIDING EMOTIONAL SUPPORT, HELPING PATIENTS UNDERSTAND THEIR DIAGNOSIS, COMMUNICATING WITH HEALTHCARE STAFF AND PROVIDERS, ADDRESSING LOGISTICAL ISSUES SUCH AS TRANSPORTATION NEEDS, AND HELPING PATIENTS UNDERSTAND MEDICAL TERMS AND TREATMENT OPTIONS. THE CANCER CENTER OFFERS THE COMMUNITY TWO PATIENT NAVIGATORS AS PART OF A COMPREHENSIVE PATIENT NAVIGATION PROGRAM. ONE RN IS A CERTIFIED BREAST HEALTH NAVIGATOR WHO WORKS EXCLUSIVELY WITH BREAST CANCER PATIENTS, AND THE SECOND IS AN AMERICAN CANCER SOCIETY PATIENT RESOURCE NAVIGATOR WHO ASSISTS ALL CANCER PATIENTS AND IS BILINGUAL.</p> <p>PARTNERING IN THE COMMUNITY: VISION 2030: NGMC IS ACTIVELY INVOLVED IN VISION 2030 (WWW.VISION2030.ORG). THIS PROGRAM IS SPONSORED BY THE GREATER HALL CHAMBER OF COMMERCE AND IS A COMMUNITY PROJECT. PARTICIPATION IS OPEN TO EVERYONE IN THE COMMUNITY. AN NGMC EMPLOYEE CURRENTLY SERVES ON THE BOARD OF VISION 2030. VISION 2030 FOCUSES ON THE CREATION OF A CULTURE OF COMMUNITY WELLNESS, THE SUPPORT AND MAINTENANCE OF LIFELONG LEARNING, THE BUILDING OF AN ECONOMY AROUND EMERGING LIFE SCIENCES, THE ENCOURAGEMENT OF INNOVATIVE GROWTH/INFRASTRUCTURE DEVELOPMENT, AND THE PROMOTION OF CULTURAL INTEGRATION. NGMC IS ALSO AN ACTIVE PARTNER ON OTHER CHAMBER COMMITTEES SUCH AS THE HEALTHCARE COMMITTEE AND THE HEALTH INITIATIVE CONSORTIUM. NGMC IS A</p>

