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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 10-01-2014 , and ending 09-30-2015

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE MEDICAL CENTER FOUNDATION INC		D Employer identification number 58-1694820
	Doing business as		
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number (770) 219-6646
	743 SPRING STREET		
	City or town, state or province, country, and ZIP or foreign postal code GAINESVILLE, GA 305013899		G Gross receipts \$ 5,844,872
F Name and address of principal officer CAROL BURRELL 743 SPRING STREET GAINESVILLE,GA 305013899			
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀(insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
J Website: ▶ WWW.NGHS.COM		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
		H(c) Group exemption number ▶	

K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation 1986	M State of legal domicile GA
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Part I

Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO MANAGE VOLUNTEER SERVICES AND FUNDRAISING ACTIVITIES FOR NORTHEAST GEORGIA MEDICAL CENTER, INC		
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
3 Number of voting members of the governing body (Part VI, line 1a)	3	14	
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10	
5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	0	
6 Total number of volunteers (estimate if necessary)	6	0	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,924,187	5,007,683
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	809,070	826,612
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-56,904	-58,749
	5,676,353	5,775,546	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,396,019	1,156,130
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	903,927	1,043,224
	16a Professional fundraising fees (Part IX, column (A), line 11e)	34,721	17,781
	b Total fundraising expenses (Part IX, column (D), line 25) ▶1,462,572		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	372,037	486,337
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	5,706,704	2,703,472
	19 Revenue less expenses Subtract line 18 from line 12	-30,351	3,072,074
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	28,443,949	27,700,717
	21 Total liabilities (Part X, line 26)	2,935,713	572,323
	22 Net assets or fund balances Subtract line 21 from line 20	25,508,236	27,128,394

Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	***** Signature of officer		2016-08-12 Date		
	ANTHONY HERDENER VICE PRESIDENT/CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name DEBORAH O ERNSBERGER	Preparer's signature DEBORAH O ERNSBERGER	Date	Check <input type="checkbox"/> if self-employed	PTIN P00364912
	Firm's name ▶ PERSHING YOAKLEY & ASSOCIATES P C			Firm's EIN ▶ 62-1517792	
	Firm's address ▶ 2220 SUTHERLAND AVE KNOXVILLE, TN 37919			Phone no (865) 673-0844	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☐ Yes ☒ No

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 \$ 1,162,203 including grants of \$ 1,156,130) (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**

4b

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

4c

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

4d

Other program services (Describe in Schedule O)

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






















4e

Total program service expenses

1,162,203

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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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 or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals 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 25a</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), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <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	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		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 or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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.		
2b	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?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
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)?		No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?	Yes	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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 or note to any line 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		
	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		
b	Enter the number of voting members included in line 1a, above, who are independent		
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
b	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		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	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
b	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
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	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?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," 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, address, and telephone number of the person who possesses the organization's books and records	LINDA D NICHOLSON CONTROLLER

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

(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			

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	6,254,975	1,703,138

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) Name and business address	(B) Description of services	(C) Compensation
WILLIS INVESTMENT COUNCIL 710 GREEN STREET GAINESVILLE, GA 30501	INVESTMENT SERVICES	121,065

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 ▶1

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c	337,986		
	d	Related organizations	1d	1,789,957		
	e	Government grants (contributions)	1e	50,000		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,829,740		
	g	Noncash contributions included in lines 1a-1f \$		215,196		
	h	Total. Add lines 1a-1f		5,007,683		
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)		826,612	
4		Income from investment of tax-exempt bond proceeds				
5		Royalties				
6a		Gross rents	(i) Real	(ii) Personal		
b		Less rental expenses				
c		Rental income or (loss)				
d		Net rental income or (loss)				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
b		Less cost or other basis and sales expenses				
c		Gain or (loss)				
d		Net gain or (loss)				
8a		Gross income from fundraising events (not including \$ 337,986 of contributions reported on line 1c) See Part IV, line 18				
a			10,577			
b		Less direct expenses	b	69,326		
c		Net income or (loss) from fundraising events		-58,749		-58,749
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		5,775,546	0	0	767,863

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 or note to any line in this Part IX

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 domestic organizations and domestic governments. See Part IV, line 21.	1,156,130	1,156,130		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	182,814	726	9,406	172,682
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.	698,665	2,774	35,946	659,945
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	6,156	24	317	5,815
9	Other employee benefits.	94,993	377	4,887	89,729
10	Payroll taxes.	60,596	241	3,118	57,237
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	1,500	6	77	1,417
c	Accounting.				
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.	17,781			17,781
f	Investment management fees.	116,183	461	5,978	109,744
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	14,380	57	740	13,583
12	Advertising and promotion.				
13	Office expenses.				
14	Information technology.				
15	Royalties.				
16	Occupancy.	781	3	40	738
17	Travel.	7,719	31	397	7,291
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	4,454	18	229	4,207
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	37,456	149	1,927	35,380
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	120,348	478	6,192	113,678
b	DONOR RECOGNITION	92,135	366	4,740	87,029
c	PRINTING	24,717	97	1,272	23,348
d	SOFTWARE SUPPORT	19,335	77	995	18,263
e	All other expenses	47,329	188	2,436	44,705
25	Total functional expenses. Add lines 1 through 24e.	2,703,472	1,162,203	78,697	1,462,572
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 or note to any line 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			258,847	2	290,259
	3	Pledges and grants receivable, net			4,751,855	3	4,484,624
	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			90,319	7	86,262
	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	3,997,323			
	b	Less accumulated depreciation	10b	194,334	3,619,947	10c	3,802,989
	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			19,722,981	13	19,036,583
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equal line 34)			28,443,949	16	27,700,717	
Liabilities	17	Accounts payable and accrued expenses			142,384	17	162,690
	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			2,793,329	25	409,633
	26	Total liabilities. Add lines 17 through 25			2,935,713	26	572,323
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			9,407,215	27	9,010,344
	28	Temporarily restricted net assets			13,041,405	28	14,559,386
	29	Permanently restricted net assets			3,059,616	29	3,558,664
	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			25,508,236	33	27,128,394
	34	Total liabilities and net assets/fund balances			28,443,949	34	27,700,717

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,775,546
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,703,472
3	Revenue less expenses Subtract line 2 from line 1	3	3,072,074
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	25,508,236
5	Net unrealized gains (losses) on investments	5	-1,396,826
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	-55,090
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	27,128,394

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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		

Additional Data

Software ID:

Software Version:

EIN: 58-1694820

Name: THE MEDICAL CENTER FOUNDATION INC

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			
(1) NANCY COLSTON PRESIDENT & CDO - FOUNDATION	40 00	X		X				0	182,813	39,484
(1) JIM MOORE CHAIRPERSON	1 00 1 00	X						0	0	0
(2) SCOTT MCGARITY VICE CHAIR	1 00	X						0	0	0
(3) BARBARA BOSTWICK MEMBER	1 00	X						0	0	0
(4) HEATH GURR MEMBER, PHARMACIST - NGMC	1 00 35 00	X						0	127,591	33,431
(5) JENNIFER BAGWELL MEMBER	1 00	X						0	0	0
(6) JENNIFER STOECKIG MEMBER, RN-LTC UNIT MGR - NGMC	1 00 40 00	X						0	73,022	25,865
(7) MOHAK DAVE MD MEMBER	1 00 25 00	X						0	158,932	0
(8) MORGAN WOOD MEMBER	1 00	X						0	0	0
(9) RICKY LOCICERO MEMBER	1 00	X						0	0	0
(10) TONY FUNARI MEMBER	1 00	X						0	0	0
(11) TREY WOOD MEMBER	1 00	X						0	0	0
(12) WILLIAM BUDDY LANGSTON MD MEMBER	1 00	X						0	0	0
(13) WILLIAM BAGWELL MEMBER	1 00	X						0	0	0
(14) ALLANA L CUMMINGS VP & CIO - NGHS	1 00 40 00			X				0	524,013	17,339
(15) ANTHONY M HERDENER VP & CFO - NGHS	1 00 40 00			X				0	565,925	112,371
(16) CAROL H BURRELL PRESIDENT & CEO	1 00 40 00			X				0	1,044,068	908,324
(17) DEBORAH WEBER VP CHRO - NGHS	1 00 40 00			X				0	118,957	7,874
(18) HOWARD T WALPOLE VP CLINICAL TRANSFORMATION - NGMC	1 00 40 00			X				0	46,383	1,441
(19) JOHN A WILLIAMSON PRESIDENT - NGMC BRASELTON	1 00 40 00			X				0	375,195	77,113
(20) KAREN S WATTS VP & CNO - NGMC	1 00 40 00			X				0	338,831	49,678
(21) LINDA NICHOLSON VP FINANCE/CONTROLLER - NGHS	1 00 40 00			X				0	279,540	79,270
(22) LOUIS SMITH JR PRESIDENT - NGMC	1 00 40 00			X				0	0	0
(23) MARY M STRAND VP REVENUE CYCLE - NGHS	1 00 40 00			X				0	300,174	49,566
(24) SAMUEL O JOHNSON MD VP MEDICAL AFFAIRS & CMO - NGHS	1 00 40 00			X				0	522,244	76,052

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			
(26) SHERRY DORSEY VP SENIOR PHYS SERVICES - NGHS	1 00 40 00			X				0	372,900	50,716
(1) SONJA F MCLENDON VP CHIEF OF OPER EXCELLENCE - NGHS	1 00 40 00			X				0	289,053	61,052
(2) TRACY M VARDEMAN VP STRATEGIC PLAN/MARKETING - NGHS	1 00 40 00			X				0	314,028	72,362
(3) ELLEN DEFOOR DIRECTOR OF DEVELOPMENT	40 00					X		0	109,236	15,921
(4) BRADLEY K NURKIN FORMER PRESIDENT - NGMC	0 00						X	0	321,726	12,443
(5) JAMES WALKER FORMER VP HR - NGHS	0 00						X	0	190,344	12,836

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

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

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

1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations _____

g

Provide the following information about the supported organization(s)






(i)Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	3,800,603	3,854,930	5,267,310	4,924,187	5,007,683	22,854,713
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3,800,603	3,854,930	5,267,310	4,924,187	5,007,683	22,854,713
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						22,854,713

Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	3,800,603	3,854,930	5,267,310	4,924,187	5,007,683	22,854,713
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	267,897	463,680	558,231	745,945	826,612	2,862,365
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 VI)						
11	Total support Add lines 7 through 10						25,717,078
12	Gross receipts from related activities, etc (see instructions)					12	75,959
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage			
14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	88 870 %
15	Public support percentage for 2013 Schedule A, Part II, line 14	15	89 630 %
16a	33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 		
b	33 1/3% support test—2013. 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 		
17a	10%-facts-and-circumstances test—2014. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization 		
b	10%-facts-and-circumstances test—2013. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization 		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions 		

Part 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15		
16 Public support percentage from 2013 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17		
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2014. 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—2013. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990) .	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 <u>Parent of Supported Organizations</u> Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

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.**

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**

www.irs.gov/form990.

OMB No 1545-0047

2014

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), 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
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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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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		10
j	Total. Add lines 1c through 1i.			10
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

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, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

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

[illegible]

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization THE MEDICAL CENTER FOUNDATION INC	Employer identification number 58-1694820
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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 value of contributions to (during year)	
3	Aggregate value of 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) Revenue 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

Revenue 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) 2014

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

	Amount
1c	
1d	
1e	
1f	
- 2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ 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	16,101,021	16,849,889	15,041,133	11,866,689	10,371,919
b Contributions	3,145,604	3,570,704	4,067,156	2,888,063	2,757,537
c Net investment earnings, gains, and losses	-73,802	138,946	139,010	279,190	50,661
d Grants or scholarships					
e Other expenditures for facilities and programs	1,137,475	4,410,931	2,329,610	41,382	1,305,082
f Administrative expenses	-82,699	47,587	67,800	-48,573	8,346
g End of year balance	18,118,047	16,101,021	16,849,889	15,041,133	11,866,689

- 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

19 640 %

c

Temporarily restricted endowment

80 360 %

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

☐ Yes

☐ No
- 4

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

Part VI

Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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		546,490	86,353	460,137
c Leasehold improvements		5,635	4,226	1,409
d Equipment		140,448	103,755	36,693
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,802,989

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	2,459,207
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-1,396,826
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	-1,396,826
3	Subtract line 2e from line 1	3	3,856,033
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	1,919,513
c	Add lines 4a and 4b	4c	1,919,513
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	5,775,546

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	2,656,615
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	69,326
e	Add lines 2a through 2d	2e	69,326
3	Subtract line 2e from line 1	3	2,587,289
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	116,183
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	116,183
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	2,703,472

Part XIII

Supplemental Information

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.

Return Reference	Explanation
PART V, LINE 4	ENDOWMENT FUNDS ARE TO BE USED TO SUPPORT NORTHEAST GEORGIA MEDICAL CENTER, INC (NGMC), A RELATED TAX-EXEMPT ENTITY. SPECIFICALLY, ENDOWMENT FUNDS ARE TO BE USED FOR SCHOLARSHIPS, NGMC EXPENSES AND INDIGENT CARE.
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, 2015, 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	SPECIAL EVENT EXPENSE -69,326. CONTRIBUTIONS INCLUDED IN EQUITY ON BOOKS 1,789,957. RECLASS BAD DEBT EXPENSE 82,699. RECLASS INVESTMENT INCOME 116,183.
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSE 69,326.

[illegible]

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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. Form 990-EZ filers are not required to complete this part.

