

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2017)

Part III Statement of Program Service Accomplishments

Check 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 \$ 3,698,568	including grants of \$ 3,690,737	(Revenue \$)
See Additional Data				

4b	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4c	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4d	Other program services (Describe in Schedule O)	(Expenses \$	including grants of \$	(Revenue \$)
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4e	Total program service expenses ▶	3,698,568
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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 Yes	
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>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>	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>	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>	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>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		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>		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>		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>		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>		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>		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>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		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>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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>		
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>		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>		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	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	1a	0
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0
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)	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for 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?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

Check if Schedule O contains a response 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	22	
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	14	
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?	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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	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?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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		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?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	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?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

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.
☐ Own website ☐ Another's website ☒ Upon request ☐ 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 CORPORATE FINANCIAL REPORTING 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

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(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			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								0	11,722,007	2,752,691

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
WILLIS INVESTMENT COUNCIL 710 GREEN STREET GAINESVILLE, GA 30501	INVESTMENT SERVICES	161,092

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **1**

Part VIII **Statement of Revenue**

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

Contributions, Gifts, Grants
and Other Similar Amounts

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a Federated campaigns	1a			
b Membership dues	1b			
c Fundraising events	1c	371,204		
d Related organizations	1d	2,273,160		
e Government grants (contributions)	1e			
f All other contributions, gifts, grants, and similar amounts not included above	1f	3,951,548		
g Noncash contributions included in lines 1a-1f \$	5,754			
h Total. Add lines 1a-1f	6,595,912			

Program Service Revenue

	Business Code				
2a					
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)		-832,861			-832,861
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 \$ 371,204 of contributions reported on line 1c) See Part IV, line 18	a	23,994			
b Less direct expenses	b	74,113			
c Net income or (loss) from fundraising events		-50,119			-50,119
9a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses	b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d					
12 Total revenue. See Instructions		5,712,932	0	0	-882,980

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.	3,672,693	3,672,693		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	18,044	18,044		
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.	238,512	1,145	23,279	214,088
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.	553,651	2,658	54,036	496,957
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	272,890	1,310	26,634	244,946
9 Other employee benefits.				
10 Payroll taxes.	56,161	270	5,481	50,410
11 Fees for services (non-employees):				
a Management.				
b Legal.	520	2	51	467
c Accounting.				
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.	124,799			124,799
f Investment management fees.	152,329	731	14,867	136,731
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	32,275	155	3,150	28,970
12 Advertising and promotion.	250	1	24	225
13 Office expenses.				
14 Information technology.				
15 Royalties.				
16 Occupancy.				
17 Travel.	21,661	104	2,114	19,443
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	35,218	169	3,437	31,612
23 Insurance.				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a SUPPLIES	79,691	383	7,778	71,530
b PRINTING	54,730	263	5,342	49,125
c SOFTWARE SUPPORT	39,568	190	3,862	35,516
d DONOR RECOGNITION	28,101	135	2,743	25,223
e All other expenses	65,955	315	6,438	59,202
25 Total functional expenses. Add lines 1 through 24e.	5,447,048	3,698,568	159,236	1,589,244
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		2,442,656	2	3,939,249	
	3	Pledges and grants receivable, net		4,635,226	3	3,437,033	
	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		102,148	7	99,065	
	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	3,747,503			
	b	Less: accumulated depreciation	10b	259,072	3,520,599	10c	3,488,431
	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		25,739,553	13	24,335,361	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		0	15	2,600,914	
16	Total assets. Add lines 1 through 15 (must equal line 34)		36,440,182	16	37,900,053		
Liabilities	17	Accounts payable and accrued expenses		156,523	17	77,528	
	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		3,738,424	25	2,953,569	
	26	Total liabilities. Add lines 17 through 25		3,894,947	26	3,031,097	
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		12,779,835	27	14,084,377	
	28	Temporarily restricted net assets		14,486,125	28	15,319,339	
	29	Permanently restricted net assets		5,279,275	29	5,465,240	
	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		32,545,235	33	34,868,956	
34	Total liabilities and net assets/fund balances		36,440,182	34	37,900,053		

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	5,712,932
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,447,048
3	Revenue less expenses Subtract line 2 from line 1	3	265,884
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	32,545,235
5	Net unrealized gains (losses) on investments	5	
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	2,057,837
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	34,868,956

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 (2017)

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			
WILLIAM BUDDY LANGSTON MD MEMBER	1 00	X						0	0	0
CRYSTAL SCHLIEMAN MEMBER	1 00	X						0	0	0
HEATH GURR MEMBER, PHARMACIST - NGMC	1 00 35 00	X						0	141,545	42,641
IVAN MOORE MEMBER, RN-EVOR - NGMC	1 00 40 00	X						0	124,791	36,369
JENNIFER BAGWELL MEMBER	1 00	X						0	0	0
JENNIFER STOECKIG MEMBER, CARE PLANN COORD - NGMC	1 00 40 00	X						0	84,452	33,773
JON HORN MD MEMBER	1 00	X						0	0	0
JOSH SCHLIEMAN MEMBER	1 00	X						0	0	0
TONY FUNARI MEMBER	1 00	X						0	0	0
LETRELL SIMPSON CHAIR	1 00 1 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			
MOHAK DAVE MD MEMBER, NGMC MEDICAL DIRECTOR	1 00 25 00	X						0	199,133	0
RON LEWIS MD MEMBER, NGPG PHYSICIAN	1 00 40 00	X						0	574,932	44,043
MORGAN WOOD MEMBER	1 00	X						0	0	0
NANCY COLSTON PRESIDENT & CDO - FOUNDATION	40 00	X		X				0	238,512	107,340
PHILIP WILHEIT MEMBER	1 00	X						0	0	0
PIERPONT BROWN MD MEMBER, NGPG PHYSICIAN	1 00 40 00	X						0	541,030	38,859
RAFAEL PASCUAL MD MEMBER	1 00	X						0	0	0
RICKY LOCICERO MEMBER, HOSPICE PHYSICIAN	1 00 2 00	X						0	3,738	0
SCOTT MCGARITY VICE CHAIR	1 00	X						0	0	0
TREY WOOD 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) 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			
WILLIAM BAGWELL MEMBER	1 00	X						0	0	0
CHRISTOPHER BRAY (NEW) PRESIDENT & CDO - MCF	40 00	X		X				0	0	0
BRIAN D STEINES CHIEF FINANCIAL OFFICER - NGH5	1 00 40 00			X				0	395,249	15,632
CAROL BURRELL PRESIDENT & CEO	1 00 40 00			X				0	1,223,605	914,354
CHAD HATFIELD PRESIDENT - NGMC BARROW	1 00 40 00			X				0	240,391	39,464
CHRISTOPHER PARAVATE CHIEF INFORMATION OFFICER - NGH5	1 00 40 00			X				0	383,822	80,621
DANIEL TUFFY PRESIDENT OF PHYSICIAN SERVICES	1 00 40 00			X				0	172,354	14,095
DEBORAH WEBER CHIEF HUMAN RESOURCES OFFICER - NGH5	1 00 40 00			X				0	339,617	66,988
MELISSA TYMCHUK CHIEF OF STAFF, INTERIM MCF PRES	25 00 25 00			X				0	195,536	34,490
SAMUEL JOHNSON MD CHIEF MEDICAL OFFICER - NGH5	1 00 40 00			X				0	550,367	87,737

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			
STEPHEN KELLY CHIEF COMPLIANCE OFFICER - NGHS	1 00 40 00			X				0	239,935	62,626
BRENDA SIMPSON CHIEF NURSING OFFICER - NGMC	1 00 40 00			X				0	361,199	70,128
JOHN WILLIAMSON PRES NGMC - BRA & SOUTH MKT LDR	1 00 40 00			X				0	446,409	99,740
LOUIS SMITH JR PRES - NGMC - SA/PA OPER	1 00 40 00			X				0	650,949	109,599
TINA WALDEN VP OPERATIONS - NGPG	1 00 40 00				X			0	265,407	76,901
ELYSE GATES VP REVENUE CYCLE - NGHS	1 00 40 00				X			0	272,461	33,851
LINDA NICHOLSON VP CORP FIN REPORTING/CONTROLLER - NGHS	1 00 40 00				X			0	291,524	102,272
ROY GRIFFIN JR VP FIN PLAN & DEC SUPPORT - NGHS	1 00 40 00				X			0	263,945	64,248
SONJA MCLENDON VP CHIEF OF OPER EXCELLENCE - NGHS	1 00 40 00				X			0	359,712	74,877
TRACY VARDEMAN VP STRATEGIC PLAN/MARKETING - NGHS	1 00 40 00				X			0	397,535	100,411

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			
HOWARD WALPOLE VP MEDICAL AFFAIRS - NGMC	1 00 40 00				X			0	514,602	68,771
JOHN DELZELL JR VP MEDICAL EDUCATION - NGMC	1 00 40 00				X			0	165,633	7,284
JOHN TURNER VP POST ACUTE CARE - NGMC	1 00 40 00				X			0	309,797	65,411
PENNY VIGNEAU VP HEART & VASCULAR SERV - NGMC	1 00 40 00				X			0	270,277	40,308
TAD GOMEZ VP PROFES SUP SERVICES - NGMC	1 00 40 00				X			0	269,362	48,932
ELLEN DEFOOR DIRECTOR OF DEVELOPMENT	40 00					X		0	123,808	20,527
ANTHONY HERDENER FORMER CFO - NGHS, CURRENT EXEC CONSULTANT	1 00 40 00						X	0	635,566	128,344
JAMES BAILEY FMR VP-CMIO/CQO, CUR NGPG PHYS	0 00 40 00						X	0	474,812	22,055

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

THE MEDICAL CENTER FOUNDATION INC

Employer identification number

58-1694820

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

The organization is not a private foundation because it is (For lines 1 through 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 **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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	4,924,187	5,007,683	5,730,704	5,153,133	6,595,912	27,411,619
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	4,924,187	5,007,683	5,730,704	5,153,133	6,595,912	27,411,619
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						27,411,619

Section B. Total Support								
Calendar year (or fiscal year beginning in) ►		(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total	
7	Amounts from line 4	4,924,187	5,007,683	5,730,704	5,153,133	6,595,912	27,411,619	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	745,945	826,612	630,813	955,380	-832,861	2,325,889	
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						29,737,508	
12	Gross receipts from related activities, etc (see instructions)						12	96,902
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 2017 (line 6, column (f) divided by line 11, column (f))	14 92.180 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	15 87.530 %
16a 33 1/3% support test—2017. 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—2016. 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—2017. 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—2016. 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. 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** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ 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.