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		<p>SAFE KIDS OF GAINESVILLE HALL COUNTY, LED BY NGMC, PARTNERS WITH OTHER COMMUNITY AGENCIES ON "DRUG TAKE BACK DAYS"(OPERATION PILL DROP), WITH VARIOUS COLLECTION POINTS IN THE COUNTY THIS GIVES COMMUNITY MEMBERS A SAFE WAY TO DISPOSE OF UNWANTED, UNUSED DRUGS EDUCATION AT INTERACTIVE NEIGHBORHOOD FOR KIDS (INK) NGMC PROVIDES AN EXHIBIT AT INK THAT ENCOURAGES MULTI-SENSORY LEARNING THROUGH TOOLS THAT ALLOW KIDS THE OPPORTUNITY TO EXPERIENCE WORKING (AND PLAYING) IN THE HEALTHCARE INDUSTRY THROUGH HANDS-ON INTERACTIVE PLAY, KIDS HAVE FUN DOING EVERYTHING FROM DRESSING UP IN DOCTOR'S SCRUBS AND PUSHING A "PATIENT" AROUND IN A WHEELCHAIR, TO TAKING THEIR PARENT OR FRIEND'S MAKE-BELIEVE BLOOD PRESSURE OR LISTENING TO THEIR HEART WITH A REAL STETHOSCOPE IT IS HOPED THAT BEING IN THIS ENVIRONMENT WILL HELP KIDS FEEL MORE COMFORTABLE THE NEXT TIME THEY ARE IN A DOCTOR'S OFFICE OR IN THE HOSPITAL A SECOND EXHIBIT CALLED THE BUILDING A HEALTHY BODY EXHIBIT, FUNDED BY THE MEDICAL CENTER FOUNDATION, SERVES AS INK'S CORE GALLERY ON HEALTH-RELATED EDUCATION AND PROGRAMMING THE EXHIBIT EXPLORES TWO PRIMARY THEMES MAINTAINING A HEALTHY BODY AS IT RELATES TO NUTRITION, EXERCISE, AND LIFESTYLE CHOICES, AND THE ANATOMY OF A HEALTHY BODY AS IT RELATES TO BODY SYSTEMS, ORGANS AND FUNCTIONS THE MAIN CENTERPIECE IS A LARGER-THAN-LIFE BOY NAMED "BUDDY" WHICH STANDS FOR BODY UNDER DEVELOPMENT BUDDY IS A FUN, INTERACTIVE EXHIBIT THAT KIDS AND PARENTS CAN EXPLORE AND GAIN A BASIC UNDERSTANDING OF THE FOLLOWING TOPICS OBESITY/EXERCISE/NUTRITION, SMOKING, HYGIENE/GERMS AND DIABETES DIABETES EDUCATION THE DIABETES EDUCATION PROGRAM AT NORTHEAST GEORGIA MEDICAL CENTER IS RECOGNIZED BY THE AMERICAN DIABETES ASSOCIATION FOR QUALITY SELF-MANAGEMENT EDUCATION A COMPREHENSIVE RANGE OF EDUCATIONAL PROGRAMS IS OFFERED TO PEOPLE WITH DIABETES AND THEIR FAMILIES BY CERTIFIED DIABETES EDUCATORS, REGISTERED NURSES, AND REGISTERED DIETITIANS EDUCATION FOR SENIORS 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 PHYSICIANS WHO SPOKE ON THE TOPIC OF EYE AND SKIN HEALTH FLU AND PNEUMONIA PROGRAM AT THE GUEST HOUSE NGMC PROVIDES FLU AND PNEUMONIA VACCINATIONS AT NO CHARGE TO CLIENTS AT THE GUEST HOUSE, AN ADULT DAY HEALTH SERVICE PROVIDED IN THE COMMUNITY THESE ARE OFTEN THE FRAIL AND ELDERLY WHO HAVE A DIFFICULT TIME GETTING TO THEIR PHYSICIAN WISDOM PROJECT NGMC SUPPORTS THIS LEADERSHIP PROGRAM FOR SENIORS TO SHARE THEIR WISDOM, EXPERIENCE AND TALENTS IN CREATIVE WAYS THROUGH ACTION AND ADVOCACY ON BEHALF OF HALL COUNTY THE INITIATIVE IS SPONSORED BY BRENAU UNIVERSITY'S CENTER FOR LIFETIME STUDY AN NGMC STAFF MEMBER PLAYED A MAJOR ROLE IN THE CONCEPT AND DEVELOPMENT OF THIS PROGRAM SUPPORT OF COMMUNITY EFFORTS TO IMPROVE HEALTH 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 OVER 2,700 EMPLOYEES DONATED OVER \$402,000 IN FISCAL YEAR 2013 TO MCF'S EMPLOYEE GIVING CLUB, W A T C H (WE ARE TARGETING COMMUNITY HEALTHCARE) RELAY FOR LIFE, AMERICAN HEART WALK, MARCH FOR BABIES 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 200 PARTICIPANTS EACH EVENT BLOOD DRIVES NGMC EMPLOYEES DONATED OVER 450 UNITS OF BLOOD IN FISCAL YEAR 2013 EMPLOYEES LEAD THE WAY UNITED WAY PACESETTER & MORE NGHS EMPLOYEES CONTRIBUTED OVER \$107,000 TO UNITED WAY AS A CORNERSTONE COMPANY SPONSORSHIPS AND DONATIONS IN FISCAL YEAR 2013, NGMC SPONSORED OR MADE A DONATION TO APPROXIMATELY 20 COMMUNITY AGENCIES SERVING HEALTH AND HUMAN SERVICE NEEDS, RANGING FROM SUPPORTING THE AMERICAN CANCER SOCIETY TO TEEN PREGNANCY PREVENTION SPONSORSHIPS/DONATIONS TOTALED OVER \$850,000 IN FISCAL YEAR 2013</p>