- 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			
1 JOHN KNOWLTON 1820 CRESCENT LANE ATHENS, GA 30607	ASSISTED WITH FUNDRAISING CAMPAIGN		No	0	5,500	5,500
2 CONVERGENT 2451 CUMBERLAND PKWY STE 3679 ATLANTA, GA 30339	ASSISTED WITH FUNDRAISING CAMPAIGN		No	0	8,164	8,164
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶					13,664	13,664

- 3

List all states in which the organization is registered or licensed to solicit contributions 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	348,563		348,563
	2	Less Contributions	337,986		337,986
	3	Gross income (line 1 minus line 2)	10,577		10,577
Direct Expenses	4	Cash prizes	2,500		2,500
	5	Noncash prizes	5,886		5,886
	6	Rent/facility costs	8,532		8,532
	7	Food and beverages	10,947		10,947
	8	Entertainment			
	9	Other direct expenses	41,461		41,461
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Subtract line 10 from line 3, column (d) ▶			
					(69,326)
					-58,749

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 Subtract line 7 from line 1, column (d) ▶			

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11

Does the organization conduct 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 activities conducted 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

\$ and the \$

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. 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 provide any additional information (see instructions).

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

Schedule G (Form 990 or 990-EZ) 2014

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
THE MEDICAL CENTER FOUNDATION INC

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public
Inspection

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 Domestic Organizations and Domestic Governments. 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 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) AMERICAN CANCER SOCIETY PO BOX 102454 ATLANTA,GA 30368	13-1788491	501 (C) (3)	13,013				RELAY FOR LIFE
(2) AMERICAN HEART ASSOCIATION PO BOX 4002900 DES MOINES,IA 50340	13-5613797	501 (C) (3)	12,626				HEARTWALK
(3) MARCH OF DIMES 311 GREEN STREET SUITE 101 GAINESVILLE,GA 30501	13-1846366	501 (C) (3)	6,490				MARCH FOR BABIES
(4) CENTERPOINT 1050 ELEPHANT TRAIL GAINESVILLE,GA 30501	58-1022054	501 (C) (3)	250,093				GOLF BENEFICIARY
(5) GREATER HALL CHAMBER OF COMMERCE PO BOX 374 GAINESVILLE,GA 30503	58-0251406	501 (C) (6)	75,020				HALLMARK 2015-2020

2

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

5

3

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

1

Part III

Grants and Other Assistance to Domestic Individuals. 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. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	THE MAJORITY OF GRANTS ARE TO 501(C)(3) ORGANIZATIONS BOARD APPROVAL IS OBTAINED PRIOR TO DISBURSEMENT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
THE MEDICAL CENTER FOUNDATION INC

Employer identification number
58-1694820

Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c		No
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		No
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III.	5b		No
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		No
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III.	6b		No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) 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 in column(B) 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

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.

Return Reference	Explanation
PART I, LINES 4A-B	BRADLEY NURKIN WAS EMPLOYED BY NORTHEAST GEORGIA MEDICAL CENTER, INC FROM AUGUST 2012 UNTIL JANUARY 2014 MR NURKIN WAS HIRED TO SERVE AS PRESIDENT OF THE MEDICAL CENTER DURING 2014, MR NURKIN WAS PAID SEVERANCE OF \$295,000 BASED ON THE TERMS OF HIS EMPLOYMENT CONTRACT JAMES WALKER WAS EMPLOYED BY NORTHEAST GEORGIA HEALTH SYSTEM, INC FROM MAY 2010 UNTIL SEPTEMBER 2013 MR WALKER WAS HIRED TO SERVE AS VICE PRESIDENT OF HUMAN RESOURCES DURING 2014, MR WALKER WAS PAID SEVERANCE OF \$190,344 BASED ON THE TERMS OF HIS EMPLOYMENT CONTRACT PART I, LINE 4B - EMPLOYER CONTRIBUTION TO 457(F) EXECUTIVE RETIREMENT BENEFIT PLAN ANTHONY M HERDENER \$ 46,695 TRACY M VARDEMAN \$ 25,611 LINDA NICHOLSON \$ 20,457 CAROL H BURRELL \$ 851,311 SAMUEL O JOHNSON \$ 43,368 JOHN A WILLIAMSON \$ 31,614 MARY M STRAND \$ 24,868 SONJA MCLENDON \$ 27,194 KAREN WATTS \$ 32,136 SHERRY DORSEY \$ 34,802 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 2014 (\$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) TRACY M VARDEMAN \$26,648 JOHN A WILLIAMSON \$32,199 LINDA NICHOLSON \$22,421 ALLANA CUMMINGS \$40,975 SAMUEL O JOHNSON \$43,221

Additional Data

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 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 in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
NANCY COLSTON, PRESIDENT & CDO - FOUNDATION	(i) (ii)	0 159,728	0 21,795	0 1,290	0 30,110	0 9,374	0 222,297	0 0
HEATH GURR, MEMBER, PHARMACIST - NGMC	(i) (ii)	0 123,233	0 0	0 4,358	0 9,288	0 24,143	0 161,022	0 0
MOHAK DAVE MD, MEMBER	(i) (ii)	0 0	0 0	0 158,932	0 0	0 0	0 158,932	0 0
ALLANA L CUMMINGS, VP & CIO - NGHS	(i) (ii)	0 320,661	0 145,515	0 57,837	0 9,100	0 8,239	0 541,352	0 39,012
ANTHONY M HERDENER, VP & CFO - NGHS	(i) (ii)	0 361,274	0 161,576	0 43,075	0 92,212	0 20,159	0 678,296	0 0
CAROL H BURRELL, PRESIDENT & CEO	(i) (ii)	0 646,694	0 360,812	0 36,562	0 891,717	0 16,607	0 1,952,392	0 0
JOHN A WILLIAMSON, PRESIDENT - NGMC BRASELTON	(i) (ii)	0 240,946	0 114,712	0 19,537	0 54,607	0 22,506	0 452,308	0 30,656
KAREN S WATTS, VP & CNO - NGMC	(i) (ii)	0 266,072	0 68,878	0 3,881	0 41,138	0 8,540	0 388,509	0 0
LINDA NICHOLSON, VP FINANCE/CONTROLLER - NGHS	(i) (ii)	0 163,762	0 97,008	0 18,770	0 55,545	0 23,725	0 358,810	0 21,347
MARY M STRAND, VP REVENUE CYCLE - NGHS	(i) (ii)	0 202,254	0 96,355	0 1,565	0 32,321	0 17,245	0 349,740	0 0
SAMUEL O JOHNSON MD, VP MEDICAL AFFAIRS & CMO - NGHS	(i) (ii)	0 338,371	0 161,471	0 22,402	0 52,468	0 23,584	0 598,296	0 41,150
SHERRY DORSEY, VP SENIOR PHYS SERVICES - NGHS	(i) (ii)	0 267,863	0 83,301	0 21,736	0 38,316	0 12,400	0 423,616	0 0
SONJA F MCLENDON, VP CHIEF OF OPER EXCELLENCE - NGHS	(i) (ii)	0 220,495	0 67,804	0 754	0 36,294	0 24,758	0 350,105	0 0
TRACY M VARDEMAN, VP STRATEGIC PLAN/MARKETING - NGHS	(i) (ii)	0 190,922	0 103,982	0 19,124	0 57,158	0 15,204	0 386,390	0 25,371
BRADLEY K NURKIN, FORMER PRESIDENT - NGMC	(i) (ii)	0 24,579	0 0	0 297,147	0 886	0 11,557	0 334,169	0 0
JAMES WALKER, FORMER VP HR - NGHS	(i) (ii)	0 0	0 0	0 190,344	0 0	0 12,836	0 203,180	0 0