	Yes	No
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 (explain in Part VI) **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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

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

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

2017

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 (see instructions for definition of "political campaign activities")
- 2** Political campaign activity expenditures (see instructions) ▶ \$
- 3** Volunteer hours for political campaign activities (see instructions) ▶

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? ☐ Yes ☐ No
- 4a** Was a correction made? ☐ Yes ☐ 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? ☐ Yes ☐ 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-
1				
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) 2014	(b) 2015	(c) 2016	(d) 2017	(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		107
j	Total. Add lines 1c through 1i			107
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 PHILANTHROPY. A PORTION OF THESE DUES IS DESIGNATED FOR LOBBYING ACTIVITIES BY THESE ORGANIZATIONS.

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493227012819

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE MEDICAL CENTER FOUNDATION INC

Employer identification number
58-1694820

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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?

☐ Yes ☐ 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?

☐ Yes ☐ 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)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

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

2a

2b

2c

2d

Held at the End of the Year

3

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

4

Number of states where property subject to conservation easement is located ►

5

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

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, 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)?

☐ Yes ☐ No

9

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" 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) 2017

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	19,765,400	18,583,043	18,118,047	16,101,021	16,849,889
b Contributions	4,000,666	3,314,674	3,540,926	3,145,604	3,570,704
c Net investment earnings, gains, and losses	113,308	150,450	196,428	-73,802	138,946
d Grants or scholarships					
e Other expenditures for facilities and programs	3,737,972	2,291,945	3,336,244	1,137,475	4,410,931
f Administrative expenses	-643,177	-9,178	-63,886	-82,699	47,587
g End of year balance	20,784,579	19,765,400	18,583,043	18,118,047	16,101,021

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 26 290 %

c

Temporarily restricted endowment ▶ 73 710 %

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

(ii)

related organizations

b

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

	Yes	No
3a(i)		No
3a(ii)		No
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	174,476	167,014
c Leasehold improvements		5,635	5,635	0
d Equipment		95,628	78,961	16,667
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				3,488,431

Schedule D (Form 990) 2017

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	24,335,361	C
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶	24,335,361	

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) OTHER ASSETS	2,600,914
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	2,600,914

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
DUE TO AFFILIATES	2,953,569
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	2,953,569

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	5,197,453
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	2,256,091
e	Add lines 2a through 2d	2e	2,256,091
3	Subtract line 2e from line 1	3	2,941,362
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	152,330
b	Other (Describe in Part XIII)	4b	2,619,240
c	Add lines 4a and 4b	4c	2,771,570
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	5,712,932

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	5,368,831
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	74,113
e	Add lines 2a through 2d	2e	74,113
3	Subtract line 2e from line 1	3	5,294,718
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	152,330
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	152,330
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	5,447,048

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	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, 2018, MANAGEMENT DOES NOT BELIEVE THE FOUNDATION HOLDS ANY UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSE 74,113 PARTNERSHIP INCOME NOT ON RETURN 2,181,978

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	CONTRIBUTIONS INCLUDED IN EQUITY ON BOOKS 1,976,063 RECLASS BAD DEBT EXPENSE 643,177

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSE 74,113

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As Filed Data -

DLN: 93493227012819

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
THE MEDICAL CENTER FOUNDATION INC

Employer identification number
58-1694820

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 ☒ Mail solicitations

b ☐ Internet and email solicitations

c ☐ Phone solicitations

d ☒ In-person solicitations

e ☒ Solicitation of non-government grants

f ☒ Solicitation of government grants

g ☒ Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 COLUMNS FUNDRAISING 2870 PEACHTREE ROAD SUITE 956 ATLANTA, GA 30305	ASSISTED WITH FUNDRAISING CAMPAIGN/GRANT WRITING		No	0	11,025	0
2 PRIDE PHILANTHROPY 1397 CHESTNUT COVE TRAIL 20988 JASPER, GA 30143	ASSISTED WITH FUNDRAISING CAMPAIGN/RESTRUCTURE		No	0	108,000	0
3 SUSAN DANIEL CREATIVE 3712 ARROWHEAD PL GAINESVILLE, GA 30506	ASSISTED WITH FUNDRAISING CAMPAIGN		No	0	5,774	0
4						
5						
6						
7						
8						
9						
10						
Total ▶					124,799	

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2017

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)
		GOLF TOURNAMENT (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	395,198			395,198
	2 Less Contributions	371,204			371,204
	3 Gross income (line 1 minus line 2)	23,994			23,994
Direct Expenses	4 Cash prizes	2,500			2,500
	5 Noncash prizes	2,925			2,925
	6 Rent/facility costs	8,532			8,532
	7 Food and beverages	15,516			15,516
	8 Entertainment				
	9 Other direct expenses	44,640			44,640
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				74,113
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-50,119

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))
Direct Expenses	1 Gross revenue				
	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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
13 Indicate the percentage of gaming activity conducted in							
a The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 10%;">13a</td> <td style="width: 80%;"></td> <td style="width: 10%; text-align: right;">%</td> </tr> <tr> <td>13b</td> <td></td> <td style="text-align: right;">%</td> </tr> </table>	13a		%	13b		%
13a		%					
13b		%					
b An outside facility							
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 ►							
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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?							
<input type="checkbox"/> Yes <input type="checkbox"/> No							
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$							

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

Return Reference	Explanation
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Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service

Name of the organization
THE MEDICAL CENTER FOUNDATION INC

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

Complete if the organization answered "Yes," 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

2017

Open to Public
Inspection

Employer identification number
58-1694820

Part I

General Information on Grants and Assistance

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

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	2	18,044			
(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
MARCH OF DIMES 311 GREEN STREET SUITE 101 GAINESVILLE, GA 30501	13-1846366	501 (C) (3)	6,500				MARCH FOR BABIES

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
NORTHEAST GEORGIA MEDICAL CENTER INC 743 SPRING STREET GAINESVILLE, GA 30501	58-1694098	501 (C) (3)	2,908,838				SUPPORT

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

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.

2017

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
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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 style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </div> <div> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <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 style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </div> <div> <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed 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? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
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? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 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	

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.

See Additional Data Table

[illegible]

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	<p>PART I, LINE 4B - EMPLOYER CONTRIBUTION TO 457(F) EXECUTIVE RETIREMENT BENEFIT PLAN TINA WALDEN \$ 26,879 ANTHONY M HERDENER \$ 56,850 CAROL H BURRELL \$ 851,311 CHAD HATFIELD \$ 18,359 CHRISTOPHER PARAVATE \$ 39,730 DEBORAH WEBER \$ 35,384 ELYSE GATES \$ 26,945 LINDA NICHOLSON \$ 26,321 ROY GRIFFIN, JR \$ 26,684 SAMUEL O JOHNSON \$ 50,645 SONJA MCLENDON \$ 34,299 STEPHEN KELLY \$ 25,112 TRACY M VARDEMAN \$ 37,246 BRENDA SIMPSON \$ 37,483 HOWARD T WALPOLE \$ 40,422 JOHN TURNER \$ 32,401 JOHN A WILLIAMSON \$ 41,258 LOUIS SMITH, JR \$ 68,284 PENNY VIGNEAU \$ 28,322 TAD GOMEZ \$ 20,008 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 2017 (\$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 2017, 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, 2018 IS \$3,377,206 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 \$ 56,850 TRACY M VARDEMAN \$ 26,741 JOHN A WILLIAMSON \$ 33,009 LINDA NICHOLSON \$ 21,360 SAMUEL O JOHNSON \$ 45,282 SONJA MCLENDON \$ 28,394 HAROLD WALPOLE \$ 116,827</p>

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)	141,263	0	282	13,970	28,671	184,186	0
11IVAN MOORE MEMBER, RN-EVOR - NGMC	(i)	0	0	0	0	0	0	0
	(ii)	111,832	6,634	6,325	5,355	31,014	161,160	0
2MOHAK DAVE MD MEMBER, NGMC MEDICAL DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	0	0	199,133	0	0	199,133	0
3RON LEWIS MD MEMBER, NGPG PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	554,310	0	20,622	9,450	34,593	618,975	0
4NANCY COLSTON PRESIDENT & CDO - FOUNDATION	(i)	0	0	0	0	0	0	0
	(ii)	162,296	26,356	49,860	96,907	10,433	345,852	0
5PIERPONT BROWN MD MEMBER, NGPG PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	518,128	0	22,902	9,450	29,409	579,889	0
6BRIAN D STEINES CHIEF FINANCIAL OFFICER - NGH5	(i)	0	0	0	0	0	0	0
	(ii)	275,952	113,700	5,597	3,808	11,824	410,881	0
7CAROL BURRELL PRESIDENT & CEO	(i)	0	0	0	0	0	0	0
	(ii)	924,661	256,500	42,444	903,153	11,201	2,137,959	0
8CHAD HATFIELD PRESIDENT - NGMC BARROW	(i)	0	0	0	0	0	0	0
	(ii)	206,868	32,808	715	22,784	16,680	279,855	0
9CHRISTOPHER PARAVATE CHIEF INFORMATION OFFICER - NGH5	(i)	0	0	0	0	0	0	0
	(ii)	324,936	57,179	1,707	49,180	31,441	464,443	0
10DANIEL TUFFY PRESIDENT OF PHYSICIAN SERVICES	(i)	0	0	0	0	0	0	0
	(ii)	146,590	25,000	764	2,735	11,360	186,449	0
11DEBORAH WEBER CHIEF HUMAN RESOURCES OFFICER - NGH5	(i)	0	0	0	0	0	0	0
	(ii)	272,138	45,112	22,367	43,824	23,164	406,605	0
12MELISSA TYMCHUK CHIEF OF STAFF, INTERIM MCF PRES	(i)	0	0	0	0	0	0	0
	(ii)	147,021	26,202	22,313	13,458	21,032	230,026	0
13SAMUEL JOHNSON MD CHIEF MEDICAL OFFICER - NGH5	(i)	0	0	0	0	0	0	0
	(ii)	400,830	124,013	25,524	60,095	27,642	638,104	43,368
14STEPHEN KELLY CHIEF COMPLIANCE OFFICER - NGH5	(i)	0	0	0	0	0	0	0
	(ii)	186,077	35,158	18,700	33,725	28,901	302,561	0
15BRENDA SIMPSON CHIEF NURSING OFFICER - NGMC	(i)	0	0	0	0	0	0	0
	(ii)	306,266	47,845	7,088	46,933	23,195	431,327	0
16JOHN WILLIAMSON PRES NGMC - BRA & SOUTH MKT LDR	(i)	0	0	0	0	0	0	0
	(ii)	324,282	101,507	20,620	71,726	28,014	546,149	31,614
17LOUIS SMITH JR PRES - NGMC - SA/PA OPER	(i)	0	0	0	0	0	0	0
	(ii)	548,909	80,993	21,047	77,734	31,865	760,548	0
18TINA WALDEN VP OPERATIONS - NGPG	(i)	0	0	0	0	0	0	0
	(ii)	219,073	36,002	10,332	60,760	16,141	342,308	0
19ELYSE GATES VP REVENUE CYCLE - NGH5	(i)	0	0	0	0	0	0	0
	(ii)	230,197	41,494	770	32,203	1,648	306,312	0