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		<p>TRAINING AND EDUCATION FOR HEALTHCARE PROFESSIONALS NGMC CONTINUES THE ACTIVITIES BELOW TO SERVE AS A "PIPELINE" TO HELP GET MORE QUALIFIED PEOPLE INTERESTED IN HEALTHCARE POSITIONS OR GET THEM THE TRAINING AND EDUCATION THEY NEED -ALLIED STUDENT HEALTH EDUCATION CLINICAL ROTATIONS ARE PROVIDED FOR ALLIED HEALTH STUDENTS FROM AREA SCHOOLS AT NGMC -COMMUNITY BASED VOCATIONAL INSTRUCTION - NGMC IS A TRAINING SITE FOR HANDICAPPED HIGH SCHOOL STUDENTS STUDENTS WORK APPROXIMATELY THREE TIMES PER WEEK FOR A FEW HOURS WITH AN INSTRUCTOR FROM THE SCHOOL AND WORK IN MATERIALS MANAGEMENT, NUTRITIONAL SERVICES, PHARMACY AND LINENS THEY GAIN KNOWLEDGE OUTSIDE OF THE CLASSROOM, LEARNING SKILLS THAT ENABLE THEM TO GET JOBS WHEN THEY GRADUATE IN FISCAL YEAR 2013, 11 STUDENTS AND 2 INSTRUCTORS PARTICIPATED - CONTINUING MEDICAL EDUCATION (CME) CONTINUING MEDICAL EDUCATION ACTIVITIES PROVIDED FOR PHYSICIANS AND ALLIED HEALTH PERSONNEL WITHIN NGMC AND ALSO OFFERED OUTSIDE THE ORGANIZATION IN FISCAL YEAR 2013, THERE WERE 138 LIVE CMES PROVIDED TO 21,956 PHYSICIANS AND 4,180 ALLIED HEALTHCARE PROVIDERS - JOB SHADOWING - THIS PROGRAM IS COORDINATED VIA THE EDUCATIONAL SERVICES DEPARTMENT AND ALLOWS HIGH SCHOOL AND POST SECONDARY STUDENTS FROM AREA SCHOOLS TO SHADOW PROFESSIONAL HEALTHCARE STAFF FOR THE PURPOSE OF BETTER UNDERSTANDING THE VARIOUS HEALTHCARE ROLES THE PRIMARY PURPOSE IS TO FOSTER STUDENT INTEREST IN HEALTHCARE FIELDS AND ENCOURAGE ENROLLMENT IN PROGRAMS OF STUDY THAT WOULD TRAIN AND EDUCATE FUTURE HEALTH CARE WORKERS THIS IS AN OBSERVATIONAL PROGRAM REQUIRING A STAFF MENTOR IN FISCAL YEAR 2013, 77 JOB SHADOWS WERE PLACED -SUPPORT OF ASSOCIATE DEGREE IN NURSING PROGRAM AT UNIVERSITY OF NORTH GEORGIA NGMC PARTNERS WITH NORTH GEORGIA COLLEGE AND STATE UNIVERSITY TO PROVIDE IN KIND SUPPORT FOR THE ASN (ASSOCIATES DEGREE IN NURSING) PROGRAM BY PROVIDING FUNDING FOR ONE FULL TIME FACULTY POSITION -NURSE EXTERN PROGRAM NGMC PROVIDES A 10-WEEK SUMMER PROGRAM FOR RISING SENIOR NURSING STUDENTS TO WORK ON NURSING UNITS AS EMPLOYEES TO GAIN ADDITIONAL CLINICAL SKILLS AND CRITICAL THINKING SKILLS THE EXTERNS ARE ORIENTED AS A GROUP TO THE ORGANIZATION, THEN PLACED ON NURSING UNITS FOR THE REMAINDER OF THE PROGRAM WITH THE EXCEPTION OF A FEW EDUCATIONAL ACTIVITIES ALL APPLICANTS ARE INTERVIEWED BY RECRUITERS AND NURSING MANAGERS PRIOR TO ACCEPTANCE INTO THE PROGRAM IN FISCAL YEAR 2013, THERE WERE 33 EXTERNS -NURSING STUDENT