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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

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](#)

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 10-01-2016 , and ending 09-30-2017

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☐ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

THE MEDICAL CENTER FOUNDATION INC

Doing business as

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

743 SPRING STREET

City or town, state or province, country, and ZIP or foreign postal code

GAINESVILLE, GA 305013899

F Name and address of principal officer

Carol Burrell

743 SPRING STREET

GAINESVILLE, GA 305013899

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

D Employer identification number

58-1694820

E Telephone number

(770) 219-6646

G Gross receipts \$ 6,131,947

I Tax-exempt status

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

J Website: ▶ WWW.NGHS.COM

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1986

M State of legal domicile GA

Part I Summary

Activities & Governance

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 ☐ 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)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶1,624,690

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Prior Year

Current Year

Beginning of Current Year

End of Year

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

Brian D Steines CFO

Type or print name and title

2018-08-15

Date

Paid Preparer Use Only

Print/Type preparer's name

Deborah O Ernsberger

Preparer's signature

Deborah O Ernsberger

Date

Check ☐ if self-employed

PTIN P00364912

Firm's name ▶ PYA P C

Firm's EIN ▶ 62-1517792

Firm's address ▶ 2220 Sutherland Ave

Phone no (865) 673-0844

Knoxville, TN 37919

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

The Medical Center Foundation (The Foundation) was formed to develop and maintain quality volunteer services and manage fundraising activities for Northeast Georgia Medical Center, Inc and its affiliated entities

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 2,292,535 including grants of \$ 2,285,471) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 2,292,535

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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	Yes
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	Yes
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 ComplianceCheck 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	0	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	
c	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	0	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
b	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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	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
b	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).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	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?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders		
b	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?		
b	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.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	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 instructionsCheck 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	1a 17		
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	1b 11		
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 VP FinanceCONTROLLER 743 spring street gainesville, GA 305013899 (770) 219-6646	

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

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

Form **990** (2016)

[illegible]

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

Section B. Independent Contractors

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Willis Investment Council	Investment Services	134,491
710 Green Street Gainesville, GA 30501		

Form **990** (2016)

Part VIII Statement of RevenueCheck 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	321,493			
	d Related organizations	1d	2,078,502			
	e Government grants (contributions)	1e	95,085			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,658,053			
	g Noncash contributions included in lines 1a-1f \$	71,603				
	h Total. Add lines 1a-1f		5,153,133			
	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)		955,380		
	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 \$ 321,493 of contributions reported on line 1c) See Part IV, line 18	a	23,434			
	b Less direct expenses	b	72,094			
	c Net income or (loss) from fundraising events		-48,660			-48,660
	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		6,059,853	0	0	906,720	

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.	2,267,122	2,267,122		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	18,349	18,349		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	200,203	831	9,001	190,371
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.	737,052	3,059	33,138	700,855
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	32,399	134	1,457	30,808
9 Other employee benefits.	150,367	624	6,761	142,982
10 Payroll taxes.	62,222	258	2,798	59,166
11 Fees for services (non-employees):				
a Management.				
b Legal.	3,380	14	152	3,214
c Accounting.				
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.	49,402			49,402
f Investment management fees.	141,873	589	6,379	134,905
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	42,272	175	1,901	40,196
12 Advertising and promotion.				
13 Office expenses.				
14 Information technology.				
15 Royalties.				
16 Occupancy.	9,530	40	428	9,062
17 Travel.	5,225	22	235	4,968
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	5,509	23	248	5,238
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	38,255	159	1,720	36,376
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 PRINTING	56,268	234	2,530	53,504
b Donor Recognition	49,536	206	2,227	47,103
c SOFTWARE SUPPORT	40,942	170	1,841	38,931
d SUPPLIES	38,113	158	1,714	36,241
e All other expenses	43,689	368	1,953	41,368
25 Total functional expenses. Add lines 1 through 24e.	3,991,708	2,292,535	74,483	1,624,690
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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing			1		
	2	Savings and temporary cash investments		1,171,634	2	2,442,656	
	3	Pledges and grants receivable, net		4,572,644	3	4,635,226	
	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		106,991	7	102,148	
	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	3,792,359			
	b	Less: accumulated depreciation	10b	271,760	3,558,818	10c	3,520,599
	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		22,839,107	13	25,739,553	
	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)		32,249,194	16	36,440,182		
Liabilities	17	Accounts payable and accrued expenses		150,648	17	156,523	
	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.		2,403,601	25	3,738,424	
	26	Total liabilities. Add lines 17 through 25		2,554,249	26	3,894,947	
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		11,111,900	27	12,779,835	
	28	Temporarily restricted net assets		14,970,915	28	14,486,125	
	29	Permanently restricted net assets		3,612,130	29	5,279,275	
	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		29,694,945	33	32,545,235	
	34	Total liabilities and net assets/fund balances		32,249,194	34	36,440,182	

Part XI Reconciliation of Net AssetsCheck 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	6,059,853
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,991,708
3	Revenue less expenses Subtract line 2 from line 1	3	2,068,145
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	29,694,945
5	Net unrealized gains (losses) on investments	5	997,169
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	-215,024
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	32,545,235

Part XII Financial Statements and ReportingCheck 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
b 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	
c 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
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

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

Form 990 (2016)

Form 990, Part III, Line 4a:

The Medical Center Foundation serves as the fundraising arm of Northeast Georgia Health System. The Medical Center Foundation raises funds to provide financial support for the entire system including Northeast Georgia Medical Center Gainesville and Braselton and to work for the overall improvement of healthcare services to the community.

* * See Schedule O for Program Service Accomplishments Continuation* *

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			
Heath Gurr Member, Pharmacist - NGMC	1 00 35 00	X						0	134,720	42,454
Ivan Moore Member, Manager of Cardiology - NGMC	1 00 40 00	X						0	114,073	35,185
Jennifer Bagwell Member	1 00	X						0	0	0
Jennifer Stoeckig Member, Care Planning Coord - NGMC	1 00 40 00	X						0	80,553	34,329
Jim Moore Chair 2016	1 00 1 00	X						0	0	0
LeTrell Simpson Chair 2017	1 00 1 00	X						0	0	0
Mohak Dave MD Member, NGMC Medical Director	1 00 25 00	X						0	199,826	0
Morgan Wood Member	1 00	X						0	0	0
Nancy Colston President & CDO - Foundation	40 00	X		X				0	200,203	46,414
Philip Wilheit Member	1 00	X						0	0	0

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

(A)

(B)

(C)

(D)

(E)

(F)

Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Pierpont Brown MD Member, NGPG Physician	1 00 40 00	X						0	581,007	42,383
Ricky LoCicero Member	1 00	X						0	0	0
Scott McGarty Vice Chair	1 00	X						0	0	0
Tony Funari Member	1 00	X						0	0	0
Trey Wood Member	1 00	X						0	0	0
William Buddy Langston MD Member	1 00	X						0	0	0
William Bagwell Member	1 00	X						0	0	0
Anthony Herdener VP, CFO, Executive Consultant - NGHS	1 00 40 00			X				0	664,003	111,316
Brenda Simpson Chief Nursing Officer - NGMC	1 00 40 00			X				0	257,319	20,896
Brian D Steines CFO - NGHS	1 00 40 00			X				0	0	0