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				
21 LINDA NICHOLSON VP CORP FIN REPORTING/CONTROLLER - N	(i)	0	0	0	0	0	0	0
	(ii)	213,424	62,513	15,587	73,052	29,220	393,796	20,457
1 ROY GRIFFIN JR VP FIN PLAN & DEC SUPPORT - NGHS	(i)	0	0	0	0	0	0	0
	(ii)	204,954	40,198	18,793	35,607	28,641	328,193	0
2 SONJA MCLENDON VP CHIEF OF OPER EXCELLENCE - NGHS	(i)	0	0	0	0	0	0	0
	(ii)	261,165	79,080	19,467	43,749	31,128	434,589	27,194
3 TRACY VARDEMAN VP STRATEGIC PLAN/MARKETING - NGHS	(i)	0	0	0	0	0	0	0
	(ii)	290,446	84,480	22,609	80,706	19,705	497,946	25,611
4 HOWARD WALPOLE VP MEDICAL AFFAIRS - NGMC	(i)	0	0	0	0	0	0	0
	(ii)	315,662	173,419	25,521	49,872	18,899	583,373	0
5 JOHN DELZELL JR VP MEDICAL EDUCATION - NGMC	(i)	0	0	0	0	0	0	0
	(ii)	144,927	20,000	706	2,046	5,238	172,917	0
6 JOHN TURNER VP POST ACUTE CARE - NGMC	(i)	0	0	0	0	0	0	0
	(ii)	263,040	42,830	3,927	41,850	23,561	375,208	0
7 PENNY VIGNEAU VP HEART & VASCULAR SERV - NGMC	(i)	0	0	0	0	0	0	0
	(ii)	235,109	33,349	1,819	33,042	7,266	310,585	0
8 TAD GOMEZ VP PROFES SUP SERVICES - NGMC	(i)	0	0	0	0	0	0	0
	(ii)	229,597	38,674	1,091	24,324	24,608	318,294	0
9 ANTHONY HERDENER FORMER CFO - NGHS, CURRENT EXEC CONS	(i)	0	0	0	0	0	0	0
	(ii)	423,126	180,681	31,759	108,208	20,136	763,910	0
10 JAMES BAILEY FMR VP-CMIO/CQO, CUR NGPG PHYS	(i)	0	0	0	0	0	0	0
	(ii)	446,688	0	28,124	9,450	12,605	496,867	0

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493227012819
SCHEDULE O (Form 990 or 990-EZ) <small>Department of the Treasury Internal Revenue Service</small>	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
			2017 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
<p>FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS</p>	<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 (REFERRED TO AS "BARROW"), A 56-BED HOSPITAL LOCATED IN WINDER. IN JULY 2018, NGHS ACQUIRED NGMC LUMPKIN (FORMERLY CHESTATEE REGIONAL HOSPITAL), TO INCLUDE EMERGENCY SERVICES, 10 INPATIENT BEDS AND OTHER SUPPORT SERVICES IN DAHLONEGA AND SURROUNDING COMMUNITIES. TOGETHER, NGMC GAINESVILLE, 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 68-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. IN ADDITION TO THIS, NGMC HAS INVESTED OVER \$7 MILLION IN BARROW, ADDING A VARIETY OF STATE-OF-THE-ART EQUIPMENT. NGMC GAINESVILLE & BRASELTON NORTHEAST GEORGIA MEDICAL CENTER'S CANCER SERVICES IS THE ONLY PROGRAM IN GEORGIA AND ONE OF ONLY 24 PROGRAMS IN THE NATION TO RECEIVE THE 2018 OUTSTANDING ACHIEVEMENT AWARD BY THE AMERICAN COLLEGE OF SURGEONS (ACS) COMMISSION ON CANCER (COC). NGMC HAS ALSO BEEN RECOGNIZED IN RECENT YEARS AS GEORGIA'S #1 HOSPITAL FOR OVERALL HOSPITAL CARE, OVERALL SURGICAL CARE, HEART CARE, ORTHOPEDIC SURGERY, WOMEN'S CARE AND MORE. IN 2018, NGMC GAINESVILLE AND BRASELTON PROVIDED CHARITY CARE TO HALL COUNTY RESIDENTS AT A COST OF \$23.3 MILLION WITH ANOTHER \$22.4 MILLION TO REGIONAL RESIDENTS OUTSIDE OF HALL COUNTY. 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. MANY HOSPITALS PROVIDE CHARITY ADJUSTMENTS ONLY TO THE LEVEL THAT MATCHES THE STATE DEFINITION OF MEDICALLY INDIGENT BUT NOT AT THE LEVEL THAT NGMC OFFERS. 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 L</p>

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Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>ARGEST FREE HEALTH CARE CLINIC IN GEORGIA, AND HEALTH ACCESS, 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 PROVIDED NEARLY THREE TIMES THE AMOUNT OF INDIGENT AND CHARITY CARE SET FORTH IN REQUIREMENTS BY THE GEORGIA DEPARTMENT OF COMMUNITY HEALTH FOR SUCCESSFUL PASSAGE OF A CERTIFICATE OF NEED FOR NEW SERVICES, AND, UNLIKE MANY GEORGIA NOT-FOR-PROFIT HOSPITALS HELD TO THE SAME REQUIREMENTS, NGMC DOES NOT RECEIVE TAX FUNDING FROM ITS LOCAL COUNTY TO HELP FUND INDIGENT CARE TO AREA RESIDENTS - NGMC IS THE PRIMARY HOSPITAL FOR LOW-INCOME PATIENTS IN GAINESVILLE-HALL COUNTY AND THROUGHOUT THE REGION IN COUNTIES SUCH AS BANKS, LUMPKIN, RABUN, UNION AND WHITE, WHERE MANY KEY MEDICAL SPECIALTIES ARE NOT AVAILABLE - NGMC GAINESVILLE IS NUMBER 3 IN TOP HOSPITALS FOR NET UNCOMPENSATED CARE (\$63.2 M) PROVIDED IN GA. BASED ON SFY 2018 ICTF TOTAL HOSPITAL SPECIFIC DSH LIMITS, MANY OF THE HOSPITALS ON THE LIST RECEIVED LOCAL TAX DOLLARS, WHILE NGMC DID NOT, (SFY (STATE FISCAL YEAR) RUNS FROM JULY 1-JUNE 30) NGMC SERVES AS A FINANCIAL ENGINE FOR THE LOCAL ECONOMY. IN 2017 (LATEST NUMBERS AVAILABLE), NGMC GAINESVILLE AND BRASELTON CAMPUSES SURPASSED THE \$1.8 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 13,800 FULL-TIME JOBS THROUGHOUT THE REGION AND THE STATE. IN ADDITION TO 5,600 FULL-TIME EMPLOYEES, UNDER IRS LAW, A TAX-EXEMPT ORGANIZATION, CLASSIFIED AS A 501(C)(3) CHARITY, IS REQUIRED TO HAVE A MISSION THAT WILL BENEFIT ITS COMMUNITY, REINVEST ALL SURPLUS FUNDS IN THE ORGANIZATION IN A WAY THAT BENEFITS THE COMMUNITY, COMPENSATE EXECUTIVES, CONTRACTORS AND OTHER EMPLOYEES IN ACCORDANCE TO FAIR MARKET VALUE, REMAIN ACCOUNTABLE TO THE COMMUNITY, REFRAIN FROM PARTICIPATING IN POLITICAL CAMPAIGNS FOR OR AGAINST CANDIDATES AND/OR LOBBY AS A SUBSTANTIAL PART OF ITS ACTIVITIES, AND, REMAIN FINANCIALLY ACCOUNTABLE TO THE COMMUNITY BY NOT ALLOWING ANY PORTION OF ITS NET EARNINGS TO BENEFIT ANY PRIVATE SHAREHOLDER OR INDIVIDUAL. AS A NOT-FOR-PROFIT HOSPITAL, NGMC CARRIES ADDITIONAL RESPONSIBILITIES, AS ESTABLISHED BY THE IRS IN 1965, OPERATE A FULL-TIME EMERGENCY ROOM THAT IS AVAILABLE TO ALL PEOPLE, REGARDLESS OF THEIR ABILITY TO PAY, - NGMC GAINESVILLE HAD 105,571 ER VISITS, OPERATING THE FOURTH BUSIEST EMERGENCY DEPARTMENT IN GEORGIA - IN FY18, 21% OF ALL NGMC GAINESVILLE AND BRASELTON 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</p>