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
THE MEDICAL CENTER FOUNDATION INC

Employer identification number
58-1694820

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential	X	1	205,000	FMV
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (GLF TOURN GIK)	X	21	9,640	FMV
26 Other ► (OTHER GIK)	X	3	556	FMV
27 Other ► ()				
28 Other ► ()				

29

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

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

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

Cat No 51227J

Schedule M (Form 990) (2014)

Part III

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
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2014

Open to Public Inspection

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
THE MEDICAL CENTER FOUNDATION INC

Employer identification number

58-1694820

Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS	NORTHEAST GEORGIA MEDICAL CENTER (NGMC) PROVIDES A COMPREHENSIVE RANGE OF ACUTE CARE AND SPECIALTY SERVICES THROUGH TWO CAMPUSES A 100-BED HOSPITAL IN BRASELTON AND A 557-BED REGIONAL REFERRAL HOSPITAL IN GAINESVILLE NGMC SERVES THE AREA'S LOW-INCOME, UNINSURED, UNDERINSURED AND OTHER VULNERABLE POPULATIONS NGMC GAINESVILLE SERVES AS THE REGIONAL SAFETY NET HOSPITAL, WITH APPROXIMATELY HALF OF ITS PATIENTS FROM HALL COUNTY AND APPROXIMATELY HALF FROM SURROUNDING COUNTIES 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 TAX REVENUE FROM HALL OR OTHER COUNTIES SERVED, AND SERVICES ARE FUNDED BY REVENUE GENERATED FROM OPERATIONS LOCATED IN GEORGIA'S FASTEST GROWING REGION, THE 65-YEAR-OLD HOSPITAL HAS EXPANDED CONSIDERABLY IN RECENT YEARS TO MEET DEMAND, INVESTING A QUARTER OF A BILLION DOLLARS TO UPDATE ITS AGING PLANT IN GAINESVILLE AND ANOTHER \$200 MILLION-PLUS TO BUILD THE NEW NGMC BRASELTON CAMPUS AND EXPANDING ITS SERVICES TO INCLUDE OBSTETRICS AND RADIATION THERAPY NGMC'S QUALITY OF CARE CONSISTENTLY RANKS AMONG THE TOP IN THE NATION FOR 11 YEARS IN A ROW, NGMC'S CARDIAC SERVICES HAVE BEEN BEST IN STATE, AND NGMC HAS BEEN NAMED GEORGIA'S #1 HOSPITAL FOR THREE YEARS IN A ROW AND AMONG THE TOP 10 IN THE NATION NGMC PROVIDED CHARITY CARE TO HALL COUNTY RESIDENTS AT A COST OF \$19.8 MILLION IN 2015 WITH ANOTHER \$15.4 MILLION PROVIDED TO REGIONAL RESIDENTS OUTSIDE HALL COUNTY THE MEDICAL CENTER'S CHARITY CARE POLICY PROVIDES FINANCIAL ASSISTANCE UP TO 300 PERCENT OF THE POVERTY LEVEL - DOUBLE THE AMOUNT GENERALLY PROVIDED BY OTHER HOSPITALS ACROSS THE STATE THE HOSPITAL IS A KEY PARTICIPANT AND FISCAL SPONSOR IN PROGRAMS AIMED AT TREATING LOW-INCOME AND UNINSURED PATIENTS, INCLUDING THE GOOD NEWS CLINICS (GNC), 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 - 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, DAWSON, AND WHITE, WHERE MANY KEY MEDICAL SPECIALTIES ARE NOT AVAILABLE

Return Reference	Explanation	
FORM 990, PART III, LINE 4A	<p>- NGMC IS NUMBER 11 IN TOP HOSPITALS FOR NET UNCOMPENSATED CARE (\$42.3M) PROVIDED IN GEORGIA BASED ON STATE FISCAL YEAR (SFY) 2016 INDIGENT CARE TRUST FUND (ICTF) TOTAL HOSPITAL SPECIFIC DISPROPORTIONATE SHARE HOSPITAL (DSH) LIMITS, MANY OF THE HOSPITALS ON THE LIST RECEIVED LOCAL TAX DOLLARS. NGMC SERVES AS A FINANCIAL ENGINE FOR THE LOCAL ECONOMY. IN 2014 (LATEST NUMBERS AVAILABLE), THE HOSPITAL SURPASSED THE \$1 BILLION MARK IN LOCAL AND STATE ECONOMIC IMPACT FOR THE FIFTH CONSECUTIVE YEAR, 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 AND STATE ECONOMIES. THE REPORT FOUND THAT THROUGH ITS ECONOMIC IMPACT, THE HOSPITAL SUSTAINED NEARLY 8,000 FULL-TIME JOBS THROUGHOUT THE REGION AND THE STATE IN 2014. IN ADDITION TO THE MORE THAN 6,000 EMPLOYED DIRECTLY BY NORTHEAST GEORGIA HEALTH SYSTEM (NGHS) UNDER THE INTERNAL REVENUE CODE, A TAX-EXEMPT ORGANIZATION, CLASSIFIED AS A 501(C)(3) CHARITY, IS REQUIRED TO HAVE A MISSION THAT WILL BENEFIT ITS COMMUNITY, REINVEST ALL SURPLUS FUNDS IN THE ORGANIZATION IN A WAY THAT BENEFITS THE COMMUNITY, COMPENSATE EXECUTIVES, CONTRACTORS AND OTHER EMPLOYEES IN ACCORDANCE WITH FAIR MARKET VALUE, REMAIN ACCOUNTABLE TO THE COMMUNITY, REFRAIN FROM PARTICIPATING IN POLITICAL CAMPAIGNS FOR OR AGAINST CANDIDATES 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 2015, MORE THAN 20% OF ALL NGMC'S ER VISITS WERE MADE BY SELF-PAY PATIENTS. - PROVIDE NON-EMERGENCY SERVICES TO ANYONE ABLE TO PAY, - NGHS 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 THE FISCAL YEAR ENDING SEPTEMBER 30, 2015 (FY 15), NGMC'S PAYOR MIX WAS 59% MEDICARE/MEDICAID, 34% COMMERCIAL INSURANCE AND 7% SELF-PAY. - PARTICIPATE IN MEDICAID AND MEDICARE PROGRAMS, - 59% OF PATIENTS SERVED BY NGMC IN FY 15 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 NGHS, 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 MORE THAN 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, THE REVENUE GENERATED BY NGMC AND ITS PARENT ORGANIZATION, NGHS, ABOVE OPERATING EXPENSES IS REINVESTED INTO THE COMMUNITY. EXAMPLES INCLUDE CONSTRUCTION OF NEW MEDICAL FACILITIES, SUCH AS THE NEW HOSPITAL IN BRASELTON OFFERING 24/7 EMERGENCY ROOM SERVICES NOT PREVIOUSLY AVAILABLE TO LOCAL RESIDENTS, INVESTMENTS IN ADVANCED MEDICAL TECHNOLOGY SUCH AS ROBOTIC SURGICAL SYSTEMS AND STATE OF THE ART RADIATION THERAPY EQUIPMENT, AND DEVELOPMENT OF THE ONLY LEVEL 2 TRAUMA CENTER IN NORTHEAST GEORGIA. - NGMC PARTICIPATES IN THE INDIGENT CARE TRUST FUND, A 20-YEAR OLD PROGRAM THAT EXPANDS MEDICAID ELIGIBILITY AND SERVICES, SUPPORTS RURAL HEALTHCARE FACILITIES THAT SERVE THE MEDICALLY INDIGENT AND FUNDS PRIMARY HEALTHCARE PROGRAMS FOR MEDICALLY INDIGENT GEORGIANS. GEORGIA'S DISPROPORTIONATE SHARE HOSPITAL 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 2015, NGMC RECEIVED \$10.6 MILLION IN NET FUNDS ALLOCATED THROUGH THE ICTF AND UPPER PAYMENT LIMIT (UPL) PROGRAM TO PARTIALLY OFFSET A FINANCIAL LOSS OF \$35.2 MILLION IN COST THE MEDICAL CENTER INCURRED TREATING UNINSURED AND MEDICAID PATIENTS. NGMC VALUES COOPERATIVE EFFORTS WITH COMMUNITY ORGANIZATIONS AND OTHER HEALTHCARE PROVIDERS TO IMPROVE THE HEALTH STATUS OF AREA CITIZENS. NGMC DEMONSTRATES THIS THROUGH MANY PARTNERSHIPS RANGING FROM SERVING AS LEAD AGENCY OF THE SAFE KIDS COALITION OF GAINESVILLE-HALL COUNTY, TO PARTNERING WITH OTHER ORGANIZATIONS SUCH AS GOOD NEWS CLINICS AND THE PUBLIC HEALTH DEPARTMENT TO REACH AT-RISK POPULATIONS IN NEED OF HEALTHCARE. IN FY 15, OVER \$6 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. NGMC ALSO OFFERED SEVERAL COMMUNITY EDUCATION</p>	