EDUCATION- CLINICAL ROTATIONS AT NGMC IN FISCAL YEAR 2013 TOTALED APPROXIMATELY 1,500 - PARTNERS IN EDUCATION THE GAINESVILLE/HALL COUNTY CHAMBER OF COMMERCE PROVIDES THE OPPORTUNITY FOR BUSINESSES AND EDUCATIONAL INSTITUTIONS TO PARTNER THROUGH THIS PARTNERSHIP, ORGANIZATIONS WORK TOGETHER TO BUILD EDUCATIONAL OPPORTUNITIES AND RESOURCES FOR THE COMMUNITY NGMC IS THE PARTNER IN EDUCATION FOR WEST HALL HIGH SCHOOL AND NORTH HALL MIDDLE SCHOOL -PHARMACY RESIDENCY PROGRAM THE PHARMACY RESIDENCY PROGRAM AT NGMC IS A ONE-YEAR POSTGRADUATE TRAINING PROGRAM FOR LICENSED PHARMACISTS THE PROGRAM PROVIDES DIRECT CLINICAL PHARMACY EXPERIENCE IN THE AREAS OF CRITICAL CARE, RADIOLOGY, INTERNAL MEDICINE, EMERGENCY MEDICINE, ONCOLOGY, AND WOMEN AND CHILDREN'S HEALTH WITH A GOAL OF GRADUATING A PRACTITIONER WHO IS PREPARED TO ACCEPT A CLINICAL PHARMACY POSITION IN ANY NUMBER OF SETTINGS -RADIOLOGY TECH PROGRAM NGMC PARTNERS WITH LANIER TECHNICAL COLLEGE TO HOUSE THE RADIOLOGY TECH PROGRAM AT LANIER PARK CAMPUS IN FOUR CLASSROOMS FULL-TIME NGMC ALSO PROVIDES ONE FACULTY SALARY -SUPPORT TO FOOTHILLS AHEC FOOTHILLS AREA HEALTH EDUCATION CENTER (AHEC) IS A COMMUNITY-DRIVEN, NON-PROFIT CORPORATION, SUPPORTED BY FEDERAL AND LOCAL SOURCES THE MISSION IS TO INCREASE THE SUPPLY, AND DISTRIBUTION OF HEALTH CARE PROVIDERS, ESPECIALLY IN MEDICALLY UNDERSERVED AREAS THROUGH JOINT EFFORTS, COMMUNITIES EXPERIENCE IMPROVED SUPPLY, DISTRIBUTION AND RETENTION OF QUALITY HEALTHCARE PROFESSIONALS FOOTHILLS AHEC SERVES 31 COUNTIES IN THE NORTHEAST GEORGIA AREA NGMC PROVIDES SUPPORT TO THIS PROGRAM THROUGH EMPLOYEE BENEFITS PACKAGES, PHONE, UTILITIES, AND CLEANING SERVICE EXPENSES -YOUTH APPRENTICESHIP PROGRAM, JUNIOR ACHIEVEMENT AND LEADERSHIP HALL COUNTY STUDENTS FROM SEVEN AREA HIGH SCHOOLS APPLY FOR UNPAID YOUTH APPRENTICESHIPS IN VARIOUS DEPARTMENTS IN FISCAL YEAR 2013, 44 STUDENTS PARTICIPATED NGMC PROVIDES HEALTH INFORMATION & SUPPORT CANCER INFORMATION LINE NGMC OPERATES A CANCER INFORMATION LINE 1(800) 466-5416 THIS IS A FREE TELEPHONE SERVICE FOR NORTHEAST GEORGIA COMMUNITIES THAT PROVIDES INFORMATION, EDUCATION AND RESOURCES TO CANCER PATIENTS, FAMILY MEMBERS, AND THE GENERAL PUBLIC NURSELINE NGMC PROVIDES NURSELINE, A FREE SERVICE TO THE PUBLIC THAT PROVIDES TELEPHONE TRIAGE AND HEALTH INFORMATION SERVICES THIS SERVICE INCREASES THE HALL COUNTY COMMUNITY'S ACCESS TO MEDICAL INFORMATION, PROVIDES STANDARDIZED MEDICAL INFORMATION INSTEAD OF JUST "NURSING JUDGMENTS", AND HELPS OFF-LOAD PHYSICIAN</p>