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				
Carol Burrell President & CEO	1 00 40 00			X				0	1,219,656	908,865	
Chad Hatfield President - NGMC Barrow	1 00 40 00			X				0	0	0	
Christopher Paravate Chief Information Officer - NGHS	1 00 40 00			X				0	371,893	77,881	
Daniel Tuffy President of Physician Services	1 00 40 00			X				0	0	0	
Deborah Weber CHRO & VP Human Resources - NGHS	1 00 40 00			X				0	333,710	65,836	
Elyse Gates VP Revenue Cycle - NGHS	1 00 40 00			X				0	248,042	7,726	
Howard Walpole VP Clinical Effectiveness - NGMC	1 00 40 00			X				0	405,704	60,778	
John Delzell Jr VP Medical Education - NGMC	1 00 40 00			X				0	0	0	
John Turner VP Post Acute Care - NGMC	1 00 40 00			X				0	122,411	6,836	
John Williamson President - NGMC Braselton	1 00 40 00			X				0	418,557	95,785	

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				
Linda Nicholson	1 00				X				0	279,977	96,069	
VP Finance/Controller - NGHS	40 00											
Louis Smith Jr	1 00				X				0	640,171	105,979	
President - NGMC Gainesville	40 00											
Melissa Tymchuk	1 00				X				0	148,692	30,635	
Chief of Staff	40 00											
Penny Vigneau	1 00				X				0	110,143	3,308	
VP Heart & Vascular Services - NGMC	40 00											
Roy Griffin Jr	1 00				X				0	177,312	21,310	
VP Financial Planning & Decision Support - NGHS	40 00											
Samuel Johnson MD	1 00				X				0	534,596	87,507	
VP Medical Affairs & CMO - NGHS	40 00											
Sonja McLendon	1 00				X				0	400,655	75,183	
VP Chief of Oper Excellence - NGHS	40 00											
Stephen Kelly	1 00				X				0	193,180	23,635	
Chief Compliance Officer - NGHS	40 00											
Tad Gomez	1 00				X				0	0	0	
VP Professional Support Services - NGMC	40 00											
Tracy Vardeman	1 00				X				0	382,228	103,449	
VP Chief Strategy Executive - NGHS	40 00											

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			
Ellen DeFoor Director of Development	40 00					X		0	121,716	20,904
James Bailey Former VP-CMIO/CQO, Current NGPG Physician	0 00 40 00						X	0	518,323	27,141
Randy Smith Former Interim CNO	1 00 40 00						X	0	190,152	7,892

SCHEDULE A (Form 990 or 990-EZ)	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 2016 Open to Public Inspection
	Department of the Treasury Internal Revenue Service Name of the organization THE MEDICAL CENTER FOUNDATION INC	Employer identification number 58-1694820

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

The organization is not a private foundation because it is (For lines 1 through 12, 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 (Form 990 or 990-EZ))
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university _____
- 10 ☐ 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)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- 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 1-10 above (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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	5,267,310	4,924,187	5,007,683	5,730,704	5,153,133	26,083,017
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	5,267,310	4,924,187	5,007,683	5,730,704	5,153,133	26,083,017
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						26,083,017

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7	Amounts from line 4	5,267,310	4,924,187	5,007,683	5,730,704	5,153,133	26,083,017
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	558,231	745,945	826,612	630,813	955,380	3,716,981
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						29,799,998
12	Gross receipts from related activities, etc (see instructions)					12	87,799
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 2016 (line 6, column (f) divided by line 11, column (f))	14 87.530 %
15	Public support percentage for 2015 Schedule A, Part II, line 14	15 88.490 %
16a	33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input checked="" type="checkbox"/>	
b	33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2016. 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. ► <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2015. 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. ► <input type="checkbox"/>	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ► <input type="checkbox"/>	

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

(Complete only if you checked the box on line 10 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2016. 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—2015. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>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.</i>	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	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)? <i>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.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	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))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
11a		
11b		
11c		

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? <i>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.</i>		
1		
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? <i>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.</i>		
2		

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)? <i>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).</i>		
1		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

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 Activities Test 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? <i>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.</i>		
2a		
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? <i>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.</i>		
2b		
3 Parent of Supported Organizations 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? <i>Provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

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)		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

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

2016

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on 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
---	--

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-
2				
3				
4				
5				
6				

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

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?

☐ Yes ☐ 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) 2013	(b) 2014	(c) 2015	(d) 2016	(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 on 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		188
j	Total. Add lines 1c through 1i			188
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 the Georgia Hospital Association and the Association for Healthcare. A portion of these dues is designated for lobbying activities by these organizations.

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493227000078	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.</div> <div>Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.</div>			<div>OMB No 1545-0047</div> <div>2016</div> <div>Open to Public Inspection</div>
Name of the organization THE MEDICAL CENTER FOUNDATION INC				Employer identification number 58-1694820	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on 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?				<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organization (check all that apply) <input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year				
a	Total number of conservation easements	Held at the End of the Year			
b	Total acreage restricted by conservation easements	2a			
c	Number of conservation easements on a certified historic structure included in (a)	2b			
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c			
		2d			
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►				
4	Number of states where property subject to conservation easement is located ►				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?				<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►				
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)?				<input type="checkbox"/> Yes <input type="checkbox"/> 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" on 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 on 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 on 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) 2016	

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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, 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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	18,583,043	18,118,047	16,101,021	16,849,889	15,041,133
b Contributions	3,314,674	3,540,926	3,145,604	3,570,704	4,067,156
c Net investment earnings, gains, and losses	150,450	196,428	-73,802	138,946	139,010
d Grants or scholarships					
e Other expenditures for facilities and programs	2,291,945	3,336,244	1,137,475	4,410,931	2,329,610
f Administrative expenses	-9,178	-63,886	-82,699	47,587	67,800
g End of year balance	19,765,400	18,583,043	18,118,047	16,101,021	16,849,889

2

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

a

Board designated or quasi-endowment

26 710 %

b

Permanent endowment

73 290 %

c

Temporarily restricted endowment

The percentages on 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)

No

(ii) related organizations

3a(ii)

No

b

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

3b

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on 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		341,490	145,134	196,356
c Leasehold improvements		5,635	5,353	282
d Equipment		140,484	121,273	19,211
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				3,520,599

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

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

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Investment in Limited Partnership	25,739,553	C
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	25,739,553	

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

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

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
Due to Affiliates	3,738,424
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,738,424

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements	1	5,025,972
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	997,169
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	-27,284
e	Add lines 2a through 2d	2e	969,885
3	Subtract line 2e from line 1	3	4,056,087
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	141,872
b	Other (Describe in Part XIII)	4b	1,861,894
c	Add lines 4a and 4b	4c	2,003,766
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	6,059,853

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

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

1	Total expenses and losses per audited financial statements	1	3,921,930
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	72,094
e	Add lines 2a through 2d	2e	72,094
3	Subtract line 2e from line 1	3	3,849,836
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	141,872
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	141,872
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	3,991,708

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental 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

Supplemental Information

Return Reference	Explanation
Part X, Line 2	<p>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, 2017, management does not believe the foundation holds any uncertain tax positions that would require financial statement recognition or disclosure under generally accepted accounting principles.</p>

Supplemental Information	
Return Reference	Explanation
Part XI, Line 2d - Other Adjustments	Special Event Expense 72,094 Partnership Income Not on Return -99,378

Supplemental Information	
Return Reference	Explanation
Part XI, Line 4b - Other Adjustments	Contributions included in equity on books 1,852,716 RECLASS BAD DEBT EXPENSE 9,178

Supplemental Information	
Return Reference	Explanation
Part XII, Line 2d - Other Adjustments	Special Event Expense 72,094