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	SEMINARS IN 2015 ON TOPICS RANGING FROM HEALTH AND NUTRITION TO WOMEN'S HEALTH EDUCATION AND MORE. WHAT DRIVES NGMC'S COMMUNITY HEALTH IMPROVEMENT ACTIVITIES? NGMC, WITH INPUT FROM THE COMMUNITY, COMPLETED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN 2013. THE STUDY CULMINATED IN THE IDENTIFICATION OF 10 PRIORITY HEALTH NEEDS AND INCLUDED A SECONDARY DATA SCAN AND A COMMUNITY HEALTH PROFILE FOR HALL COUNTY. THE ASSESSMENT FOCUSED 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. GO TO WWW.NGHS.COM TO SEE A SPREADSHEET OF INITIATIVES AND ACTIVITIES NGMC IS INVOLVED WITH WHICH ADDRESS THOSE NEEDS. 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.

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	<p>THE FOLLOWING CONTAINS HIGHLIGHTS OF COMMUNITY BENEFIT ACTIVITIES PROVIDED BY NGMC IN FY 15 , OFTEN PARTNERING WITH OTHER ORGANIZATIONS AND INDIVIDUALS IN THE COMMUNITY PARTNERING T O REACH THE UNINSURED NGMC WORKS COOPERATIVELY WITH OTHER AREA HEALTHCARE PROVIDERS TO CA RE FOR ALL AREA CITIZENS, PARTICULARLY THE INDIGENT POPULATION PARTNERS INCLUDE, BUT ARE NOT LIMITED TO, NGMC, THE NORTHEAST GEORGIA PHY SICIANS GROUP (NGPG) PRIMARY CARE CLINIC AT HALL COUNTY HEALTH DEPARTMENT, THE NORTHEAST GEORGIA DIAGNOSTIC CLINIC, THE LONGSTREET CL INIC, GOOD NEWS CLINICS (INDIGENT CLINIC), MEDLINK (FEDERALLY QUALIFIED HEALTH CENTER), AS WELL AS PHY SICIANS GOOD NEWS CLINICS NGMC PROVIDES FUNDING TO GNC THAT HELPS PROVIDE ME DICATIONS, MEDICAL SUPPLIES AND OTHER SUPPORT FOR GNC - THE LARGEST FREE CLINIC IN GEORGIA FOUNDED IN 1992, GNC IS A CHRISTIAN MINISTRY THAT PROVIDES MEDICAL CARE TO THE INDIGENT AND UNINSURED POPULATION AT NO CHARGE FORTY-THREE PHY SICIANS, MID-LEVEL PROVIDERS AND 39 DENTISTS VOLUNTEER TO TREAT PATIENTS AT GNC IN ADDITION, OVER 300 SPECIALIST PHY SICIANS V OLUNTEER TO TREAT PATIENTS IN THEIR OFFICES THROUGH REFERRALS FROM GNC, NGPG PRIMARY CARE CLINIC AT THE HALL COUNTY HEALTH DEPARTMENT AND PHY SICIANS IN HALL COUNTY IN FY 15, NEARLY \$500,000 WAS DONATED TO HELP GNC PROVIDE CARE TO INDIGENT PATIENTS WHO WERE AT OR BELOW 1 50% OF THE FEDERAL POVERTY GUIDELINES AND DID NOT QUALIFY FOR OTHER PROGRAMS CLINICAL PRO FSSIONALS FROM NGMC STAFF A CONGESTIVE HEART FAILURE (CHF) CLINIC AT GNC, AS WELL AS A CA RDIOLGY CLINIC THIS PROJECT HAS BEEN EXTREMELY SUCCESSFUL WITH ONLY 10 READMISSIONS OF G NC CHF PATIENTS IN NINE YEARS, ZERO READMISSIONS IN FY 15 ADDITIONAL HEALTH SCREENINGS ARE PROVIDED TO VULNERABLE POPULATIONS AT GNC SUCH AS PROSTATE SCREENINGS NGPG PRIMARY CARE CLINIC AT THE HALL COUNTY HEALTH DEPARTMENT NGMC FUNDS AND STAFFS A PRIMARY CARE CLINIC A T THE HALL COUNTY HEALTH DEPARTMENT TO IMPROVE ACCESS TO PRIMARY HEALTHCARE SERVICES FOR L OW-INCOME PEOPLE IN OUR COMMUNITY IN FY 15, NGMC CONTRIBUTED OVER \$1,000,000 TO THE PRIMARY CARE CLINIC PRENATAL CARE PROGRAM AT THE HEALTH DEPARTMENT NGMC PARTNERS WITH THE LONG STREET CLINIC TO IMPROVE BIRTH OUTCOMES BY INCREASING EARLY PRENATAL CARE FOR LOW-INCOME, UNINSURED AND UNDER-INSURED PREGNANT WOMEN VIA THE HEALTH DEPARTMENT'S PRIMARY CARE CENTER 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 MEDICATI ONS AND TRANSPORTATION INDIVIDUALS ELIGIBLE FOR THESE FUNDS ARE PATIENTS WHOSE NEEDS CANN OT BE MET THROUGH PRIMARY INSURANCE, THEIR OWN PERSONAL FUNDS, GOVERNMENT PROGRAMS OR OTHE R CHARITABLE SERVICES THIS HELPS TO ENSURE MEDICATION COMPLIANCE AND MAXIMIZE CONDITIONS FOR RECOVERY AND RECUPERATION THE MEDICAL CENTER FOUNDATION PROVIDES FUNDING FOR THIS CH ARITY CARE NGMC'S CHARITY CARE POLICY REMOVES BARRIERS FOR LOW-INCOME POPULATIONS BEGINNI NG WITH FREE CARE FOR PATIENTS UP TO 150% OF THE POVERTY LEVEL FURTHER, SELF-PAY PATIENTS UP TO 300% OF THE POVERTY LEVEL QUALIFY FOR AN ADJUSTMENT EQUIVALENT TO THE HOSPITAL'S ME DICARE REIMBURSEMENT RATE PLUS AN ADDITIONAL 40% DISCOUNT TOTAL CHARITY CARE COST FOR FY 1 5 \$35 2 MILLION - \$19 8 MILLION FOR HALL COUNTY AND \$15 4 MILLION FOR REGIONAL RESIDENTS NGMC VOLUNTEERS IN FY 15, 621 NGMC VOLUNTEERS CONTRIBUTED 55,000 VOLUNTEER HOURS, EQUIVALE NT TO 32 FULL TIME EMPLOYEES AND A VALUE OF \$1 2 MILLION TO THE ORGANIZATION 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 120 TE ENS PARTICIPATE IN 2015 THE TEENS CAME FROM EIGHT COUNTIES AND REPRESENTED 23 DIFFERENT S CHOO LS WITHIN THE AREA ENCOURAGING MEDICAL VOLUNTEERING NGMC PROVIDES INFORMATION AT PHY SICI AN ORIENTATION TO ENCOURAGE PHY SICIANS TO STEP UP TO VOLUNTEER OPPORTUNITIES THROUGH L OCAL FREE CLINICS (GNC IN GAINESVILLE AND HELPING HAND CLINIC IN CLEVELAND) AS WELL AS HEA LTH ACCESS INITIATIVE NGPG ALSO ENCOURAGES PHY SICIANS TO GIVE THEIR TIME VOLUNTEERING AT THESE LOCATIONS THE CANCER CENTER AT NGMC HAS DEVELOPED A MEMBERSHIP MODEL FOR PHY SICIANS THAT CONTAINS CONDITIONS OF PARTICIPATION WHICH INCLUDES ACTIVE PARTICIPATION IN A SPEAKE R PROGRAM, SCREENING ACTIVITY , CANCER PREVENTION ACTIVITY OR OUTREACH THE PURPOSE OF THIS MEMBERSHIP MODEL IS TO IMPROVE PATIENT CARE QUALITY , ACCESS AND PROGRAMMATIC EXCELLENCE FINANCIAL NAVIGATORS NGMC HAS FINANCIAL ASSISTANCE COUNSELORS WHO HELP PATIENTS BECOME IN SURED, BE IT THROUGH MEDICAID, PEACHCARE OR OTHER PROGRAMS NGMC HAS TURNED FINANCIAL COUN SELORS INTO "FINANCIAL NAVIGATORS " THIS TEAM FOCUSES ON BEING ADVOCATES FOR UNINSURED AND UNDER-INSURED PATIENTS, AIDING THEM IN FINDING VIA BLE MEANS TO ACCESS CARE THEY FIND THE BEST SOLUTIONS FOR HELPING PATIENTS APPLY FOR MEDICAID OR DISABILITY , ACCESSING THE NEW H EALTHCARE EXCHANGES OR PROCESSING CHARITY APPLICAT</p>