Identifier	Return Reference	Explanation
		<p>N OFFICE MEDICAL INFORMATION CALLS, ALLOWING THEM MORE TIME TO CARE FOR PATIENTS THE HEALTH SCIENCES LIBRARY AND RESOURCE CENTER AT NGMC SERVES THE HEALTH INFORMATION NEEDS OF THE COMMUNITY THE LIBRARY IS LOCATED ON THE MEDICAL CENTER CAMPUS IN GAINESVILLE CONSUMERS , PATIENTS AND THEIR FAMILY MEMBERS HAVE ACCESS TO CREDIBLE RESOURCES RELATING TO MEDICAL SYMPTOMS, CONDITIONS AND TREATMENTS THE RESOURCE CENTER ENCOURAGES VISITORS TO MAKE HEALTHY CHOICES AND BECOME ACTIVE, INFORMED PARTNERS IN THEIR HEALTHCARE CLERGY SEMINARS & ACCREDITATION BY ASSOCIATION FOR CLINICAL PASTORAL EDUCATION NGMC HELD TWO CLERGY SEMINARS IN FISCAL YEAR 2013, TWO UNITS OF CLINICAL PASTORAL EDUCATION, AND SEVEN LUNCH AND LEARN MEETINGS FOR VOLUNTEER CHAPLAINS THE SEMINARS WERE ON THE TOPICS OF END OF LIFE ISSUES AND CRITICAL INCIDENT STRESS MANAGEMENT OVER 80 CLERGY MEMBERS FROM ACROSS NORTH GEORGIA PARTICIPATED IN THESE EVENTS NGMC PLANS TO DO MORE OF THESE TYPES OF EVENTS OVER THE NEXT 3 YEARS NORTHEAST GEORGIA MEDICAL CENTER IS HOME TO A CLINICAL PASTORAL EDUCATION CENTER, WHICH IS FOCUSED ON OFFERING OUR AREA CLERGY PRACTICAL THEOLOGICAL EDUCATION IN A CLINICAL SETTING THROUGH THE CPE MODEL OUR CENTER IS ACCREDITED BY THE ASSOCIATION FOR CLINICAL PASTORAL EDUCATION, INC (ACPE) HOSPICE BEREAVEMENT CAMP AND SUPPORT GROUPS CAMP BRAVEHEART NGMC PROVIDES A DAY CAMP FOR CHILDREN AND TEENS WHO HAVE EXPERIENCED THE DEATH OF A CLOSE FRIEND OR FAMILY MEMBER THIS CAMP IS FREE AND AVAILABLE TO ANY YOUTH IN THE COMMUNITY WHO HAS EXPERIENCED A SIGNIFICANT DEATH FACILITATED BY A TEAM OF LICENSED SOCIAL WORKERS, THERAPISTS AND TRAINED VOLUNTEERS, CAMP BRAVEHEART IS A STRUCTURED, SUPPORTIVE ENVIRONMENT WHICH PROVIDES CAMPERS WITH VOCABULARY TO TALK ABOUT DEATH, LOSS AND INTENSE EMOTIONS, HEALTHY WAYS TO COPE WITH THOSE INTENSE EMOTIONS, OPPORTUNITIES TO TALK ABOUT AND REMEMBER THEIR LOVED ONE, A SAFE PLACE TO TALK ABOUT CHANGES, FEARS AND FRUSTRATIONS, THE CHANCE TO INTERACT WITH OTHER CHILDREN/TEENS WITH SIMILAR LOSSES SCHOOL BASED BEREAVEMENT SUPPORT GROUPS BRAVEHEART COUNSELORS GUIDE GRIEF SUPPORT GROUPS AT SCHOOLS COUNSELORS UNDERSTAND CHILDREN'S NATURAL RESILIENCY AND CAN HELP THEM NAVIGATE THEIR FEELINGS BASED ON INDIVIDUAL EMOTIONAL AND DEVELOPMENTAL NEEDS STEMI CONFERENCE HOSTED EACH YEAR BY NGMC, THE NORTH EAST GEORGIA REGIONAL STEMI CONFERENCE BRINGS TOGETHER PARAMEDICS, EMS STAFF AND DOCTORS FROM ACROSS THE STATE THEY MEET TO DISCUSS THE STATE OF THE NORTHEAST GEORGIA REGIONAL STEMI SYSTEM A COLLABORATIVE EFFORT BETWEEN NORTHEAST GEORGIA MEDICAL CENTER AND EMS IN 15 COUNTIES ACROSS THE REGION TO PROVIDE FAST AND EFFICIENT TREATMENT TO PATIENTS SUFFERING SEVERE HEART ATTACKS KNOWN AS STEMI (S-T SEGMENT ELEVATION MYOCARDIAL INFARCTION) KEYNOTE SPEAKERS AT THE CONFERENCE INCLUDE THE NATION'S LEADING CARDIOLOGISTS AND EXPERTS IN THE STUDY OF REGIONAL APPROACHES TO HEART ATTACK CARE THE STEMI PROGRAM BENEFITS ALL PATIENTS, REGARDLESS OF ABILITY TO PAY MENED HEARTS MENED HEARTS, INC , IS A NATIONWIDE SUPPORT ORGANIZATION FOR INDIVIDUALS WITH HEART DISEASE, INCLUDING PERSONS RECOVERING FROM HEART ATTACKS, ANGIOPLASTY OR OPEN HEART SURGERY MENED HEARTS VOLUNTEERS VISIT CARDIAC PATIENTS AND THEIR FAMILIES BEFORE AND AFTER SURGERIES AND HELP ANSWER QUESTIONS AND CONCERNS, OFFER HOPE AND ENCOURAGEMENT AND SHARE EDUCATIONAL MATERIALS SINCE AUGUST 2002, MEMBERS OF CHAPTER 302 AT NGMC HAVE DONATED 20,000 HOURS OF COMMUNITY SERVICE AND VISITED MORE THAN 21, 000 PATIENTS</p>