SCHEDULE G (Form 990 or 990-EZ)	<h2 style="margin: 0;">Supplemental Information Regarding Fundraising or Gaming Activities</h2> <p style="margin: 0; font-size: small;">Complete if the organization answered "Yes" on 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.</p> <p style="margin: 0; font-size: x-small;">▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.</p>	OMB No 1545-0047 <h1 style="margin: 0;">2016</h1> Open to Public Inspection
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Name of the organization THE MEDICAL CENTER FOUNDATION INC	Employer identification number 58-1694820
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Part I Fundraising Activities. Complete if the organization answered "Yes" on 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 <input checked="" type="checkbox"/> Mail solicitations

b <input type="checkbox"/> Internet and email solicitations

c <input type="checkbox"/> Phone solicitations

d <input checked="" type="checkbox"/> In-person solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants

f <input checked="" type="checkbox"/> Solicitation of government grants

g <input checked="" type="checkbox"/> 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	10,725	0
2 Susan Daniel Creative Inc 3712 Arrowhead Pl Gainesville, GA 30506	Assisted with fundraising campaign		No	0	13,362	0
3 Palmetto Grant Consulting 2870 Peachtree Road Suite 956 Atlanta, GA 30305	Assisted with fundraising campaign		No	0	9,485	0
4 Philanthropy 1 - Rick Bragga 3244 Center Ridge Drive Henrico, VA 23233	assisted with fundraising campaign		No	0	15,830	0
5						
6						
7						
8						
9						
10						
Total ▶					49,402	

- 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" on 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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		<u>Golf Tournament</u> (event type)	 (event type)	 (total number)	Total events (add col (a) through col (c))
1	Gross receipts	344,927			344,927
2	Less Contributions	321,493			321,493
3	Gross income (line 1 minus line 2)	23,434			23,434
Direct Expenses	4 Cash prizes	2,500			2,500
	5 Noncash prizes	1,028			1,028
	6 Rent/facility costs	8,532			8,532
	7 Food and beverages	14,994			14,994
	8 Entertainment				
	9 Other direct expenses	45,040			45,040
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				72,094
11 Net income summary Subtract line 10 from line 3, column (d) ▶				-48,660	

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
1	Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary 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 activity 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 ► \$ _____
- 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 complete this part to provide any additional information (see instructions).

Return Reference

Explanation

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on 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

2016

Open to Public Inspection

Name of the organization
THE MEDICAL CENTER FOUNDATION INC

Employer identification number
58-1694820

Part I

General Information on Grants and Assistance

1

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

☒ Yes ☐ No

2

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

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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

2

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

4

3

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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
(1) Scholarships	2	18,349			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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.

Additional Data

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

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
AMERICAN CANCER SOCIETY po box 102454 Atlanta, GA 30368	13-1788491	501 (C) (3)	13,000				Relay for Life
AMERICAN HEART ASSOCIATION po box 4002900 des moines, IA 50340	13-5613797	501 (C) (3)	12,374				HeartWalk

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MARCH OF DIMES 311 Green Street Suite 101 GAINESVILLE, GA 30501	13-1846366	501 (C) (3)	12,990				MARCH FOR BABIES
Northeast Georgia Medical Center Inc 743 Spring Street Gainesville, GA 30501	58-1694098	501 (C) (3)	1,302,274				Support

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" on 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

2015

Open to Public Inspection

Name of the organization THE MEDICAL CENTER FOUNDATION INC	Employer identification number 58-1694820
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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 on 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"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</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"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
4 During the year, did any person listed on 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	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?	5a	No
b Any related organization?	5b	No
If "Yes," on line 5a or 5b, describe in Part III		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a The organization?	6a	No
b Any related organization?	6b	No
If "Yes," on line 6a or 6b, describe in Part III		
7 For persons listed on 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 on 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" on 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 on 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 on 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, Line 4b	Part I, Line 4b - Employer Contribution to 457(f) executive retirement benefit plan Anthony M Herdener \$ 54,803 Tracy M Vardeman \$ 34,966 Linda Nicholson \$ 25,052 Carol H Burrell \$ 851,311 Samuel O Johnson \$ 49,226 John A Williamson \$ 39,115 Sonja McLendon \$ 33,440 Christopher Paravate \$ 36,947 Deborah Weber \$ 33,109 Howard T Walpole \$ 39,276 Louis Smith, Jr \$ 63,576 Carol H Burrell, President and CEO of Northeast Georgia Health System, Inc , 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 2016 (\$851,311) was computed based on her age, length of employment, and current position with Northeast Georgia Health System, Inc In addition, beginning in December 2016, Northeast Georgia Health System, Inc invested in a jointly-owned split dollar life insurance plan for Ms Burrell The asset value as of September 30, 2017 is \$3,231,604 and is reported on Form 990, Part X, Line 15, Other Assets Employer Payment from 457(f) Plan (Including vested earnings on previously reported compensation) Anthony Herdener \$ 54,803 Tracy M Vardeman \$ 25,227 John A Williamson \$ 31,436 Linda Nicholson \$ 20,738 Samuel O Johnson \$ 43,124 Sonja McLendon \$ 18,377

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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Heath Gurr Member, Pharmacist - NGMC	(i)	0	0	0	0	0	0	0
	(ii)	134,313	0	407	12,196	-	-	0
						30,258	177,174	
1Mohak Dave MD Member, NGMC Medical Director	(i)	0	0	0	0	0	0	0
	(ii)	0	0	199,826	0	-	-	0
						0	199,826	
2Nancy Colston President & CDO - Foundation	(i)	0	0	0	0	0	0	0
	(ii)	174,263	3,935	22,005	35,153	-	-	0
						11,261	246,617	
3Pierpont Brown MD Member, NGPG Physician	(i)	0	0	0	0	0	0	0
	(ii)	558,105	0	22,902	9,275	-	-	0
						33,108	623,390	
4Anthony Herdener VP, CFO, Executive Consultant - NGHS	(i)	0	0	0	0	0	0	0
	(ii)	454,779	150,026	59,198	89,779	-	-	0
						21,537	775,319	
5Brenda Simpson Chief Nursing Officer - NGMC	(i)	0	0	0	0	0	0	0
	(ii)	201,698	48,428	7,193	6,591	-	-	0
						14,305	278,215	
6Carol BurrellPresident & CEO	(i)	0	0	0	0	0	0	0
	(ii)	885,401	275,956	58,299	897,040	-	-	0
						11,825	2,128,521	
7Chnstopher Paravate Chief Information Officer - NGHS	(i)	0	0	0	0	0	0	0
	(ii)	311,390	58,873	1,630	44,456	-	-	0
						33,425	449,774	
8Deborah Weber CHRO & VP Human Resources - NGHS	(i)	0	0	0	0	0	0	0
	(ii)	277,138	34,433	22,139	41,461	-	-	0
						24,375	399,546	
9Elyse Gates VP Revenue Cycle - NGHS	(i)	0	0	0	0	0	0	0
	(ii)	188,792	58,737	513	6,199	-	-	0
						1,527	255,768	
10Howard Walpole VP Clinical Effectiveness - NGMC	(i)	0	0	0	0	0	0	0
	(ii)	327,122	19,839	58,743	48,552	-	-	0
						12,226	466,482	
11John Williamson President - NGMC Braselton	(i)	0	0	0	0	0	0	0
	(ii)	323,821	74,146	20,590	66,415	-	-	30,107
						29,370	514,342	
12Linda Nicholson VP Finance/Controller - NGHS	(i)	0	0	0	0	0	0	0
	(ii)	204,246	62,522	13,209	65,364	-	-	19,861
						30,705	376,046	
13Louis Smith Jr President - NGMC Gainesville	(i)	0	0	0	0	0	0	0
	(ii)	541,273	90,750	8,148	72,851	-	-	0
						33,128	746,150	
14Melissa Tymchuk Chief of Staff	(i)	0	0	0	0	0	0	0
	(ii)	113,005	17,415	18,272	8,647	-	-	0
						21,988	179,327	
15Roy Gnffin Jr VP Financial Planning & Decision Sup	(i)	0	0	0	0	0	0	0
	(ii)	133,744	40,619	2,949	2,823	-	-	0
						18,487	198,622	
16Samuel Johnson MD VP Medical Affairs & CMO - NGHS	(i)	0	0	0	0	0	0	0
	(ii)	407,664	101,408	25,524	58,502	-	-	41,301
						29,005	622,103	
17Sonja McLendon VP Chief of Oper Excellence - NGHS	(i)	0	0	0	0	0	0	0
	(ii)	271,839	127,393	1,423	42,715	-	-	17,600
						32,468	475,838	
18Stephen Kelly Chief Compliance Officer - NGHS	(i)	0	0	0	0	0	0	0
	(ii)	134,234	55,695	3,251	4,965	-	-	0
						18,670	216,815	
19Tracy Vardeman VP Chief Strategy Executive - NGHS	(i)	0	0	0	0	0	0	0
	(ii)	292,700	69,192	20,336	73,015	-	-	24,161
						30,434	485,677	