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Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS	<p> H 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 FY18, N GMC'S PAYOR MIX AT GAINESVILLE AND BRASELTON WAS 60% MEDICARE/MEDICAID, 29% COMMERCIAL INS URANCE AND 8% SELF-PAY PARTICIPATE IN MEDICAID AND MEDICARE, - 60% OF PATIENTS SERVED BY NGMC GAINESVILLE AND BRASELTON IN FY18 WERE MEDICAID AND MEDICARE PATIENTS, CREATE A GOVER NING BOARD THAT IS REPRESENTATIVE OF THE COMMUNITY IT SERVES, - MORE THAN 90 COMMUNITY MEM BERS ARE ACTIVELY INVOLVED IN GOVERNANCE THROUGH NORTHEAST GEORGIA HEALTH SYSTEM, NGMC AND OTHER SUBSIDIARY BOARDS AND COMMITTEES ALLOW MEDICAL STAFF PRIVILEGES TO ANY PROFESSIONA L WHO IS QUALIFIED AND APPLIES, AND, - NGMC HAS A MEDICAL STAFF OF OVER 700 PHYSICIANS REP RESENTING NUMEROUS ADVANCED SPECIALTIES SUCH AS GYNECOLOGIC ONCOLOGY, ELECTROPHYSIOLOGY, C ARDIAC SURGERY, CRITICAL CARE MEDICINE, SURGICAL TRAUMA, NEONATOLOGY, PERINATOLOGY AND TEL EMEDICINE REINVEST SURPLUS FUNDS IN OPERATIONS - AS NOT-FOR-PROFIT ORGANIZATIONS, THE RE VENUE GENERATED BY NGMC AND ITS PARENT ORGANIZATION, NORTHEAST GEORGIA HEALTH SYSTEM, ABOV E OPERATING EXPENSES IS REINVESTED INTO THE COMMUNITY EXAMPLES INCLUDE CONSTRUCTION OF NE W MEDICAL FACILITIES, SUCH AS THE HOSPITAL IN BRASELTON OFFERING 24/7 EMERGENCY ROOM SERVI CES NOT PREVIOUSLY AVAILABLE TO LOCAL RESIDENTS, INVESTMENTS IN ADVANCED MEDICAL TECHNOLOG Y SUCH AS ROBOTIC SURGICAL SYSTEMS AND STATE OF THE ART RADIATION THERAPY EQUIPMENT, AND D EVELOPMENT OF A LEVEL 2 TRAUMA CENTER NGMC PARTICIPATES IN THE INDIGENT CARE TRUST FUND (ICTF), A PROGRAM ESTABLISHED IN 1990, WHICH EXPANDS MEDICAID ELIGIBILITY AND SERVICES, SUP PORTS RURAL HEALTH CARE FACILITIES THAT SERVE THE MEDICALLY INDIGENT AND FUNDS PRIMARY HEA LTH CARE PROGRAMS FOR MEDICALLY INDIGENT GEORGIANS GEORGIA'S DISPROPORTIONATE SHARE HOSPI TAL (DSH) PROGRAM IS FUNDED THROUGH THE ICTF, AND ASSISTS HOSPITALS AND OTHER HEALTH PROVI DERS THAT CARE FOR HIGH PROPORTIONS OF MEDICAID, UNINSURED AND/OR LOW-INCOME PATIENTS IN 2018, NGMC RECEIVED \$8 8 MILLION IN NET FUNDS ALLOCATED THROUGH THE MEDICAID DSH (ICTF) PR OGRAM TO PARTIALLY OFFSET A FINANCIAL LOSS OF \$63 2 MILLION IN COST THE MEDICAL CENTER INC URRED TREATING UNINSURED AND MEDICAID PATIENTS IN ADDITION, NGMC RECEIVED \$10 1 MILLION I N NET FUNDS ALLOCATED THROUGH THE MEDICAID UPL PROGRAM TO ADJUST MEDICAID PAYMENTS UPWARD TO MATCH MEDICARE PAYMENT LEVELS </p>

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Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>NGMC GAINESVILLE AND BRASELTON VALUE COOPERATIVE EFFORTS WITH COMMUNITY ORGANIZATIONS AND OTHER HEALTHCARE PROVIDERS TO IMPROVE THE HEALTH STATUS OF AREA RESIDENTS. THIS IS DEMONSTRATED 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. IN FY18, NGMC GAINESVILLE AND BRASELTON PROVIDED OVER \$8 MILLION IN COMMUNITY BENEFIT PROGRAMS/OUTREACH. HEALTH EDUCATION WAS PROVIDED THROUGH FREE COMMUNITY LECTURES, HEALTH SCREENINGS, AND VARIOUS SUPPORT GROUPS. NGMC ALSO OFFERED MANY COMMUNITY EDUCATION SEMINARS FOR HEALTH PROFESSIONALS IN THE COMMUNITY, REGION AND STATE, AS WELL AS FOR STUDENTS PURSUING CAREERS IN HEALTH. 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. 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 THE STRATEGIC DIRECTION OF THE ORGANIZATION. MENTAL AND BEHAVIORAL HEALTH IS A PRIORITY FOR NGMC. A LISTENING SESSION WAS HELD WITH OVER 60 STAKEHOLDERS IN THE COMMUNITY, RANGING FROM BEHAVIORAL HEALTH COUNSELING AGENCIES, TO SCHOOLS AND BUSINESSES. FROM THIS, A STEERING COMMITTEE EMERGED THAT IS BEING HOUSED UNDER UNITED WAY'S ONE HALL. WITHIN THE ONE HALL FRAMEWORK, THE STEERING COMMITTEE IS WORKING BETTER TO COORDINATE MENTAL HEALTH SERVICES IN NORTHEAST GEORGIA THROUGH NEW FORMS OF CONNECTIVITY WHICH WILL INCLUDE A SHARED PLATFORM AND NAVIGATION SYSTEM, PROVIDING MENTAL HEALTH FIRST AID TRAINING TO TARGETED AUDIENCES, AND COLLABORATION. PROCEEDS FROM THE 2019 MEDICAL CENTER OPEN WILL GO TOWARD A STUDENT SUCCESS CENTER LOCATED ON THE CAMPUS OF GAINESVILLE HIGH SCHOOL AND WILL BE AVAILABLE TO STUDENTS THROUGHOUT HALL COUNTY. THE CENTER WILL ADDRESS ACADEMIC AND WORKFORCE DEVELOPMENT WHILE ALSO INCREASING ACCESS, COLLABORATION AND EDUCATION REGARDING MENTAL AND BEHAVIORAL HEALTH SUPPORTS. NGMC'S EMERGENCY DEPARTMENTS HAVE PARTNERED WITH THE GEORGIA COUNCIL ON SUBSTANCE ABUSE TO IMPLEMENT THE ED-CARES (CERTIFIED ADDICTION RECOVERY SPECIALISTS) PROGRAM WHICH CONNECTS PEOPLE WHO HAVE BEEN ADMITTED TO EMERGENCY ROOMS FOR AN OPIOID-RELATED OVERDOSE WITH TRAINED PEER RECOVERY COACHES WHO PLAY AN IMPORTANT ROLE IN HELPING PEOPLE AVOID ANOTHER OVERDOSE AND ENCOURAGING THEM TO SEEK TREATMENT. NGMC IS THE ONLY HOSPITAL SYSTEM IN GEORGIA TO PROVIDE THIS SUPPORT, WHICH IS PROVIDED.</p>

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Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>IN ALL THREE EMERGENCY DEPARTMENTS (AT GAINESVILLE, BRASELTON AND BARROW) NGMC IS THE FIRST IN THE NATION TO OFFER THE CARES PROGRAM IN ITS NEONATAL INTENSIVE CARE UNITS (NICU) TO HELP FAMILIES OF BABIES BORN WITH NEONATAL ABSTINENCE SYNDROME (NAS) FIND A PATH TO RECOVERY. NGMC ALSO HAS DEDICATED NICU STAFF EDUCATING THE FAMILIES ON HOW TO CARE FOR THEIR INFANT WITH NAS. FOR MORE INFORMATION ABOUT PROGRESS ON THESE AND OTHER HEALTH PRIORITIES, GO TO WWW.NGHS.COM/CHNA-OUTCOME. THE FOLLOWING CONTAINS ADDITIONAL HIGHLIGHTS OF COMMUNITY BENEFIT ACTIVITIES PROVIDED BY NGMC IN FY18, 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 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. THIRTY-NINE PHYSICIANS, 5 MID-LEVEL PROVIDERS, 43 DENTISTS AND ONE DENTAL HYGIENIST VOLUNTEER TO TREAT PATIENTS AT GNC. IN ADDITION, 256 SPECIALIST PHYSICIANS VOLUNTEER TO TREAT PATIENTS IN THEIR OFFICES THROUGH HEALTH ACCESS INITIATIVE. IN FY18, OVER \$560,000 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 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 HAS WORKED WITH GOOD NEWS CLINIC TO SUCCESSFULLY APPLY FOR GRANTS THAT AWARDED FUNDING FOR MEDICATIONS, BLOOD PRESSURE CUFFS AND SCALES FOR PATIENTS IN THE HEART FAILURE CLINIC. THIS PROJECT HAS BEEN EXTREMELY SUCCESSFUL, HOLDING THE 30-DAY HOSPITAL READMISSIONS TO ONE PATIENT IN 2018. DUE TO THE SUCCESS OF THE GOOD NEWS CLINIC'S HEART FAILURE CLINIC, EVA WAS GIVEN BRENDA UNIVERSITY'S MASTERS IN THE ART OF NURSING - HEALERS AMONG US AWARD IN FEBRUARY, 2018. 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 FY18, NGMC CONTRIBUTED</p>

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Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>\$938,386 TO PROVIDE 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 SUPPORT FROM 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 FY18 \$23.3 MILLION FOR HALL COUNTY WITH ANOTHER \$22.4 MILLION FOR REGIONAL RESIDENTS OUTSIDE OF HALL COUNTY 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 HAS A CANCER PATIENT NAVIGATION PROGRAM TO PROVIDE CANCER PATIENTS WITH GUIDANCE THROUGHOUT THEIR CANCER JOURNEY, AND THEY ARE SEEN AS A "LIVING RESOURCE DIRECTORY" FOR PATIENTS</p>