Identifier	Return Reference	Explanation
		<p>IN KEEPING WITH GUIDELINES FOR COMMUNITY BENEFIT REPORTING, NGMC DID NOT INCLUDE QUANTITATIVE DATA ON THE FOLLOWING PROGRAMS/PROJECTS, BUT THEY DO MEET HEALTH NEEDS IN THE COMMUNITY IDENTIFIED VIA THE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT AND WARRANT INCLUSION IN THIS SUMMARY</p> <p>PATIENT-CENTERED MEDICAL NEIGHBORHOOD</p> <p>NORTHEAST GEORGIA HEALTH SYSTEM (NGHS) HAS BEEN SELECTED AS ONE OF 15 COMMUNITIES IN THE NATION TO ESTABLISH A PATIENT-CENTERED MEDICAL NEIGHBORHOOD (PCMN) AS PART OF A CENTERS FOR MEDICARE & MEDICAID (CMS) INNOVATION CHALLENGE GRANT</p> <p>THE PATIENT-CENTERED MEDICAL NEIGHBORHOOD (PCMN) BUILDS ON THE CONCEPT OF A PATIENT-CENTERED MEDICAL HOME (PCMH) BY CONNECTING ACUTE- CARE HOSPITALS, SPECIALTY AND SUB-SPECIALTY PRACTICES, AND OTHER COMMUNITY HEALTH RESOURCES WITH PRIMARY CARE PROVIDERS IN ORDER TO DRIVE HIGHER-QUALITY , PROVIDE MORE AFFORDABLE CARE AND ENSURE A POSITIVE PATIENT EXPERIENCE</p> <p>THE FIRST STEP IN THIS THREE-YEAR PROJECT IS TO BUILD STRONG MEDICAL HOME PRACTICES</p> <p>PARTNERING WITH NORTHEAST GEORGIA PHYSICIANS GROUP (NGPG) AND OTHER COMMUNITY PRACTICES, THIS PROJECT IS DESIGNED TO PROVIDE MORE INDIVIDUALIZED CARE TO PATIENTS</p> <p>A MEDICAL HOME IS A CONCEPT OF CARE NOT A BUILDING, A HOUSE, OR A HOSPITAL</p> <p>THE GOAL OF THE MEDICAL HOME MODEL IS TO BETTER COORDINATE CARE THROUGH PRIMARY CARE PRACTICES WITH HOSPITALS, MEDICAL SPECIALTIES AND OTHER COMMUNITY HEALTH SERVICES TO SUPPORT A MORE FULLY-INTEGRATED APPROACH TO CARE</p> <p>BEING CARED FOR IN A PATIENT CENTERED MEDICAL HOME MEANS NGMC'S HEALTHCARE PROVIDERS WILL WORK WITH PATIENTS TO HELP UNDERSTAND THEIR TOTAL HEALTHCARE NEEDS AND CONNECT THEM WITH COMMUNITY AND OTHER RESOURCES TO HELP MEET THEIR INDIVIDUALIZED NEEDS</p> <p>A PARTNERSHIP IS DEVELOPED BETWEEN THE PATIENT, THE PERSONAL PRIMARY CARE PHYSICIAN, AND OTHER MEMBERS OF THE HEALTHCARE TEAM, AND THERE IS A KEY FOCUS ON ENCOURAGING PATIENTS TO PARTICIPATE IN THEIR CARE</p> <p>DISEASE CARE MANAGERS</p> <p>NGMC EMPLOYS FOUR DISEASE CARE MANAGERS TO FOCUS ON THE CORE MEASURES