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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21James Bailey Former VP-CMIO/CQO, Current NGPG Phy	(i)	0	0	0	0	0	0	0
		- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -
	(ii)	491,525	0	26,798	9,275	-	-	0
						17,866	545,464	
1Randy Smith Former Interim CNO	(i)	0	0	0	0	0	0	0
		- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -
	(ii)	149,471	38,844	1,837	4,723	-	-	0
						3,169	198,044	

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	X	11	65,000	FMV
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 . .				
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 ► (<u>Golf Tournament GIK</u>)	X	11	6,153	FMV
26 Other ► (<u>Other GIK</u>)	X	2	450	FMV
27 Other ► (<u> </u>)				
28 Other ► (<u> </u>)				

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

29

0

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

Part II**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

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493227000078
SCHEDULE O (Form 990 or 990-EZ)	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 .		OMB No 1545-0047
			2016
Department of the Treasury Internal Revenue Service			Open to Public Inspection
Name of the organization THE MEDICAL CENTER FOUNDATION INC	Employer identification number 58-1694820		

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a, Program Service Accomplishments	<p>Northeast Georgia Health System, Inc (NGHS) is a Georgia, not-for-profit corporation that provides healthcare services to the residents of Northeast Georgia primarily through the operation of its affiliates including Northeast Georgia Medical Center, Inc (NGMC), which is also a Georgia, not-for-profit corporation NGMC operates a 557-licensed bed inpatient facility in Gainesville and a 100-licensed bed inpatient facility in Braselton In January 2017, NGHS acquired NGMC Barrow, LLC ("Barrow"), a 56-bed hospital located in Winder, Georgia Together, NGMC Gainesville, NGMC Braselton and Barrow provide a comprehensive range of acute care and specialty services and serve 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 coming from outside of Hall County NGMC Gainesville, Braselton and Barrow reinvest all funds in excess of operating expenses into healthcare services for the community NGHS 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 67-year-old hospital, NGMC Gainesville, has expanded considerably in recent years to meet demand, investing a quarter of a billion dollars to update its aging plant and another \$200 million-plus to build the NGMC Braselton campus and expand its services to include obstetrics and radiation therapy NGMC Gainesville & Braselton According to the 2017 Hospital Quality Ratings study by CareChex, NGMC is rated as Georgia's #1 Heart Hospital (for the twelfth year in a row) and Georgia's #1 hospital for Pulmonary Care and Women's Health NGMC Gainesville is also in the top 9% in the Nation for Cancer Care and in the top 10% in the Nation for Pneumonia Care, Stroke Care, and Surgical Care NGMC Gainesville and Braselton campuses have been recognized as "Georgia Safe to Sleep Hospitals" by the Georgia Department of Public Health In 2017, NGMC Gainesville and Braselton provided charity care to Hall County residents at a cost of \$19.9 million with another \$18.8 million to regional residents outside of Hall County Unlike a number of not-for-profit hospitals, NGMC receives no local tax revenue from Hall County, or any other counties, to support operations or care provided to indigent residents NGMC's charity care policy provides financial assistance up to 300 percent of the poverty level - double the amount generally provided by other hospitals across the state The hospital is a key participant and fiscal sponsor in programs aimed at treating low-income and uninsured patients, including the Good News Clinics, the largest free health care clinic in Georgia, and Health Access Initiative (HAI), a local service that matches financially eligible patients to specialty physicians and provides access to care, among other services Additionally - Since 2000, NGMC Gainesville has pr</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a, Program Service Accomplishments	<p>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, Rabun, Union and White, where many key medical specialties are not available - NGMC Gainesville is number 5 in top hospitals for net uncompensated care (\$50.8 M) provided in Georgia based on state fiscal year (July 1 - June 30) 2017 Indigent Care Trust Fund (ICTF) Total Hospital Specific disproportionate share hospital (DSH) Limits, many of the hospitals on the list received local tax dollars while NGMC did not NGMC serves as a financial engine for the local economy In 2016 (latest numbers available), NGMC Gainesville and Braselton campuses surpassed the \$1.75 billion mark in local and state economic impact, 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, NGMC sustained more than 18,000 full-time jobs throughout the region and the state Under IRS law, a tax-exempt organization, classified as a 501(c)(3) charity, is required to have a mission that will benefit its community, reinvest all surplus funds in the organization in a way that benefits the community, compensate executives, contractors and other employees in accordance 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 Gainesville operates the 2nd busiest ER in Georgia (according to the 2016 Annual Hospital Questionnaire Survey) In FY17, 20% of all NGMC Gainesville and Braselton ER visits were made by self-pay patients Provide non-emergency services to anyone able to pay and medically necessary services to anyone in the NGHS service area not able to pay, - Northeast Georgia Health System provides high quality, advanced specialty and primary healthcare services to the Northeast Georgia community, serving 1 million people in more than 18 counties In FY17, NGMC's payor mix at Gainesville and Braselton was 60% Medicare/Medicaid</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a, Program Service Accomplishments	<p>caid, 32% commercial insurance and 8% self-pay Participate in Medicaid and Medicare, - 60 % of patients served by NGMC Gainesville and Braselton in FY17 were Medicaid and Medicare patients Create a governing board that is representative of the community it serves, - Mo re than 80 community members are actively involved in governance through Northeast Georgia Health System, NGMC and other subsidiary boards and committees Allow medical staff privi leges to any professional who is qualified and applies, - NGMC has a medical staff of more than 760 physicians representing numerous advanced specialties such as gynecologic oncolo gy, electrophysiology, cardiac surgery, critical care medicine, surgical trauma, neonatolo gy, perinatology and telemedicine Reinvest surplus funds in operations - As not-for-prof it organizations, the revenue generated by NGMC and its parent organization, Northeast Geo rgia Health System, above operating expenses is reinvested into the community Examples in clude construction of new medical facilities, such as the hospital in Braselton offering 2 4/7 emergency room services not previously available to local residents, investments in ad vanced 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 (ICTF), a program established in 1990, which expands Medicaid eligibility and services, supports rural health care facilities tha t serve the medically indigent and funds primary health care programs for medically indige nt Georgians Georgia's Disproportionate Share Hospital (DSH) program is funded through th e ICTF and assists hospitals and other health providers that care for high proportions of Medicaid, uninsured and/or low-income patients In 2017, NGMC received \$6 3 million in net funds allocated through the Medicaid DSH (ICTF) program to partially offset a financial l oss of \$50 8 million in cost the Medical Center incurred treating uninsured and Medicaid p atients In addition, NGMC received \$3 5 million in net funds allocated through the Medica id upper payment limit (UPL) program to adjust Medicaid payments upward to match Medicare payment levels NGMC Gainesville and Braselton value cooperative efforts with community or ganizations and other healthcare providers to improve the health status of area residents The organizations demonstrate this through many partnerships ranging from serving as lead agency of Safe Kids 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 health care</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a	<p>In FY17, NGMC Gainesville and Braselton provided over \$6.7 million in community benefit programs/outreach. Health education was provided through free community lectures, screenings, various support groups and the semi-annual health magazine, <i>Communicare</i>. NGMC also offered many community education seminars on topics ranging from health and nutrition to women's health education and more, as well as seminars for health professionals in the community, region and state. In addition, NGMC provided support to other local non-profit organizations that serve the community. What Drives NGMC's Community Health Improvement Activities? NGMC, with input from the community, completed a Community Health Needs Assessment (CHNA) in 