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FORM 990, PART III, LINE 4A	<p>CLINICAL RESEARCH NGMC'S OFFICE OF RESEARCH IS RESPONSIBLE FOR OVERSEEING THE QUALITY, SCIENTIFIC INTEGRITY, ACADEMIC IMPACT, REGULATORY COMPLIANCE AND FINANCIAL RESPONSIBILITY OF CLINICAL HUMAN SUBJECT RESEARCH CONDUCTED AT NGHS. IN FY18, NGMC HAD AN AVERAGE OF 35 CLINICAL TRIAL RESEARCH STUDIES AVAILABLE TO PATIENTS IN THE COMMUNITY AND ENROLLED APPROXIMATELY 250 PATIENTS INTO CLINICAL TRIALS. CANCER STUDIES COVER THE SPECTRUM OF BREAST, LUNG, COLON, PROSTATE, BLADDER AND THYROID CANCERS, AND STUDIES IN CARDIOLOGY INCLUDE INNOVATIVE THERAPIES AND DEVICES FOR USE IN TREATING CARDIOVASCULAR DISEASE. RESEARCH IMPACTS THE STANDARD OF CARE, IMPROVING THE CARE THAT PATIENTS RECEIVE. 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 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 STANDARD OF CARE FOR PATIENTS THROUGHOUT THE U.S. AND AROUND THE WORLD. PARTNERING IN THE COMMUNITY NGMC VOLUNTEERS. IN FY18, 758 NGMC VOLUNTEERS CONTRIBUTED 69,655 VOLUNTEER HOURS, EQUIVALENT TO 41 FULL TIME EMPLOYEES AND A VALUE OF OVER \$1.7 MILLION TO THE ORGANIZATION (INCLUSIVE OF GAINESVILLE, BRASELTON AND B. ARROW). 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. 118 TEENS PARTICIPATED IN THE TEEN VOLUNTEER PROGRAM IN 2018. THE TEENS REPRESENTED 29 DIFFERENT SCHOOLS WITHIN THE AREA. PARTNERSHIP FOR A DRUG FREE HALL (DFH) AT NGMC, THE NUMBER OF OPIOID OVERDOSE PATIENTS ARRIVING IN THE EMERGENCY DEPARTMENTS HAS INCREASED FROM 281 PATIENTS IN 2015 TO 696 IN 2016. HALL COUNTY'S RESPONSE TO THE OPIOID EPIDEMIC IS THE COLLABORATIVE PARTNERSHIP FOR A DRUG FREE HALL (DFH) 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. DFH IS DEDICATED TO PROVIDING THE PEOPLE OF HALL COUNTY WITH INFORMATION, RESOURCES AND ACTIONS TO ADDRESS DRUG ABUSE. THE DFH NOT MY FAMILY FORUMS FOR AWARENESS AND EDUCATION TARGETED FAMILIES, EDUCATING OVER 745 PEOPLE LIVE IN GAINESVILLE. ADDITIONAL RESOURCES, SUCH AS, FORUM RECORDINGS, PARENT SUPPORT GROUP INFORMATION AND MORE CAN BE FOUND AT HTTP://DRUGFREEHALL</p>

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FORM 990, PART III, LINE 4A	<p>ORG VISIT HTTP //OPIOIDOVERDOSERESCUE COM TO COMPLETE THE VIDEO TRAINING ON 3 STEPS TO SAVE A LIFE FALLS PREVENTION EXPO/ GETTING OLDER & BETTER WORKSHOP THE 2018 FALLS PREVENTION EXPO WAS HELD JOINTLY WITH THE GETTING OLDER & BETTER WORKSHOP, SPONSORED BY THE MEDICAL CENTER AUXILIARY, AND PROVIDED BY BRENAU UNIVERSITY IVESTER COLLEGE OF HEALTH SCIENCES, LEGACY LINK AREA AGENCY ON AGING, AND TRAUMA & ACUTE CARE SERVICES OF NORTHEAST GEORGIA MEDICAL CENTER (A SUBGROUP OF THE NORTHEAST GEORGIA FALLS COALITION) ABOUT 200 SENIORS AND CAREGIVERS ATTENDED ON FRIDAY, SEPTEMBER 21, 2018 AT THE GAINESVILLE CIVIC CENTER WHERE THEY PARTICIPATED IN EXERCISE DEMONSTRATIONS, SCREENINGS, AND GROUP-FACILITATED EDUCATION PROVIDED BY MANY COMMUNITY ORGANIZATIONS THAT VOLUNTEERED THEIR SERVICES NGMC PARTNERED WITH LEGACY LINK AREA AGENCY ON AGING AND STEPHENS COUNTY SENIOR CENTER TO PROVIDE FALL PREVENTION EDUCATION CLASSES ADDITIONALLY, NGMC'S TRAUMA OUTREACH COORDINATOR TRAVELED ON ROUTE WITH MEALS ON WHEELS PROVIDING ONE-ON-ONE AWARENESS AND RESOURCES ABOUT FALLS TO STEPHENS COUNTY RESIDENTS READ LEARN SUCCEED IN AN EFFORT TO IMPROVE SCHOOL READINESS AND LITERACY FOR OUR COMMUNITY'S CHILDREN, NGMC 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, 4,625 COPIES IN ENGLISH AND 1,125 IN SPANISH WERE DISTRIBUTED FOR ALL BABIES BORN AT NGMC GAINESVILLE AND NGMC BRASELTON NGMC IS ACTIVELY INVOLVED IN VISION 2030 (WWW.VISION2030.ORG), A COMMUNITY-WIDE PROGRAM SPONSORED BY THE GREATER HALL CHAMBER OF COMMERCE AN NGMC EMPLOYEE CURRENTLY SERVES ON THE BOARD OF VISION 2030 WHICH FOCUSES ON THE CREATION OF A CULTURE OF COMMUNITY WELLNESS, THE SUPPORT AND MAINTENANCE OF LIFELONG LEARNING, THE BUILDING OF AN ECONOMY AROUND EMERGING LIFE SCIENCES, THE ENCOURAGEMENT OF INNOVATIVE GROWTH/INFRASTRUCTURE DEVELOPMENT AND THE PROMOTION OF CULTURAL INTEGRATION NGMC IS ALSO AN ACTIVE PARTNER ON OTHER CHAMBER COMMITTEES SUCH AS THE HEALTHCARE COMMITTEE AND THE HEALTH INITIATIVE CONSORTIUM NGMC IS ALSO A PARTNER IN HALLMARK, WHICH IS A COMMUNITY INVESTMENT PLAN THAT ADDRESSES ECONOMIC DEVELOPMENT, EDUCATION, GOVERNMENT AND COMMUNITY DEVELOPMENT THROUGH PARTNERSHIP THE MEDICAL CENTER FOUNDATION (MCF) RAISES FUNDS TO BENEFIT THE COMMUNITY THE MCF IS THE FUNDRAISING ARM OF NGMC AND RAISES FUNDS TO IMPROVE THE HEALTH OF THE COMMUNITY THE FOUNDATION'S OPERATING EXPENSES ARE SUPPORTED BY NGMC SO THAT DONATED FUNDS CAN BE USED TO SUPPORT NGMC PROJECTS AND COMMUNITY HEALTH IMPROVEMENT INITIATIVES FOLLOWING ARE ITEMS OF INTEREST TO NOTE - SINCE 1997, APPROXIMATELY \$4.1 MILLION HAS BEEN RAISED FOR COMMUNITY HEALTH IMPROVEMENT PROJECTS</p>

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FORM 990, PART III, LINE 4A	THROUGH THE MEDICAL CENTER OPEN - THE 2017 MEDICAL CENTER OPEN GOLF TOURNAMENT, WHICH WAS HELD IN FY18, RAISED A RECORD-BREAKING \$320,000 TO FUND THE PURCHASE OF A MOBILE SIMULATI ON UNIT FOR TRAINING OF NORTHEAST GEORGIA HEALTH SYSTEM EMPLOYEES AT ALL LOCATIONS THROUGH OUT THE 18-COUNTY SERVICE REGION THIS MOBILE TRAINING UNIT WILL ALLOW CARE PROVIDERS TO P REPARE FOR LIFE-THREATENING SITUATIONS AND PERFECT THE SKILLS NEEDED TO SAVE A LIFE OVER 100 COMMUNITY VOLUNTEERS, 200 SPONSORS AND 200 PLAYERS MADE THE TOURNAMENT A SUCCESS! - TH ROUGH THE EMPLOYEE GIVING CLUB KNOWN AS WATCH (WE ARE TARGETING COMMUNITY HEALTH), MEMBERS HAVE DONATED MORE THAN \$9 5 MILLION IN SUPPORT OF CAPITAL IMPROVEMENTS, COMMUNITY INITIAT IVES, EQUIPMENT AND ENHANCED PATIENT CARE SINCE THE PROGRAM'S INCEPTION IN 1999

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FORM 990, PART III, LINE 4A	<p>COMMUNITY EDUCATION 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 19 AND UNDER THIS PROGRAM PROVIDES AFFORDABLE SAFETY EQUIPMENT SUCH AS CAR SEATS, BIKE HELMETS, AND LIFE JACKETS TO AREA CHILDREN IN NEED WORKING WITH A COALITION MADE UP OF LAW ENFORCEMENT, AREA SCHOOLS, COMMUNITY VOLUNTEERS AND OTHERS, SAFE KIDS PROVIDES EDUCATIONAL MATERIALS AND PROGRAMS THAT TEACH CHILDREN AND THEIR PARENTS HOW TO AVOID ACCIDENTS AND INJURIES SAFE KIDS CONTINUED THE WORK OF INJURY PREVENTION FOR FAMILIES IN THE HALL COUNTY COMMUNITY IN 2018 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 FY18, MEMBERS OF THE GAINESVILLE-HALL COUNTY SAFE KIDS COALITION PROVIDED OVER 126 PROGRAMS AND EVENTS THAT REACHED AN ESTIMATED 33,526 CHILDREN AND THEIR FAMILY MEMBERS, TEACHERS AND CAREGIVERS THROUGH THESE PROGRAMS, OVER 10,580 SAFETY ITEMS WERE DISTRIBUTED TO FAMILIES IN NEED OF THEM T2 DIABETES PROGRAM THIS PROGRAM OFFERS GROUP SUPPORT AND ENCOURAGEMENT IN WEEKLY AND MONTHLY SESSIONS AND USES AN EVIDENCE-BASED LIFESTYLE PROGRAM TO HELP PARTICIPANTS (WITH ELEVATED RISK FOR DEVELOPING DIABETES) UNDERSTAND AND CHOOSE METHODS TO DECREASE RISK OF GETTING DIABETES NGMC HAS PARTNERED WITH YMCA GAINESVILLE AND BRADAKINS YMCA IN WINDER TO OFFER PREVENT T2 PROGRAM WITHIN THE FACILITIES TO FURTHER EXPAND ACCESS TO THE PROGRAM, NGMC PARTNERED WITH GOOD NEWS CLINIC FOR THEIR REGISTERED DIETITIAN TO HELP FACILITATE THE GAINESVILLE PREVENT T2 GROUP THIS PROGRAM IS ALSO AVAILABLE IN SPANISH ACCORDING TO THE CDC, LOSING 5%-7% OF WEIGHT BY REDUCING CALORIES AND INCREASING PHYSICAL ACTIVITY WILL REDUCE THE RISK OF DEVELOPING TYPE 2 DIABETES BY 58% WITH 26 TOTAL PARTICIPANTS IN THE PROGRAM, THE AVERAGE WEIGHT LOSS WAS 9.3 POUNDS NGMC ACHIEVED FULL RECOGNITION STATUS THROUGH CDC FOR PREVENT T2 PROGRAMS FULL RECOGNITION MEANS THAT A PROGRAM HAS DEMONSTRATED EFFECTIVENESS BY ACHIEVING ALL OF THE PERFORMANCE CRITERIA DETAILED IN THE CDC'S DIABETES PREVENTION RECOGNITION PROGRAM STANDARDS RESPECTING CHOICES ADVANCED CARE PLANNING GUNDERSON RESPECTING CHOICES ADVANCE CARE PLANNING IS AN EVIDENCE-BASED MODEL OF ADVANCED CARE PLANNING THAT HONORS AN INDIVIDUAL'S GOALS AND VALUES FOR CURRENT AND FUTURE HEALTH CARE THIS PROGRAM IS DESIGNED TO CREATE A CULTURE OF OPEN DISCUSSION ABOUT END OF LIFE CARE IN NORTHEAST GEORGIA SO THAT FAMILIES ARE RELIEVED OF UNNECESSARY STRESS THIS PROJECT IS FUNDED BY THE MEDICAL CENTER FOUNDATION'S HEALTHY JOURNEY CAMPAIGN, WHICH FUNDS THE TRAINING AND MATERIALS NEEDED TO EDUCATE THE COMMUNITY ON IMPLEMENTING THIS MODEL HOSPICE BEREAVEMENT CAMPS, SUP</p>