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	<p>IONS WHEN APPROPRIATE. THE TEAM HAS COMPLETED TRAINING TO BECOME CERTIFIED IN THIS AREA AS "CERTIFIED HEALTHCARE REFORM SPECIALISTS " PATIENT NAVIGATORS. NGMC ALSO HAS A CANCER 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 PARTNERING IN THE COMMUNITY. VISION 2030. NGMC IS ACTIVELY INVOLVED IN VISION 2030 (WWW.VISION2030.ORG). THIS COMMUNITY-WIDE PROGRAM IS SPONSORED BY THE GREATER HALL CHAMBER OF COMMERCE AND 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 ALSO A PARTNER IN HALLMARK, WHICH IS A COMMUNITY INVESTMENT PLAN THAT ADDRESSES ECONOMIC DEVELOPMENT, EDUCATION, GOVERNMENT AND COMMUNITY DEVELOPMENT THROUGH PARTNERSHIP. MEMBERS OF NGMC'S BARIATRIC SERVICE LINE ALSO SERVE ON HALL COUNTY SCHOOL SYSTEM'S WELLNESS COUNCIL.</p>

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	<p>AN NGMC REPRESENTATIVE SERVES ON HALL COUNTY FAMILY CONNECTION (HCFC) HCFC ADOPTED TEEN P REGNANCY PREVENTION AND OBESITY PREVENTION AS ITS TWO FOCUS AREAS FOR THE NEXT THREE YEARS HCFC IS A COLLABORATIVE WHICH SERVES AS THE LOCAL DECISION-MAKING BODY, BRINGING COMMUNITY PARTNERS TOGETHER TO DEVELOP, IMPLEMENT AND EVALUATE PLANS THAT ADDRESS THE SERIOUS CHALLENGES FACING THE CHILDREN AND FAMILIES IN OUR COUNTY ITS VISION IS THAT EVERY CHILD 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 CONCERN 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 THE MCF IS THE FUNDRAISING ARM OF NGMC AND RAISES FUNDS TO IMPROVE THE HEALTH OF THE COMMUNITY THE FOUNDATION'S OPERATING EXPENSES ARE SUPPORTED BY NGMC SO THAT DONATED FUNDS CAN BE USED TO SUPPORT NGMC PROJECTS AND COMMUNITY HEALTH IMPROVEMENT INITIATIVES FOLLOWING ARE ITEMS OF INTEREST TO NOTE - SINCE 1997, OVER \$3.2 MILLION HAS BEEN RAISED FOR COMMUNITY HEALTH IMPROVEMENT PROJECTS THROUGH THE MEDICAL CENTER OPEN - THE 2015 MEDICAL CENTER OPEN GOLF TOURNAMENT RAISED \$281,881 FOR THE MEDICAL ASSOCIATION OF GEORGIA FOUNDATION'S 'THINK ABOUT IT' CAMPAIGN, AND 100% OF PROCEEDS WILL BENEFIT THE CAMPAIGN'S PROJECT DAN (DEATHS AVOIDED BY NALOXONE), WHICH IS DESIGNED TO REDUCE WIDESPREAD DRUG ABUSE AND SPECIFICALLY REDUCE DEATHS FROM OPIOID OVERDOSE - WATCH (WE ARE TARGETING COMMUNITY HEALTHCARE) MEMBERS HAVE DONATED MORE THAN \$5 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 FIRST AND ONLY NATIONAL ORGANIZATION DEDICATED SOLELY TO THE PREVENTION OF UNINTENTIONAL CHILDHOOD INJURY, WHICH IS THE NATION'S NUMBER ONE KILLER OF CHILDREN AGES 14 AND UNDER THIS PROGRAM PROVIDES AFFORDABLE SAFETY EQUIPMENT SUCH AS CAR SEATS, BIKE HELMETS, AND LIFE JACKETS TO AREA CHILDREN IN NEED WORKING WITH A COALITION MADE UP OF LAW ENFORCEMENT, AREA SCHOOLS, COMMUNITY VOLUNTEERS AND OTHERS, SAFE KIDS PROVIDES EDUCATIONAL MATERIALS AND PROGRAMS THAT TEACH CHILDREN AND THEIR PARENTS HOW TO AVOID ACCIDENTS AND INJURIES SAFE KIDS CONTINUED THE WORK OF INJURY PREVENTION FOR FAMILIES IN THE HALL COUNTY COMMUNITY IN 2015 THANKS TO THE SUPPORT OF THE MCF AND THE HEALTHY JOURNEY CAMPAIGN IN FY15, MEMBERS OF THE GAINESVILLE-HALL COUNTY SAFE KIDS COALITION PROVIDED OVER 300 PROGRAMS AND EVENTS THAT REACHED AN ESTIMATED 52,000 CHILDREN AND THEIR FAMILY MEMBERS, TEACHERS AND CAREGIVERS