2016. The assessment focused mainly on the needs of the community's most vulnerable populations, particularly those with low-incomes who are uninsured. Input from the community was gathered through focus groups and interviews. Focus group participants and interviewees included community leaders, public health experts and those representing the needs of minority, underserved and indigent populations. Input was also received from an internal NGMC board level workgroup and senior leadership who validated, refined and expanded the list of health needs NGMC would address. The study culminated in the identification of the following 5 priority health needs across the region: Septicemia, Access to Care, Diabetes, Cancer and Injury. The 5 health priorities fit hand-in-glove with our strategic direction as an organization. Working together, from senior management to board level, to the bedside and community partners, NGMC has implemented a plan to improve the outcomes of these health needs over a 3 year period. The actions and outcomes of this plan are being tracked to monitor improvements and identify opportunities with each priority health need. Go to http://www.nghs.com/community-benefit-resources for updates and full reports. The following contains highlights of community benefit activities provided by NGMC in FY17, often partnering with other organizations and individuals in the community. Partnering to Reach the Uninsured: NGMC works cooperatively with other area healthcare providers to care for area residents, particularly the indigent population. Partners include, but are not limited to, NGMC, the Northeast Georgia Physicians Group (NGPG) Primary Care Clinic at Hall County Health Department, the Northeast Georgia Diagnostic Clinic, The Longstreet Clinic, Medlink (federally qualified health center), area physicians and indigent clinics such as Good News Clinics in Gainesville and Good Shepherd Clinic of Dawson County. Good News Clinics (GNC). NGMC provides funding to GNC (the largest free clinic in Georgia) that helps provide medications, medical supplies and other support. Founded in 1992, GNC is a Christian ministry that provides medical and dental care to the indigent and uninsured population at no charge. Forty-six physicians, 9 mid-level</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a	<p>level providers and 43 dentists volunteer to treat patients at GNC. In addition, 332 special list physicians volunteer to treat patients in their offices through referrals from GNC, NGPG Primary Care Clinic at the Hall County Health Department and physicians in Hall County. In FY17, nearly \$500,000 was donated to help GNC provide care to indigent patients who were at or below 150% of the federal poverty guidelines and did not qualify for other programs. To provide integration between GNC, NGHS, and other providers in the community, NGMC through its foundation is working to help support the implementation of a high-level electronic medical record system to improve coordination of care and outcomes for this vulnerable patient population. Eva Johnson, NGMC Nurse Practitioner and Heart Failure Disease Manager, helped establish and now runs the Heart Failure Clinic at GNC. Eva was awarded the Sam Poole Community Volunteer of the Year Award for her tireless work with the clinic. This project has been extremely successful, holding the 30-day hospital readmissions to one patient in 2017. NGPG Primary Care Clinic at the Hall County Health Department. NGMC funds and staffs a primary care clinic at the Hall County Health Department to improve access to primary healthcare services for low-income people in our community. In FY17, NGMC contributed \$1,070,096 to this clinic. Prenatal Care Program at the Health Department. NGMC, The Longstreet Clinic, and Hall County Health Department partner 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 clinic. Yearly cost to NGMC is approximately \$200,000. Indigent Patient Fund. At NGMC, financial assistance is provided for indigent patients to obtain urgently needed discharge medications and transportation. Individuals eligible for these funds are patients whose needs cannot be met through primary insurance, their own personal funds, government programs or other charitable services. This helps to ensure medication compliance and maximize conditions for recovery and recuperation. The Medical Center Foundation provides funding for this. Charity Care. NGMC's charity care policy removes barriers for low-income populations within our service area beginning with free, medically necessary care for patients whose gross family income is 0 to 150% of the Federal Poverty Level (FPL) adjusted for family size. Further, patients from our service area, whose FPL is from 151 to 300%, may qualify for an adjustment equivalent to the hospital's Medicare reimbursement rate plus an additional 40% discount to the Medicare reimbursement rate. Total Charity Care Cost for FY17: \$19.9 million for Hall County with another \$18.8 million for regional residents outside of Hall County. NGMC Volunteers. In FY17, 748 NGMC volunteers contributed 68,961 volunteer hours, equivalent to 41 full-time employees and a value of over \$1.6 million to the organization.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a	<p>ization 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 130 teens participated in the Teen Volunteer Program in 2017 The teens represented 28 different schools within the area Encouraging Medical Volunteering NGMC provides information at physician orientation to encourage physicians to step up to volunteer opportunities through local free clinics (GNC in Gainesville and Helping Hand Clinic in Cleveland) as well as Health Access NGPG also encourages physicians to give of their time volunteering at these locations Through various physician leadership councils, NGMC's Cancer Services Program encourages its physicians to actively participate in community outreach, including educational seminars, screenings, cancer prevention opportunities and other outreach with the purpose of improving patient care, quality, access and programmatic excellence of cancer services within the community Financial Navigators NGMC has financial assistance counselors who help patients become insured, be it through Medicaid, PeachCare or other programs This team focuses on being advocates for uninsured and under-insured patients, aiding them in finding viable means to access care They find the best solutions for helping patients apply for Medicaid or disability, accessing healthcare exchanges or processing charity applications when appropriate 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 Clinical Research In FY17, all ongoing clinical trial research programs at NGHS were reorganized under the oversight of the new NGMC Office of Research NGMC's Oncology Research program, through the Georgia NCORP (National Cancer Institute Community Oncology Research Program), received recognition as a high performing research site member Georgia NCORP provides Georgians with access to state-of-the-art cancer prevention, screening, control, treatment and post treatment trials in 41 locations throughout the state NGMC was recognized for results in meeting or exceeding our goals for providing patients access to cancer research trials NGMC's Cardiology Research program was recognized by major sponsors as a top enrolling site through participation in pharmaceutical and device clinical trials in cardiology with outcomes that have the potential to improve the standard of care for patients throughout the U S and around the world</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a	<p>Partnering in the Community Partnership for a Drug Free Hall (DFH) As part of the behavioral health issues being addressed in Hall County, much progress has been achieved in FY17 with regard to the opioid epidemic affecting so many counties across the region and our nation Hall County's response to this epidemic is the collaborative Partnership for a Drug Free Hall Modeled after a partnership formed in Gwinnett County led by Senator Renee Unterman, she, along with Deb Bailey, Executive Director of Governmental Affairs at NGHS, Dallas Gay, former NGHS Board Member, and Judy Brownell, Director of Prevention at Center Point, pulled together a diverse group of agencies in Hall County to form this partnership Other NGHS representatives from Community Health Improvement and Laurelwood also actively serve on this committee DFH is dedicated to providing the people of Hall County with information, resources and actions to address drug abuse Information and resources can be found at http://drugfreehall.org The following activities have come from this collaboration and are available to the community - Not My Family, a series of forums directed at families and individuals was launched to provide awareness, education and local resources In September 2017, the first forum was held in Gainesville at the Brenau Downtown Center where over 450 people attended Attendees ranged from professionals to students to families and friends, and this series continues in 2018 - Parent Support Group for parents/guardians who have lost a child due to overdose or drug-related injuries, as well as parents with a child who is struggling with addiction is available