IDENTIFIED BY CMS, WHICH ARE PNEUMONIA AND SEPSIS, HEART FAILURE, STROKE AND ACUTE MYOCARDIAL INFARCTION</p> <p>CMS BEGAN FOCUSING ON THESE DISORDERS TO IMPROVE CARE AND REDUCE COSTS, THEREFORE THESE PROFESSIONALS MANAGE CARE TO IMPROVE OUTCOMES</p> <p>DISEASE MANAGERS PROVIDE COMMUNITY EDUCATION AND SOME DISEASE MANAGERS PROVIDE HEALTH EDUCATION AT GOOD NEWS CLINICS (THE INDIGENT CLINIC)</p> <p>OTHER COMMUNITY EDUCATION PROVIDED BY DISEASE MANAGERS INCLUDES CHURCH/CIVIC/SENIOR GROUPS, HEALTH FAIRS, AND SPECIAL PROGRAMS</p> <p>SANE PROGRAM</p> <p>NGMC PROVIDES A SANE PROGRAM (SEXUAL ASSAULT NURSE EXAMINER) PROGRAM WHICH PROVIDES NURSES SPECIAL TRAINING IN RAPE CRISIS, TRIAL TIME WITH DISTRICT ATTORNEY , TRAINING WITH LAW ENFORCEMENT AND PEDIATRICIAN'S OFFICE</p> <p>NGMC EMPLOYS NURSES WHO HAVE SPECIALIZED TRAINING TO COMPLETE THE SEXUAL ASSAULT NURSE EXAM AND PROVIDE SPECIALIZED CARE FOR PATIENTS WHO ARE VICTIMS OF SEXUAL ASSAULT</p> <p>THIS PROGRAM IS NOT A REQUIREMENT OF HOSPITALS AND IS ALSO NOT PROVIDED AT ALL HOSPITALS THROUGHOUT THE STATE</p> <p>LIFELINE</p> <p>NGMC HAS A LIFELINE EMERGENCY RESPONSE SERVICE WHICH ALLOWS PEOPLE TO CONTINUE LIVING INDEPENDENTLY IN THEIR HOMES WITH THE SECURITY OF KNOWING THEY CAN QUICKLY ACCESS HELP IF THEY NEED IT</p> <p>BY PRESSING A LIGHTWEIGHT, WATERPROOF ALERT BUTTON WORN AROUND THE NECK OR WRIST, SUBSCRIBERS CAN SIGNAL LIFELINE MONITORS WHO DETERMINE WHAT KIND OF HELP IS NEEDED AND CALL FOR IT IMMEDIATELY</p> <p>CURRENTLY NGMC HAS APPROXIMATELY 330 SUBSCRIBERS</p> <p>NORTHEAST GEORGIA MEDICAL CENTER (NGMC) RECENTLY ACHIEVED STAGE 6 DESIGNATION OF THE HEALTH INFORMATION AND MANAGEMENT SYSTEMS SOCIETY (HIMSS) ANALYTICS HOSPITAL ELECTRONIC MEDICAL RECORD (EMR) ADOPTION MODEL</p> <p>THIS DISTINCTION HONORS NGMC'S ACCOMPLISHMENTS TO IMPLEMENT TECHNOLOGY SOLUTIONS TO IMPROVE PATIENT SAFETY AND QUALITY OF CARE</p> <p>NGMC IS ONE OF 487 HOSPITALS IN THE UNITED STATES AND 12 IN GEORGIA TO EARN THIS DESIGNATION</p> <p>THIS WILL IMPROVE COORDINATION OF CARE ACROSS MULTIPLE PROVIDERS AND BETTER SUPPORT COORDINATION OF CARE ESPECIALLY WHEN THERE ARE LANGUAGE ISSUES</p>