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FORM 990, PART III, LINE 4A	<p>PORT GROUPS AND OUTREACH HOSPICE OF NGMC PROVIDED MULTIPLE BEREAVEMENT SUPPORT GROUPS AND EDUCATION FOR THOSE GRIEVING A LOSS OR CARING FOR A LOVED ONE WITH AN ILLNESS (SUCH AS DE MENTIA), AND TWO CAMPS FOR CHILDREN DEALING WITH THE LOSS OF SOMEONE CLOSE TO THEM IN FY18, OVER 4,513 INDIVIDUALS WERE SERVED THROUGH THESE PROGRAMS. NGMC PROVIDES VITAL COMMUNITY PROFESSIONAL EDUCATION AT HOME AND THROUGHOUT THE STATE. NORTHEAST GEORGIA STEMI 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 (S-T SEGMENT ELEVATION MYOCARDIAL INFARCTION). KEYNOTE SPEAKERS AT THE CONFERENCE INCLUDE THE NATION'S LEADING CARDIOLOGISTS AND EXPERTS IN THE STUDY OF REGIONAL APPROACHES TO HEART ATTACK CARE. THE 2018 CONFERENCE EDUCATED MORE THAN 1,500 MEDICAL PROFESSIONALS AND FIRST RESPONDERS. INFECTION PREVENTION SYMPOSIUM THE NORTHEAST GEORGIA REGIONAL INFECTION PREVENTION SYMPOSIUM IS A FREE CONFERENCE OFFERED TO ANY HEALTHCARE PROVIDER THROUGHOUT THE STATE BY NGMC'S INFECTION PREVENTION & CONTROL DEPARTMENT. WITH 140 ATTENDEES, THIS CONFERENCE FOCUSED ON INCREASING KNOWLEDGE ON INFECTION PREVENTION. MANY OF THE SMALL RURAL FACILITIES THROUGHOUT GEORGIA HAVE LIMITED TO NO ACCESS TO INFECTION PREVENTION AND CONTROL EDUCATION. REGIONAL TRAUMA ADVISORY COMMITTEE (RTAC) SYMPOSIUM AS PART OF THE STATE OF GEORGIA'S TRAUMA SYSTEM, THE REGIONAL TRAUMA ADVISORY COMMITTEE (RTAC) DEVELOPS AND MAINTAINS THE REGION'S TRAUMA SYSTEM PLAN AND MONITORS SYSTEM COMPLIANCE AND IMPROVEMENT ACTIVITIES. NGMC PARTNERS WITH OTHER EMS AGENCIES, PARTICIPATING HOSPITALS, LOCAL GOVERNMENTS AND THE PUBLIC AS A PART OF THIS COMMITTEE AND THE ANNUAL RTAC SYMPOSIUM, WHICH PROVIDED EDUCATION TO 600 HEALTH PROFESSIONALS IN THE REGION IN FY18. ADDITIONALLY, NGMC TRAUMA STAFF PROVIDED TRAINING IN THE COMMUNITY FOR THE STOP THE BLEED CAMPAIGN, A SCHOOL RESPONSE PROGRAM DESIGNED TO ENABLE TEACHERS, NURSES, AND STAFF TO RENDER IMMEDIATE, POTENTIALLY LIFE-SAVING MEDICAL AID TO INJURED STUDENTS OR CO-WORKERS WHILE AWAITING THE ARRIVAL OF PROFESSIONAL RESPONDERS. NGMC STAFF ALONG WITH REGION 2 RTAC MEMBERS TRAINED 9,346 TEACHERS, ADMINISTRATORS, AND OTHER SCHOOL STAFF AT 149 SCHOOLS (ELEMENTARY, MIDDLE AND HIGH SCHOOL). WORKFORCE DEVELOPMENT 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 (AHEC) (HTTPS://WWW.FOOTHILLSAHEC.ORG) COORDINATED BY AHEC, NGMC HOSTED ITS FI</p>

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FORM 990, PART III, LINE 4A	<p>RST HEALTH CAREERS SYMPOSIUM FOR MORE THAN 140 HIGH SCHOOL HEALTH SCIENCE STUDENTS WITHIN THE HALL COUNTY SCHOOL SYSTEM, WHERE STUDENTS MET WITH NGMC PROFESSIONALS THROUGHOUT DIFFERENT AREAS WITHIN THE HOSPITAL 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 (CURRENTLY ACCREDITED IN INTERNAL MEDICINE, FAMILY MEDICINE, AND GENERAL SURGERY) 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 JULY 2019 YOUTH APPRENTICESHIP AND MENTORSHIP PROGRAM IN THE YOUTH APPRENTICESHIP PROGRAM, HIGH SCHOOL STUDENTS WORK IN THE HOSPITAL FOR ONE CLASS PERIOD IN THEIR DAY AND ROTATE THROUGH MULTIPLE DEPARTMENTS THIS YEAR, 80 STUDENTS PARTICIPATED ADDITIONALLY, WITH THE HALL COUNTY SCHOOLS HONORS MENTORSHIP PROGRAM, JUNIORS AND SENIORS ARE MATCHED WITH A HEALTHCARE PROFESSIONAL IN THEIR AREA OF INTEREST AS PART OF A REAL-LIFE CAREER EXPERIENCE IN AN HONORS LEVEL ELECTIVE IN FY18, 19 STUDENTS PARTICIPATED IN THIS PROGRAM PROJECT SEARCH NGMC PROVIDES EMPLOYMENT AND EDUCATION OPPORTUNITIES FOR INDIVIDUALS WITH MILD TO MODERATE DISABILITIES THE PROGRAM IS DEDICATED TO WORKFORCE DEVELOPMENT THAT BENEFITS THE INDIVIDUAL, COMMUNITY AND WORKPLACE EMPLOYERS ARE CHALLENGED TO INCREASE EMPLOYMENT OPPORTUNITIES FOR QUALIFIED PERSONS WITH DISABILITIES AND TO ADVOCATE ON BEHALF OF THEIR EMPLOYMENT TO OTHER ORGANIZATIONS IN THEIR COMMUNITIES THE HIGH SCHOOL TRANSITION PROGRAM IS A ONE-YEAR EDUCATIONAL PROGRAM FOR STUDENTS WITH DISABILITIES IN THEIR LAST YEAR OF HIGH SCHOOL IT IS TARGETED FOR STUDENTS WHOSE MAIN GOAL IS COMPETITIVE EMPLOYMENT IN FY18, 17 STUDENTS, ONE JOB COACH AND ONE INSTRUCTOR PARTICIPATED THE STUDENTS WORK 20 HOURS PER WEEK IN EACH ASSIGNED DEPARTMENT MENTORS ARE ASSIGNED IN EACH DEPARTMENT AND ATTEND A MONTHLY MEETING TO DISCUSS PROGRESS/NEEDS OF STUDENTS SUPPORT OF COMMUNITY EFFORTS TO IMPROVE HEALTH EVERY DAY, EMPLOYEES OF NORTHEAST GEORGIA MEDICAL CENTER GO ABOUT THE BUSINESS OF CARING FOR THE HEALTH OF THE PEOPLE OF OUR COMMUNITY THEY ARE NURSES AT THE BEDSIDE, THERAPISTS HELPING PEOPLE LEARN TO WALK AGAIN, COOKS PREPARING MEALS, ADMINISTRATORS PLANNING FOR THE FUTURE, OR OFFICE PERSONNEL PUSHING THROUGH THE DETAILS CARING FOR OUR COMMUNITY IS PART OF THEIR EVERYDAY ROUTINE AND WHEN ASKED TO GIVE BACK TO SUPPORT HEALTHCARE THROUGH THE FOUNDATION CAMPAIGNS, THEY DO GENEROUSLY AND PASSIONATELY WHEN IT COMES TO SUPPORTING MCF'S EMPLOYEE GIVING CLUB, WATCH, OVER 3,500 EMPLOYEES DONATED ABOUT \$800,000 IN 2018</p>