to the community - 3 Steps to Save A Life, a training program designed to equip the general public with lifesaving information to prevent overdose deaths, was launched In 2018, this tool will be available in a free App, (currently available at www.oorescue.com) - Engagement in local schools and university systems such as with the University of North Georgia was expanded In addition to this, DFH in collaboration with the Hall County Family Connection Network (HCFCN), planned a 2018 Youth Empowerment Summit to educate up to 100 sixth graders about the dangers of alcohol and drugs, as well as, leadership skills and refusal strategies Through this summit, a Youth Advisory Council will be developed - S T A R T (Students Together Achieving Responsibility & Tolerance), a Youth Advisory Council, will be an advisory group of youth leaders who work in partnership with their peers, local leaders and community organizations in Hall County As part of this council, members will learn about current issues facing youth, develop and strengthen leadership skills, provide input about current issues facing youth, interact with local community leaders, serve as youth advocates and ambassadors for Hall County, participating in team building activities, volunteer projects and community service - NGMC's emergency departments</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a	<p>have been chosen by the Georgia Council on Substance Abuse to participate in a two-year, grant-funded pilot project to help patients who experience an opioid-related overdose. The ED-CARES program connects people who have been admitted to emergency rooms for an opioid-related overdose with trained peer recovery coaches. This peer support plays an important role in helping people avoid another overdose and encouraging them to seek treatment. The program was created in response to the increasing number of overdose fatalities and seeks to curtail that trend by better connecting people at high-risk with community support and services. NGMC is the only hospital system in Georgia to provide this support, which is provided in all three Emergency Departments (at Gainesville, Braselton and Barrow) - Georgia continues to benefit from Project DAN (Deaths Avoided by Naloxone), an effort to equip first responders with the drug naloxone/Narcan which can quickly reverse overdoses from opioids or heroin. The Medical Center Foundation's 2015 Medical Center Open benefited the Medical Association of Georgia Foundation's 'Think About It' Campaign that funded Project DAN. Until recently, naloxone was only available by prescription, but thanks to a standing order signed by Governor Deal on December 14, 2016, the Jeffrey Dallas Gay Act, naloxone can now be dispensed over-the-counter by pharmacists across Georgia, making it accessible to parents and other lay citizens who may be the firsthand witnesses to overdoses. Through Project DAN, Northeast Georgia Health System has trained more than 5,000 people in 98 agencies across 53 counties on the use of naloxone. Although, there is no official reporting process to capture all lives saved, we do know that 27 lives have been saved in Hall County and over 80 in our service area with naloxone kits provided to first responders through Project DAN. - In FY17, the Georgia Composite Medical Board proposed required physician education addressing controlled substance prescribing guidelines. NGMC has for many years participated in seeking solutions to the tremendous opioid epidemic in our community and our state. In an effort to better educate physicians on this alarming health crisis, the Georgia Composite Medical Board met and proposed amendments to the Georgia Composite Medical Board Rules which add continuing education requirements for physicians to address controlled substance prescribing guidelines and recognizing signs of abuse or misuse. The updated ruling was set to take effect January 1, 2018. Details can be found at the Medical Association of Georgia's website at www.mag.org. 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 which focuses on the creation of a culture of community well ness, the support and maintenance</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a	<p>nce of lifelong learning, the building of an economy around emerging life sciences, the en couragement of innovative growth/infrastructure development and the promotion of cultural integration NGMC is also an active partner on other chamber committees such as the Health care Committee and the Health Initiative Consortium NGMC is also a partner in HALLmark, w hich is a community investment plan that addresses economic development, education, govern ment and community development through partnership Two NGMC representatives serve on the Hall County Family Connection Network (HCFCN) HCFCN adopted Teen Pregnancy Prevention and community-wide resource mapping in partnership with United Way as its two focus areas in FY17 HCFCN is a collaborative which serves as the local decision-making body, bringing co mmunity partners together to develop, implement and evaluate plans that address the seriou s challenges facing the children and families in our county, in addition to increasing awa reness and knowledge of existing programs and services available to families and children in Hall County Its vision is that every child has the opportunity to reach his or her ful l potential for good health, be secure from abuse and neglect and become a literate, produ ctive, economically self-sufficient member of our community A Member of NGMC's bariatric service line serves on Hall County School System's Wellness Council The Medical Center Fo undation (MCF) Raises Funds to Benefit the Community The MCF is the fundraising arm of NG MC and raises funds to improve the health of the community The Foundation's operating exp enses are supported by NGMC so that donated funds can be used to support NGMC projects and community health improvement initiatives The following are items of interest to note - Since 1997, approximately \$3 8 million has been raised for community health improvement pr ojects through The Medical Center Open, a community golf tournament - The 2016 Medical Ce nter Open Golf Tournament, which was held in FY17, raised \$282,454 to fund three homes and a neighborhood playground for Habitat for Humanity of Hall County, located in its signatu re subdivision, Copper Glen Over 100 community volunteers, 225 sponsors and 216 players m ade the tournament a success! NGMC senior leadership and employees helped construct the ho mes through three NGMC Build Days that benefitted three deserving families - Through the employee giving club known as W A T C H (We Are Targeting Community Healthcare), members have donated more than \$8 8 million to support the Healthy Journey Campaign since the prog ram's inception in 1999</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a	<p>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 Safe Kids Worldwide, 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 are a 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 2017 thanks to the support of MCF and The Medical Center Auxiliary proceeds from Marketplace (an annual fundraising event of The Medical Center Auxiliary, which benefits healthcare services of NGMC) In FY17, members of the Gainesville-Hall County Safe Kids Coalition provided over 76 programs and events that reached an estimated 9,643 children and their family members, teachers and caregivers Through these programs, over 4,201 safety devices were distributed to families in need of them Education and Support for Seniors Getting Older and Better Workshops Over 220 people participated in the Getting Older and Better Workshops held in September in Gainesville and Braselton This event was sponsored by The Medical Center Auxiliary, provided by NGMC and featured the topic "Let's Talk About Stroke Signs, Treatment, and Lowering your Risk " Featured speakers were Antoine Leflore, MD , Emergency Medicine Physician from Northeast Georgia Health System, Shaena Blevins, MD , Stroke Medical Director from Northeast Georgia Medical Center and NGPG Neurology, Jennifer Sweigart, Inpatient Neurology Physician Assistant from Northeast Georgia Physicians Group Neurology and Heather Wilsey, Physical Therapist and Outpatient Supervisor from The Rehabilitation Institute of Northeast Georgia Medical Center 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, W A T C H , over 3,500 employees donated about \$745,000 in 2017 American Cancer Society, American Heart Association, and March of Dimes NGMC employees turned out in full force for community events such as the American Heart Walk, March for Babies and Relay for Life, averaging participation of 300 employees per event Blood Drives In FY17, NGMC hosted 22 drives, resulting in 484 donors and over 404 pints of blood United Way Pacesetter & More NGMC has partnered with United Way to engage employees and leaders in the community NGHS employees contributed \$76,415 to United Way as a Pacesetter Company</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a	<p>Three NGMC employees serve on the United Way Board, Dr Sam Johnson, Chief Medical Officer at NGHS, serves as Chairman on One Hall United Against Poverty In an effort to improve school readiness and literacy for our