THROUGH THESE PROGRAMS, OVER 5,400 SAFETY DEVICES WERE DISTRIBUTED TO FAMILIES WHO WERE IN NEED OF THEM 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 DIABETES EDUCATION IN FY15, NGMC CONTINUED ITS PARTNERSHIP WITH GNC, THE PRIMARY CARE CLINIC AT THE HEALTH DEPARTMENT AND NGPG ON THE PILOT DIABETES MONITORING PROJECT WHEREBY INDIGENT PATIENTS WITH DIABETES RECEIVED TESTING STRIPS AND A METER FOR AT LEAST A YEAR PATIENTS SIGNED A COMPACT WITH THE CLINIC THAT OUTLINED RESPONSIBILITIES SUCH AS KEEPING APPOINTMENTS AND ATTENDING EDUCATIONAL CLASSES AS RECOMMENDED BY THEIR PHYSICIAN FROM MARCH 2014 TO DECEMBER 2015, 373 PATIENTS HAD ENROLLED OF THOSE WHO HAD RETURNED FOR AT LEAST ONE A1C READING, 68.04% SHOWED A DECREASED A1C READING THE DIABETES EDUCATION PROGRAM AT NGMC 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 300 PEOPLE PARTICIPATED IN THE GETTING OLDER AND BETTER WORKSHOP IN MAY IN GAINESVILLE AND THE SPOUT SPRINGS LIBRARY IN FLOWERY BRANCH THIS EVENT WAS SPONSORED BY THE MEDICAL CENTER AUXILIARY, PROVIDED BY NGMC AND FEATURED THE TOPIC, "ARTHRITIS DO'S AND DON'TS" FEATURED SPEAKERS WERE DR MARK HAZEL, DR TENNENT SLACK, DR JOSEPH POWERS, DR GREGORY JACKSON AND PHYSICAL THERAPIST JIMMY SEASE 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 NGMC HAS PROVIDED A SIGNIFICANT DONATION FOR A NON-PROFIT, VOLUNTEER-RUN TRANSPORTATION PROGRAM SERVING</p>

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	<p>HALL COUNTY SENIOR ADULTS, CALLED ITNLANIER, WHICH IS BEING SPEARHEADED BY THE WISDOM PROJECT THE SERVICE PROVIDES PERSONAL, COST-EFFECTIVE TRANSPORTATION SERVICES TO THE ELDERLY ITNLANIER IS A PRE-AFFILIATE OF ITNAMERICA, A NATIONAL ORGANIZATION WITH 27 CHAPTERS PROVIDING THOUSANDS OF RIDES DAILY TO SENIOR CITIZENS ITNLANIER HAS 24 LOCAL COMMUNITY LEADERS AS BOARD AND ADVISORY COUNCIL MEMBERS AND DOES NOT RECEIVE STATE OR FEDERAL FUNDING LACK OF TRANSPORTATION RESOURCES WAS ONE OF THE BARRIERS TO HEALTHCARE ACCESS IDENTIFIED IN OUR MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT SUPPORT OF COMMUNITY EFFORTS TO IMPROVE HEALTH NGMC EMPLOYEES ARE VERY ACTIVE IN THE COMMUNITY, VOLUNTEERING AT GNC, IN THEIR CHURCHES ON MISSION TRIPS AND FOR COMMUNITY AGENCIES SUCH AS THE HUMANE SOCIETY AND HABITAT FOR HUMANITY WHEN IT COMES TO SUPPORTING MCF'S EMPLOYEE GIVING CLUB, WATCH (WE ARE TARGETING COMMUNITY HEALTHCARE), OVER 3,300 EMPLOYEES DONATED MORE THAN \$500,000 IN FY15 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 PARTICIPATION OF 150 EMPLOYEES PER EVENT BLOOD DRIVES NGMC EMPLOYEES DONATED OVER 457 UNITS OF BLOOD IN FY15 EMPLOYEES LEAD THE WAY - UNITED WAY PACESETTER & MORE NGHS EMPLOYEES CONTRIBUTED OVER \$113,000 TO UNITED WAY AS A PACESETTER COMPANY TWO NGMC EMPLOYEES SERVE ON THE UNITED WAY BOARD TRAINING AND EDUCATION FOR HEALTHCARE PROFESSIONALS NGMC CONTINUES TO SERVE AS A "PIPELINE" TO HELP GET MORE QUALIFIED PEOPLE INTERESTED IN HEALTHCARE POSITIONS AND HELP PROVIDE TRAINING AND EDUCATION TO STUDENTS THIS TRAINING AND EDUCATION IS DONE THROUGH A VARIETY OF AVENUES, FROM JOB SHADOWING TO THE NURSE EXTERN PROGRAM AND PHARMACY RESIDENCY PROGRAM, AS WELL AS SIGNIFICANT SUPPORT TO FOOTHILLS AREA HEALTH EDUCATION CENTERS</p>