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FORM 990, PART III, LINE 4A	<p>COMMUNITY SUPPORT INFANT MORTALITY, CANCER, HEART DISEASE 962 NGMC EMPLOYEES WALKED FOR A AMERICAN HEART WALK, MARCH FOR BABIES AND RELAY FOR LIFE AS PART OF THE MEDICAL CENTER FOUNDATION'S HEALTHY JOURNEY CAMPAIGN, WATCH MEMBERS CONTRIBUTED A SIGNIFICANT DONATION TOWARD THE WALKS IN ADDITION TO SPONSORSHIPS PROVIDED BY NGMC BLOOD DRIVES IN FY18, NGMC HOSTED 24 DRIVES, RESULTING IN 637 DONORS AND OVER 579 PINTS OF BLOOD UNITED WAY PACESETTER & MORE NGMC HAS PARTNERED WITH UNITED WAY TO ENGAGE EMPLOYEES AND LEADERS IN THE COMMUNITY NGHS EMPLOYEES CONTRIBUTED \$120,468 TO UNITED WAY AS A PACESETTER COMPANY ENCOURAGING MEDICAL VOLUNTEERING NGMC PROVIDES INFORMATION AT PHYSICIAN ORIENTATION TO ENCOURAGE PHYSICIANS TO STEP UP TO VOLUNTEER OPPORTUNITIES THROUGH LOCAL FREE CLINICS AS WELL AS HEALTH ACCESS NGPG ALSO ENCOURAGES PHYSICIANS TO GIVE OF THEIR TIME VOLUNTEERING AT THESE LOCATIONS THROUGH VARIOUS PHYSICIAN LEADERSHIP COUNCILS, NGMC PHYSICIANS ACTIVELY PARTICIPATE IN COMMUNITY OUTREACH, INCLUDING EDUCATIONAL SEMINARS, SCREENINGS, CANCER PREVENTION OPPORTUNITIES LEADING THE WAY TWENTY-SEVEN NGMC LEADERS REPORTED THAT THEY LEAD OR SUPPORT COMMUNITY, CIVIC, OR PROFESSIONAL ORGANIZATIONS ON THEIR BOARD OF DIRECTORS OR AS A PARTICIPATING MEMBER IN ADDITION TO THIS, NGPG ADVANCED PRACTICE PROVIDERS SUPPORTED 53 EVENTS IN THE COMMUNITY AND PROVIDED 10,880 HOURS OF GME INSTRUCTION TO MEDICAL, PHYSICIAN ASSISTANT, AND NURSE PRACTITIONER STUDENTS CAROL BURRELL, NGHS PRESIDENT AND CEO, HAS BEEN NAMED TO GEORGIA TREND MAGAZINE'S LIST OF THE 100 MOST INFLUENTIAL GEORGIANS FOR THE FIFTH YEAR IN A ROW FOR HER CONTRIBUTION TO MAKING LIFE BETTER FOR GEORGIANS KERRY SMITH, EXECUTIVE DIRECTOR OF LONG TERM CARE AT NGHS, WAS ELECTED NORTHEAST COUNCIL PRESIDENT FOR THE GEORGIA HEALTH CARE ASSOCIATION, A NON-PROFIT ASSOCIATION OF SKILLED NURSING CARE CENTERS, ASSISTED LIVING CENTERS, AND HOME AND COMMUNITY-BASED CASE MANAGERS DR ANTONIO RIOS, CHIEF PHYSICIAN EXECUTIVE FOR NGPG, WAS HONORED BY GOOD NEWS CLINICS WITH THE 2018 SAM POOLE VOLUNTEER OF THE YEAR AWARD DR RIOS SERVES ON THE GOOD NEWS CLINICS AND DISTRICT 2 PUBLIC HEALTH BOARDS HE IS ALSO THE CHAIRMAN OF THE GEORGIA BOARD FOR PHYSICIAN WORKFORCE WHERE HE IS 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 JOHN DELZELL, VP OF MEDICAL EDUCATION AND DESIGNATED INSTITUTIONAL OFFICIAL FOR GRADUATE MEDICAL EDUCATION, WAS APPOINTED BY GOVERNOR NATHAN DEAL TO THE GEORGIA BOARD FOR PHYSICIANS WORKFORCE DR SAM JOHNSON, CHIEF MEDICAL OFFICER AT NGHS, SERVES AS CHAIRMAN ON ONE HALL UNITED AGAINST POVERTY UNITED WAY UNITES PEOPLE, ORGANIZATIONS AND RESOURCES WITHIN THE COMMUNITY TO BUILD A STRONGER, HEALTHIER AND SAFER HALL COUNTY THE PURPOSE OF THE ONE HALL INITIATIVE IS TO BREAK THE CYCLE OF POVERTY IN HALL COUNTY BY GAINING THE PERSPECTIVES OF THOSE</p>

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FORM 990, PART III, LINE 4A	<p>SE DIRECTLY EXPERIENCING POVERTY AND WORKING SIDE BY SIDE WITH COMMUNITY AGENCIES TO DEVEL OP STRATEGIES TO ADDRESS THE NEEDS THE GREATER HALL CHAMBER OF COMMERCE'S HEALTHY HALL AW ARDS OF EXCELLENCE ARE PRESENTED TO THOSE IN HEALTHCARE MAKING A SIGNIFICANT IMPACT ON QUA LITY OF LIFE THE FOLLOWING NGMC EMPLOYEES WERE RECOGNIZED CAROL BURRELL, NGHS PRESIDENT AND CEO (OUTSTANDING HEALTHCARE ADMINISTRATOR), APRILL EXLEY, NGMC (NURSE OF THE YEAR), DR J JEFFREY MARSHALL, THE HEART CENTER OF NGMC (PHYSICIAN SPECIALIST OF THE YEAR), AND DR ANTONIO RIOS, NGPG (PRIMARY CARE PHYSICIAN OF THE YEAR) NORTHEAST GEORGIA HEALTH SYSTEM EARNED THE 2018 COMMUNITY WELLNESS AWARD (GWINNETT CHAMBER HEALTHCARE AWARDS) FOR THE HEA LTH SYSTEM'S OPIOID INITIATIVE IN RECENT YEARS, NGHS IN PARTNERSHIP WITH OTHER HALL COUNT Y REPRESENTATIVES PLAYED KEY ROLES IN THE PASSAGE OF SIGNIFICANT OPIOID-RELATED LEGISLATIO N, AS WELL AS, PROGRAMS FOR RECOVERY EXECUTIVE DIRECTOR OF GOVERNMENTAL AFFAIRS FOR NGHS, DEB BAILEY, RN, BSN, MSN, AND DALLAS GAY, FORMER NGHS BOARD MEMBER, WERE INSTRUMENTAL IN THESE CHANGE EFFORTS FOR FULL DETAILS ABOUT THIS EFFORT, VISIT WWW NGHS COM FOR THE FALL 2018 ISSUE OF COMMUNICARE, FIGHTING THE OPIOID EPIDEMIC NGMC BARROW NGMC BARROW PROVIDED CHARITY CARE TO BARROW COUNTY RESIDENTS AT A COST OF \$2 3 MILLION IN 2018 WITH ANOTHER \$73 8 THOUSAND PROVIDED TO REGIONAL RESIDENTS OUTSIDE BARROW COUNTY NGMC BARROW RECEIVES NO L OCAL TAX REVENUE FROM ANY OF THE COUNTIES IT SERVES TO SUPPORT OPERATIONS OR CARE PROVIDED TO INDIGENT RESIDENTS THE ORGANIZATION'S CHARITY CARE POLICY PROVIDES FINANCIAL ASSISTAN CE UP TO 300% OF THE POVERTY LEVEL MANY HOSPITALS PROVIDE CHARITY ADJUSTMENTS ONLY TO THE LEVEL THAT MATCHES THE STATE DEFINITION OF MEDICALLY INDIGENT BUT NOT AT THE LEVEL THAT NG MC OFFERS NGMC SERVES AS A FINANCIAL ENGINE FOR THE LOCAL ECONOMY IN 2017 (LATEST NUMBER S AVAILABLE), NGMC BARROW HAD \$66 9 MILLION IN LOCAL AND STATE ECONOMIC IMPACT, ACCORDING TO A REPORT BY THE GEORGIA HOSPITAL ASSOCIATION, WHICH APPLIED AN ECONOMIC MULTIPLIER TO T HE HOSPITAL'S DIRECT EXPENDITURES TO ACCOUNT FOR THE "RIPPLE" EFFECT THE HOSPITAL'S SPENDI NG HAS ON OTHER SECTORS OF THE LOCAL AND STATE ECONOMIES THE REPORT FOUND THAT THROUGH IT S ECONOMIC IMPACT, NGMC BARROW SUSTAINED ABOUT 400 FULL-TIME JOBS THROUGHOUT THE REGION AN D THE STATE IN ADDITION TO OVER 160 FULL TIME EMPLOYEES UNDER IRS LAW, A TAX-EXEMPT ORGAN IZATION, CLASSIFIED AS A 501(C)(3) CHARITY, IS REQUIRED TO HAVE A MISSION THAT WILL BENEF IT ITS COMMUNITY, REINVEST ALL SURPLUS FUNDS IN THE ORGANIZATION IN A WAY THAT BENEFITS TH E COMMUNITY, COMPENSATE EXECUTIVES, CONTRACTORS AND OTHER EMPLOYEES IN ACCORDANCE TO FAIR MARKET VALUE, REMAIN ACCOUNTABLE TO THE COMMUNITY, REFRAIN FROM PARTICIPATING IN POLITICAL CAMPAIGNS FOR OR AGAINST CANDIDATES AND/OR LOBBY AS A SUBSTANTIAL PART OF ITS ACTIVITIES, AND, REMAIN FINANCIALLY ACCOUNTABLE TO THE COMMUNITY BY NOT ALLOWING ANY PORTION OF ITS N ET EARNINGS TO BENEFIT ANY PRI</p>