community's children, NGMC has partnered with the United Way of Hall County's Read Learn Succeed initiative to produce a children's book Printed in English and Spanish, "Welcome to the World," provides education about the importance of reading to children every day, for at least 15 minutes, starting at birth The book also includes keepsake pages for baby's first footprints and handprints Funded by The Medical Center Auxiliary, this book is given to all babies born at NGMC Gainesville and NGMC Braselton 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 Graduate Medical Education (GME) Northeast Georgia Medical Center's GME program is designed to train residents to be leaders in the medical field as well as in the community Medical students will receive hands-on training in one of six medical specialties internal medicine, family medicine, general surgery, OB/GYN, psychiatry and emergency medicine NGMC expects this program to grow to 170 residents by 2024, which would make this program one of the largest in the state, and expects its first students in 2019 Dr Antonio Rios, Chief Physician Executive for NGPG, was elected Chairman of The Georgia Board for Physician Workforce On this board, Dr Rios will be committed to furthering the board's mission to identify the physician workforce needs of Georgia communities and to meet those needs through the support and development of medical education programs Dr Rios also serves on the Good News Clinics and District 2 Public Health boards Northeast Georgia STEMI (S-T Segment Elevation Myocardial Infarction) Summit Hosted each year by NGMC, the Northeast Georgia STEMI Summit brings together paramedics, EMS staff, and doctors from across the state They meet to discuss the state of the Northeast Georgia Regional STEMI System, a collaborative effort providing critical care and rapid response in 18 counties across the region to people suffering a severe heart attack known as STEMI As this year's summit was in progress, the Georgia House of Representatives voted in favor of adopting Senate Bill 102, which provides for the establishment of emergency cardiac centers and the establishment of the Office of Cardiac Care within the Georgia Department of Public Health The bill was spearheaded by Jeffrey Marshall, MD (The Heart Center of NGMC) and Deb Bailey, Executive Director of Governmental Affairs at Northeast</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a	<p>Georgia Health System In addition to championing Senate Bill 102, Deb has made tremendous contributions to our state as a whole, serving on the Georgia Committee on Public Health, Georgia Board of Nursing and the Georgia Hospital Medicaid Financial Program Advisory Committee NGMC Provides Health Information & Support The Fraser Resource Center and Health Sciences Library & Braselton Resource Center at NGHS serve the health information needs of the community 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 2016 (the most recent) Community Health Needs Assessment and warrant inclusion in this summary NGMC Employees Lead the Way Carol Burrell, NGHS President and CEO, was named Georgia's Most Respected Business Leader for 2017 by Georgia Trend magazine At the annual Masters in the Art of Nursing Healers Among Us event, Deb Bailey, Executive Director of Governmental Affairs at NGHS, and Mary Martin, Chief Nursing Informatics Officer at NGHS, were recognized along with two other nurses in the community for their dedication and excellence SANE program NGMC provides a SANE (Sexual Assault Nurse Examiner) program 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 NGMC Barrow NGMC Barrow provided charity care to Barrow County residents at a cost of \$1.2 million in 2017 with another \$308 thousand provided to regional residents outside Barrow County NGMC Barrow receives no local tax revenue from any of the counties it serves to support operations or care provided to indigent residents, unlike a number of not-for-profit hospitals The organization's charity care policy provides financial assistance up to 300% of the poverty level, double the amount generally provided by other hospitals across the state</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a	<p>In 2017, NGMC expanded its access in cardiac and cancer care to NGMC Barrow. NGHS spent nearly \$2.5 million on new equipment for NGMC Barrow, such as a new CT scanner and two new hyperbaric oxygen treatment chambers in the Wound Care Center. NGMC serves as a financial engine for the local economy. In 2016 (latest numbers available), NGMC Barrow had \$73.3 million in local and state economic impact, 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, NGMC Barrow sustained more than 500 full-time jobs throughout the region and the state. Under IRS law, a tax-exempt organization, classified as a 501(c)(3) charity, is required to have a mission that will benefit its community, reinvest all surplus funds in the organization in a way that benefits the community, compensate executives, contractors and other employees in accordance 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 Barrow carries additional responsibilities, as established by the IRS in 1965: Operate a full-time emergency room that is available to all people, regardless of their ability to pay, - NGMC Barrow operates the 77th busiest ER in Georgia (according to the 2016 Annual Hospital Questionnaire Survey). In FY17, 30% of all NGMC Barrow emergency room visits were made by self-pay patients. Provide non-emergency services to anyone able to pay and medically necessary services to anyone in the NGHS service area not able to pay, - Northeast Georgia Health System provides high quality, advanced specialty and primary healthcare services to the Northeast Georgia community, serving 1 million people in more than 18 counties. In FY17, NGMC Barrow's payor mix was 55% for Medicare/Medicaid, 24% for commercial insurance and 21% for self-pay. Participate in Medicaid and Medicare, - 55% of patients served by NGMC Barrow were Medicaid and Medicare patients. Create a governing board that is representative of the community it serves, - More than 80 community members are actively involved in governance through Northeast Georgia Health System, NGMC and other subsidiary boards and committees. Allow medical staff privileges to any professional who is qualified and applies, - NGMC Barrow has a medical staff of 280 physicians representing numerous advanced specialties such as emergency services, surgery and procedures, intensive care, outpatient surgery, respiratory therapy, wound care, imaging services and telemedicine. Reinvest surplus funds.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a	<p>n operations, - As not-for-profit organizations, the revenue generated by NGMC and its parent organization, Northeast Georgia Health System, above operating expenses is reinvested into the community. In 2017, NGMC expanded its access in cardiac and cancer care to NGMC Barrow. NGHS spent nearly \$2.5 million on new equipment for NGMC Barrow, such as a new CT scanner and two new hyperbaric oxygen treatment chambers in the Wound Care Center. NGMC Barrow values cooperative efforts with community organizations and other healthcare providers to improve the health status of area residents. The organization demonstrates this through community partnerships ranging from free health screenings at local health fairs to providing a meeting space for other non-profit organizations, such as United Way and Rotary Club of Winder. In FY17, NGMC Barrow provided over \$89,000 in community benefit programs/outreach. NGMC Barrow offered many community education seminars on topics ranging from healthy cooking demos to heart health and more. In addition, NGMC Barrow provided support to other local non-profit organizations that serve the community.</p> <p>What Drives NGMC Barrow's Community Health Improvement Activities? NGMC, with input from the community, completed a region-wide Community Health Needs Assessment (CHNA) in 2016 that included Barrow County and surrounding counties (before NGMC Barrow was acquired by Northeast Georgia Health System). Through the CHNA, cancer was identified as a health priority for Barrow County. According to the National Cancer Institute 2008-2012, Barrow County has a lung cancer indicator value of 87.9, well above its neighbor Gwinnett County's value of 54.1 and the state benchmark of 68.8. Additionally, according to the Georgia Department of Public Health's Georgia Tobacco Use Surveillance Report, in 2015, approximately 4% of middle school students and 53.00 or 13% of high school students in Georgia smoke cigarettes. NGMC is partnering with Barrow County Schools to implement "Tar Wars", a tobacco-free education program for fourth and fifth grade students developed by the American Academy of Family Physicians to teach kids about the dangers of tobacco use, the cost associated with using tobacco products, and the advertising techniques used by the tobacco industry to market their products to youth. Go to https://www.nghs.com/community-benefit-resources for updates and full reports. The following contains highlights of community benefit activities provided by NGMC Barrow in FY 17.