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>NGMC PROVIDES HEALTH INFORMATION & SUPPORT THE FRASER RESOURCE CENTER AND HEALTH SCIENCES LIBRARY 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 BOTH AT THE LIBRARY AND ALSO VIA LINKS ON NGMC'S WEBSITE (WWW.NGHS.COM/LIBRARY) THE RESOURCE CENTER ENCOURAGES VISITORS TO MAKE HEALTHY CHOICES AND BECOME ACTIVE, INFORMED PARTNERS IN THEIR HEALTH CARE 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 (THE MOST RECENT) COMMUNITY HEALTH NEEDS ASSESSMENT AND WARRANT INCLUSION IN THIS SUMMARY PATIENT-CENTERED MEDICAL NEIGHBORHOOD NORTHEAST GEORGIA HEALTH SYSTEM HAS BEEN SELECTED AS ONE OF FIFTEEN COMMUNITIES IN THE NATION TO ESTABLISH A PATIENT-CENTERED MEDICAL NEIGHBORHOOD (PCMN) AS PART OF A CENTERS FOR MEDICARE & MEDICAID (CMS) INNOVATION CHALLENGE GRANT THE PCMN BUILDS ON THE CONCEPT OF A PATIENT-CENTERED MEDICAL HOME 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 THE FIRST STEP IN THIS THREE-YEAR PROJECT IS TO BUILD STRONG MEDICAL HOME PRACTICES PARTNERING WITH NGPG AND OTHER COMMUNITY PRACTICES, THIS PROJECT IS DESIGNED TO PROVIDE MORE INDIVIDUALIZED CARE TO PATIENTS A MEDICAL HOME IS A CONCEPT OF CARE - NOT A BUILDING, A HOUSE OR A HOSPITAL 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 BEING CARED FOR IN A PATIENT CENTERED MEDICAL HOME MEANS NGPG'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 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 DISEASE CARE MANAGERS DISEASE MANAGEMENT IS A SET OF INTERVENTIONS DESIGNED TO IMPROVE THE HEALTH OF INDIVIDUALS WITH CHRONIC DISEASES DISEASE MANAGEMENT PROGRAMS ARE DESIGNED TO IMPROVE THE HEALTH OF PERSONS WITH SPECIFIC CHRONIC CONDITIONS AND TO REDUCE HEALTHCARE SERVICE USE AND COSTS ASSOCIATED WITH AVOIDABLE COMPLICATIONS, SUCH AS EMERGENCY ROOM VISITS AND HOSPITALIZATIONS PEOPLE WITH CHRONIC CONDITIONS GENERALLY USE MORE HEALTHCARE SERVICES, INCLUDING PHYSICIAN VISITS, HOSPITAL CARE, AND PRESCRIPTION DRUGS 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 CMS BEGAN FOCUSING ON THESE DISORDERS TO IMPROVE CARE AND REDUCE COSTS, THEREFORE, THESE PROFESSIONALS MANAGE CARE TO IMPROVE ADHERENCE TO EVIDENCE BASED PREVENTION AND TREATMENT GUIDELINES, WORKING WITH PROVIDERS AND/OR WITH PATIENTS TO IMPROVE CARE DISEASE MANAGERS PROVIDE COMMUNITY EDUCATION AND SOME DISEASE MANAGERS PROVIDE HEALTH EDUCATION AT GOOD NEWS CLINICS (THE INDIGENT CLINIC) OTHER COMMUNITY EDUCATION PROVIDED BY DISEASE MANAGERS INCLUDES CHURCH/CIVIC/SENIOR GROUPS, HEALTH FAIRS AND SPECIAL PROGRAMS SANE PROGRAM NGMC PROVIDES A SANE PROGRAM (SEXUAL ASSAULT NURSE EXAMINER) WHICH PROVIDES NURSES SPECIAL TRAINING IN RAPE CRISIS, TRIAL TIME WITH A DISTRICT ATTORNEY AND TRAINING WITH LAW ENFORCEMENT AND A PEDIATRICIAN'S OFFICE 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 THIS PROGRAM IS NOT A REQUIREMENT OF HOSPITALS AND IS ALSO NOT PROVIDED AT ALL HOSPITALS THROUGHOUT THE STATE LIFELINE 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 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 IN FY 15, NGMC HAD 253 SUBSCRIBERS</p>

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>ORGANIZATION OVERVIEW NORTHEAST GEORGIA HEALTH SYSTEM (NGHS) IS A NOT-FOR-PROFIT COMMUNITY HEALTH SYSTEM DEDICATED TO IMPROVING THE HEALTH AND QUALITY OF LIFE OF THE PEOPLE OF NORTHEAST GEORGIA THROUGH THE SERVICES OF A MEDICAL STAFF OF MORE THAN 600 PHYSICIANS, THE RESIDENTS OF NORTHEAST GEORGIA ENJOY ACCESS TO THE STATE'S FINEST AND MOST COMPREHENSIVE MEDICAL SERVICES THE HEALTH SYSTEM OFFERS A FULL RANGE OF HEALTHCARE SERVICES THROUGH NGMC WITH TWO HOSPITAL CAMPUSES, ONE IN BRASELTON AND ONE IN GAINESVILLE NGMC IS RATED GEORGIA'S #1 HOSPITAL, AND AMONG THE TOP 10 IN THE NATION, BY CARECHEX CARECHEX ALSO RECOGNIZES NGMC AS BEST IN STATE FOR HEART CARE, WOMEN'S CARE AND STROKE CARE NGMC ALSO PROVIDES LONG TERM CARE THROUGH TWO CENTERS IN GAINESVILLE AND MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT THROUGH A FREESTANDING INPATIENT CENTER THE HEALTH SYSTEM'S SERVICES EXTEND THROUGHOUT THE NORTHEAST GEORGIA REGION THROUGH URGENT CARE CENTERS, OUTPATIENT REHABILITATION CENTERS OFFERING PHYSICAL, SPEECH AND OCCUPATIONAL THERAPY, A SATELLITE CANCER TREATMENT CENTER AND SEVERAL MULTI-SPECIALTY MEDICAL OFFICE BUILDINGS THROUGH NGPG, RESIDENTS IN NORTHEAST GEORGIA HAVE CLOSE ACCESS TO PRIMARY CARE AS WELL AS A HOST OF MEDICAL SPECIALTIES THROUGH MORE THAN 250 PROVIDERS AT MORE THAN 80 LOCATIONS LED BY VOLUNTEER BOARDS MADE UP OF COMMUNITY LEADERS, THE HEALTH SYSTEM SERVES ALMOST 1 MILLION PEOPLE IN 19 COUNTIES ACROSS NORTHEAST GEORGIA AS A NOT-FOR-PROFIT HEALTH SYSTEM, ALL REVENUE GENERATED ABOVE OPERATING EXPENSES IS RETURNED TO THE COMMUNITY THROUGH IMPROVED SERVICES AND INNOVATIVE PROGRAMS NORTHEAST GEORGIA MEDICAL CENTER'S CHARITY CARE POLICY SUPPORTS THE PROVISION OF CARE FOR INDIGENT PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY 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>

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	WILLIAM BAGWELL, BOARD MEMBER IS THE HUSBAND OF JENNIFER BAGWELL, BOARD MEMBER MORGAN WOOD, BOARD MEMBER IS THE WIFE OF TREY WOOD, BOARD MEMBER

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

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

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

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 THE 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.

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

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 INCORPORATE 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:</p> <p>BASE SALARY: ANNUAL BASE SALARIES ARE SET AT MARKET COMPETITIVE LEVELS WITH HEALTHCARE SYSTEMS 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.</p> <p>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 NGHS 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.</p> <p>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>

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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES -55,090

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
THE MEDICAL CENTER FOUNDATION INC

Employer identification number
58-1694820

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (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" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled 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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) NORTHEAST GA HEALTH PARTNERS LLC 743 SPRING STREET GAINESVILLE, GA 30501 58-2131807	PPO DEVELOPMENT	GA	N/A	C					No

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on 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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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