Identifier	Return Reference	Explanation
		<p>SPECIAL NOTES NGMC USES THE PRECEPTS OUTLINED IN "A GUIDE FOR PLANNING AND REPORTING COMMUNITY BENEFIT," PROVIDED BY THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES AND VHA, INC. THE GUIDE'S PURPOSE IS TO HELP NOT-FOR-PROFIT MISSION-DRIVEN HEALTHCARE ORGANIZATIONS DEVELOP, ENHANCE AND REPORT ON THEIR COMMUNITY BENEFIT PROGRAMS. COMMUNITY BENEFIT DEFINITION: PROGRAM OR ACTIVITY MUST ADDRESS A DEMONSTRATED COMMUNITY NEED, AND SEEK TO ADDRESS AT LEAST ONE OF THE FOLLOWING COMMUNITY BENEFIT OBJECTIVES: -IMPROVE ACCESS -ENHANCE POPULATION HEALTH -ADVANCE GENERALIZABLE KNOWLEDGE -RELIEVE GOVERNMENT BURDEN TO IMPROVE HEALTH. THE PROGRAM OR ACTIVITY MUST: -PRIMARILY BENEFIT THE COMMUNITY RATHER THAN THE ORGANIZATION -RESULT IN MEASURABLE EXPENSE TO THE ORGANIZATION IF THE PROGRAM OR ACTIVITY IS PROVIDED PRIMARILY FOR MARKETING PURPOSES, STANDARD PRACTICE, EXPECTED OF ALL HOSPITALS (SUCH AS ACTIVITIES REQUIRED FOR ACCREDITATION, LICENSURE, OR TO PARTICIPATE IN MEDICARE) OR IS PRIMARILY FOR EMPLOYEES (NOT INCLUDING INTERNS, RESIDENTS AND FELLOWS) AND/OR AFFILIATED PHYSICIANS, IT IS NOT COMMUNITY BENEFIT. FOR MORE INFORMATION, CONTACT CHRISTY MOORE, MANAGER, COMMUNITY HEALTH IMPROVEMENT, AT (770) 219-8097 OR GO TO WWW.NGHS.COM</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

2012

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" to Form 990, Part IV, line 33.)					
(a) Name, address, and EIN (if applicable) 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

Part II 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.)							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) 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" to 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" 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.)

(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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) NORTEAST GA HEALTH PARTNERS LLC 743 SPRING STREET GAINESVILLE, GA 30501 58-2131807	PPO DEVELOPMENT	GA	N/A	C					No
(2) STRATEGIC PHYSICIAN SERVICES INC 743 SPRING STREET GAINESVILLE, GA 30501 26-0342081	PHYSICIAN SUPPORT SERVICES	GA	N/A	C					No

Part V

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

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

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

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

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

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

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

Yes

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

No

1n

Yes

1o

Yes

1p

No

1q

Yes

1r

No

1s

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-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2012

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]

Software ID:
Software Version:
EIN: 58-1694820
Name: THE MEDICAL CENTER FOUNDATION INC

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	
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