</p> <p>Charity Care: Like NGMC Gainesville and Braselton, NGMC Barrow's charity care policy removes barriers for low-income populations within our service area beginning with free, medically necessary care for patients whose gross family income is 0 to 150% of the Federal Poverty Level (FPL) adjusted for family size. Further, patients from our service area, whose FPL is from 151 to 300%, may qualify for an adjustment equivalent to the hospital's Medicare reimbursement rate plus</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a	<p>an additional 40% discount to the Medicare reimbursement rate Total Charity Care Cost for NGMC Barrow in FY17 \$1 2 million with another \$308 thousand provided to regional residents outside Barrow County Encouraging Medical Volunteering Through various physician leadership councils, NGMC Barrow's Cancer Services Program encourages its physicians to actively participate in community outreach, including educational seminars, screenings, cancer prevention opportunities and other outreach with the purpose of improving patient care, quality, access and programmatic excellence of cancer services within the community</p> <p>Financial Navigators NGMC Barrow has financial assistance counselors who help patients become insured, be it through Medicaid, PeachCare or other programs This team focuses on being advocates for uninsured and under-insured patients, aiding them in finding viable means to access care They find the best solutions for helping patients apply for Medicaid or disability, accessing healthcare exchanges or processing charity applications when appropriate Partnering in the Community NGMC Barrow Volunteers In FY17, 24 NGMC volunteers contributed 4,828 volunteer hours, equivalent to almost 3 full time employees and a value of over \$11 6,548 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 Barrow Like NGMC Gainesville and Braselton, NGMC Barrow's emergency department participates in the ED-CARES program, which connects people who have been admitted to emergency rooms for an opioid-related overdose with trained peer recovery coaches Rotary Club of Winder Support Sunita Singh, public relations manager for Barrow, serves as President of the Rotary Club of Winder, which benefits various community programs such as Peace Place, The Tree House Inc , United Way and Boy Scouts of America, just to name a few Support of Community Efforts to Improve Health American Cancer Society (ACS) NGMC Barrow was the Platinum Sponsor for the ACS Relay for Life in Barrow County The walk benefits cancer research and community education NGMC employees turned out in full force for Relay for Life, with over 360 walkers throughout the region Northeast Georgia Food Bank Support NGMC Barrow provided a donation to the Northeast Georgia Food Bank's Food 2 Kids program in Barrow County This program was developed to alleviate hunger on nights and weekends when other food is not available for children in need</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a	<p>Boys & Girls Club NGMC Barrow gave a donation to the Boys & Girls Club which provides programs that empower youth to excel in school, become good citizens and lead healthy, productive lives</p> <p>Health Screenings NGMC Barrow provided health education and screenings at local health fairs, such as free blood pressure checks and diabetes education</p> <p>Community Health Education NGMC Barrow offers a variety of free health education classes from Arthritis to healthy cooking demonstrations</p> <p>The Diabetes Education team at NGMC developed partnerships with community professionals, including a dietitian at NGMC Barrow, in order to expand the access to the Prevent T2 Diabetes program, a proven program to prevent or delay type 2 diabetes</p> <p>This team is currently working to provide classes in NGMC Barrow</p> <p>Organization Overview Northeast Georgia Health System is a not-for-profit community health system dedicated to improving the health and quality of life of the people of Northeast Georgia</p> <p>Northeast Georgia Medical Center has three hospital campuses (NGMC Gainesville, NGMC Braselton and NGMC Barrow) with a total of 713 beds and more than 700 medical staff members representing more than 50 specialties</p> <p>The Health System offers a full range of healthcare services through NGMC such as gynecologic oncology, electrophysiology, cardiac surgery, critical care medicine, surgical trauma, neonatology and perinatology</p> <p>CareChex recognizes NGMC as Georgia's #1 hospital for heart care, women's care and pulmonary care</p> <p>NGMC also provides long term care through two centers in Gainesville and mental health and substance abuse treatment through a freestanding inpatient center</p> <p>Northeast Georgia Physicians Group brings together more than 350 talented physicians, physician assistants, nurse practitioners, midwives and other clinical staff at more than 65 locations across North Georgia</p> <p>As the state's sixth-largest physician group, it always has a practice nearby to offer expert care in more than 25 specialties</p> <p>Led by volunteer boards made up of community leaders, the Health System serves 1 million people in more than 18 counties across Northeast Georgia</p> <p>As a not-for-profit health system, all revenue generated above operating expenses is returned to the community through improved services and innovative programs</p> <p>Northeast Georgia Medical Center's Charity Care Policy supports the provision of care for indigent patients, regardless of their ability to pay</p> <p>Special Notes NGMC uses the precepts outlined in "A Guide for Planning and Reporting Community Benefit," provided by the Catholic Health Association of The United States and Veteran's Health Administration, Inc</p> <p>The guide's purpose is to help not-for-profit, mission-driven healthcare organizations develop, enhance and report on their community benefit programs</p> <p>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</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a	<p>- improve access - enhance population health - advance generalizable knowledge - relieve government burden to improve health</p> <p>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, resident s and fellows) and/or affiliated physicians, it is not community benefit For more informa tion, contact Christy Moore, Manager, Community Health Improvement, at (770) 219-8097 or g o to www.nghs.com</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	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.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	<p>The compensation committee of the Northeast Georgia Health System Board (NGHS Board) has developed and installed compensation policies and procedures that seek to further the purpose of NGHS and affiliates and the importance of these policies to attract and retain key employees. The compensation committee is composed of voting directors who are not employees of NGHS. All decisions of the compensation committee are reviewed and ratified by the NGHS Board. The committee's methodology and approach incorporates both qualitative and quantitative considerations, which are reflected in the committee's determinations concerning key employee compensation and the specific components thereof. The compensation decisions of the committee are described below as to each of the three categories:</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 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>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	OTHER CHANGES -115,646 Partnership Income not on Return -99,378

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

2016

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 12b, 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 12c, III-FI	N/A		No
(4) The Medical Center Auxiliary Inc 743 Spring Street Gainesville, GA 30501 58-1550576	Fundraising and Support	GA	501(c)(3)	Line 10	Northeast Georgia Health System Inc		No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(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

1a

No

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

1b

Yes

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

1c

Yes

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

1d

No

e Loans or loan guarantees by related organization(s)

1e

Yes

f Dividends from related organization(s)

1f

No

g Sale of assets to related organization(s)

1g

No

h Purchase of assets from related organization(s)

1h

No

i Exchange of assets with related organization(s)

1i

No

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

1j

No

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

1k

No

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

1l

Yes

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

1m

No

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

1n

Yes

o Sharing of paid employees with related organization(s)

1o

Yes

p Reimbursement paid to related organization(s) for expenses

1p

No

q Reimbursement paid by related organization(s) for expenses

1q

Yes

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

1r

No

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

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

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

[illegible]

Part VII **Supplemental Information**

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