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FORM 990, PART III, LINE 4A	<p>VATE 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 A 24-HOUR ER. IN FY18, 28% OF ALL NGMC BARROW EMERGENCY ROOM VISITS WERE MADE BY SELF-PAY PATIENTS, ACCORDING TO THE GEORGIA HOSPITAL ASSOCIATION, 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 FY18, NGMC'S PAYOR MIX AT BARROW WAS 58% FOR MEDICARE/ MEDICAID, 25% FOR COMMERCIAL INSURANCE AND 17% FOR SELF-PAY. PARTICIPATE IN MEDICAID AND MEDICARE, - 58% OF PATIENTS SERVED BY BARROW WERE MEDICAID AND MEDICARE PATIENTS. CREATE A GOVERNING BOARD THAT IS REPRESENTATIVE OF THE COMMUNITY IT SERVES, - MORE THAN 90 COMMUNITY MEMBERS ARE ACTIVELY INVOLVED IN GOVERNANCE THROUGH NORTHEAST GEORGIA HEALTH SYSTEM, NGMC AND OTHER SUBSIDIARY BOARDS AND COMMITTEES. ALLOW MEDICAL STAFF PRIVILEGES TO ANY PROFESSIONAL WHO IS QUALIFIED AND APPLIES, AND, - NGMC BARROW HAS A MEDICAL STAFF OF OVER 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 IN OPERATIONS, - AS A NOT-FOR-PROFIT ORGANIZATION, THE REVENUE GENERATED ABOVE OPERATING EXPENSES IS REINVESTED INTO THE COMMUNITY. IN 2017, NGMC EXPANDED ITS ACCESS IN CARDIAC AND CANCER CARE TO BARROW. NGHS SPENT NEARLY \$7 MILLION ON NEW EQUIPMENT FOR BARROW, SUCH AS A NEW CT SCANNER AND 3D MAMMOGRAPHY. NGMC BARROW, LLC (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 THE ROTARY CLUB OF WINDER. IN FY18, BARROW PROVIDED OVER \$214,000 IN COMMUNITY BENEFIT PROGRAMS/OUTREACH. BARROW OFFERED MANY COMMUNITY EDUCATION SEMINARS ON TOPICS RANGING FROM HEALTHY COOKING DEMOS TO HEART HEALTH AND MORE. IN ADDITION, BARROW PROVIDED SUPPORT TO OTHER LOCAL NON-PROFIT ORGANIZATIONS THAT SERVE THE COMMUNITY.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>WHAT DRIVES 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 AND SURROUNDING COUNTIES (BEFORE BARROW WAS ACQUIRED BY NGMC) THROUGH THE CHNA. LUNG 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 53,000 OR 13% OF HIGH SCHOOL STUDENTS IN GEORGIA SMOKE CIGARETTES. AS PART OF THE RESPONSE TO COMMUNITY HEALTH PRIORITIES IDENTIFIED THROUGHOUT THE REGION, NGMC PARTNERED WITH BARROW COUNTY SCHOOLS TO IMPLEMENT "TAR WARS" TO 2,258 ELEMENTARY SCHOOL STUDENTS. "TAR WARS" IS 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. ONCOLOGY SERVICES ALSO PROVIDED COMMUNITY EDUCATION IN BARROW COUNTY AT LOCAL HEALTH FAIRS, AS WELL AS, THREE LUNG CANCER SUPPORT GROUPS THAT WE'RE HELD DURING FY18, WITH THE PROGRAM CONTINUING INTO FY19. IN ADDITION, NGMC RECEIVED A GRANT FROM THE GEORGIA HEALTHY FAMILY ALLIANCE TO PROMOTE AWARENESS AND ACCESS TO LOW DOSE CT SCANS FOR LUNG CANCER SCREENING FOR INDIGENT PATIENTS IN BARROW COUNTY. THIS PROGRAM WILL INCREASE ACCESS AND ASSIST THOSE WITHOUT INSURANCE COVERAGE TO RECEIVE PROACTIVE SCREENING. FOR MORE INFORMATION ABOUT NGMC'S OVERALL COMMUNITY HEALTH IMPROVEMENT PLAN, GO TO WWW.NGHS.COM/CHNA-OUTCOME. THE FOLLOWING OVERALL HIGHLIGHTS OF COMMUNITY BENEFIT ACTIVITIES PROVIDED BY BARROW IN FY18:</p> <p>CHARITY CARE: LIKE NGMC GAINESVILLE AND BRASELTON, 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. 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 BARROW IN FY18: \$2.3 MILLION WITH ANOTHER \$738,000 PROVIDED TO REGIONAL RESIDENTS OUTSIDE BARROW COUNTY. ENCOURAGING MEDICAL VOLUNTEERING THROUGH VARIOUS PHYSICIAN LEADERSHIP COUNCILS, NGMC PHYSICIANS ACTIVELY PARTICIPATE IN COMMUNITY OUTREACH, INCLUDING EDUCATIONAL SEMINARS, SCREENINGS, CANCER PREVENTION OPPORTUNITIES. FINANCIAL NAVIGATORS: BARROW HAS FINANCIAL ASSISTANCE COUNSELORS WHO HELP PATIENTS BECOME INSURED, BE IT THROUGH MEDI</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>CAID, 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 HELPING PATIENTS APPLY FOR MEDICAID OR DISABILITY, ACCESSING HEALTHCARE EXCHANGES OR PROCESSING CHARITY APPLICATIONS WHEN APPROPRIATE PARTNERING IN THE COMMUNITY NG MC BARROW VOLUNTEERS IN FY18, 30 NGMC VOLUNTEERS CONTRIBUTED 2,958 VOLUNTEER HOURS, EQUIV ALENT TO 1 76 FULL TIME EMPLOYEES AND A VALUE OF \$73,000 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 BARROW NGMC'S EMERGENCY DEPARTMENTS HAVE P ARTNERED WITH THE GEORGIA COUNCIL ON SUBSTANCE ABUSE TO IMPLEMENT THE ED-CARES (CERTIFIED ADDICTION RECOVERY SPECIALISTS) PROGRAM WHICH CONNECTS PEOPLE WHO HAVE BEEN ADMITTED TO EM ERGENCY ROOMS FOR AN OPIOID-RELATED OVERDOSE WITH TRAINED PEER RECOVERY COACHES WHO PLAY A N IMPORTANT ROLE IN HELPING PEOPLE AVOID ANOTHER OVERDOSE AND ENCOURAGING THEM TO SEEK TRE ATMENT THE PROGRAM WAS CREATED IN RESPONSE TO THE INCREASING NUMBER OF OVERDOSE FATALITIE S AND SEEKS TO CURTAIL THAT TREND BY BETTER CONNECTING PEOPLE AT HIGH-RISK WITH COMMUNITY SUPPORTS 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 BARR OW) ROTARY CLUB OF WINDER LEADERSHIP IN FY18, SUNITA SINGH, PUBLIC RELATIONS MANAGER FOR BARROW, SERVED AS PRESIDENT OF THE ROTARY CLUB OF WINDER, WHICH BENEFITTED VARIOUS COMMUN ITY PROGRAMS SUCH AS PEACE PLACE, UNITED WAY, AND BOYS & GIRLS CLUB, TO NAME A FEW SUPPOR T OF COMMUNITY EFFORTS TO IMPROVE HEALTH AMERICAN CANCER SOCIETY (ACS) NGMC BARROW WAS TH E PLATINUM SPONSOR FOR THE ACS RELAY FOR LIFE IN BARROW COUNTY THE WALK BENEFITS CANCER R ESEARCH AND COMMUNITY EDUCATION NGMC EMPLOYEES TURNED OUT IN FULL FORCE FOR RELAY FOR LIF E, WITH OVER 327 WALKERS THROUGHOUT THE REGION NORTHEAST GEORGIA HOMELESS VETERANS SHELTE R NGMC BARROW PROVIDED A DONATION TO THE NORTHEAST GEORGIA HOMELESS VETERANS SHELTER, THE ONLY HOMELESS VETERANS SHELTER IN THE NORTHEAST GEORGIA AREA</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>BOYS & GIRLS CLUB NGMC BARROW PROVIDED 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 AS A PARTNER IN EDUCATION WITH THE BARROW SCHOOL SYSTEM, NGMC BARROW PROVIDED A DONATION OF MEDICAL SUPPLIES TO STOCK 18 NURSE CLINICS, FUNDED TWO SCHOLARSHIPS FOR TWO HIGH SCHOOL GRADUATES PURSUING A CAREER IN THE MEDICAL FIELD, AND VOLUNTEERED TIME TO SUPPORT THE SPECIAL OLYMPICS AT WINDER BARROW HIGH SCHOOL THE DIABETES EDUCATION PROGRAM EXPANDED TO OFFER INDIVIDUAL AND GROUP CLASSES AT NGMC BARROW NGMC PARTNERED WITH THE YMC A IN WINDER TO OFFER THE PREVENT T2 DIABETES PROGRAM, A PROVEN PROGRAM TO PREVENT OR DELAY TYPE 2 DIABETES THIS COURSE IS TAUGHT BY A CERTIFIED FACILITATOR AND IS DESIGNED TO OFFER THE GROUP SUPPORT AND ENCOURAGEMENT NEEDED TO PREVENT DIABETES THIS PROGRAM OFFERS WEEKLY AND MONTHLY SESSIONS AND USES AN EVIDENCE-BASED LIFESTYLE PROGRAM TO HELP PARTICIPANTS WITH ELEVATED RISK FOR DEVELOPING DIABETES UNDERSTAND AND CHOOSE METHODS TO DECREASE RISK OF GETTING DIABETES ACCORDING TO THE CDC, LOSING 5%-7% OF WEIGHT BY REDUCING CALORIES AND INCREASING PHYSICAL ACTIVITY WILL REDUCE THE RISK OF DEVELOPING TYPE 2 DIABETES BY 58% WITH 26 TOTAL PARTICIPANTS IN THE PROGRAM, THE AVERAGE WEIGHT LOSS WAS 9.3 POUNDS NGMC ACHIEVED FULL RECOGNITION STATUS THROUGH CDC FOR PREVENT T2 PROGRAMS FULL RECOGNITION MEANS THAT A PROGRAM HAS DEMONSTRATED EFFECTIVENESS BY ACHIEVING ALL OF THE PERFORMANCE CRITERIA DETAILED IN THE CDC'S DIABETES PREVENTION RECOGNITION PROGRAM STANDARDS ORGANIZATION OVERVIEW NORTHEAST GEORGIA HEALTH SYSTEM (NGHS) IS A NOT-FOR-PROFIT COMMUNITY HEALTH SYSTEM DEDICATED TO IMPROVING THE HEALTH AND QUALITY OF LIFE OF THE PEOPLE OF NORTHEAST GEORGIA NORTHEAST GEORGIA MEDICAL CENTER (NGMC) HAS THREE HOSPITAL CAMPUSES NGMC GAINESVILLE AND NG MC BRASELTON AND BARROW WITH A TOTAL OF 713 BEDS AND MORE THAN 700 MEDICAL STAFF MEMBERS REPRESENTING MORE THAN 50 SPECIALTIES 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 NORTHEAST GEORGIA MEDICAL CENTER'S CANCER SERVICES IS THE ONLY PROGRAM IN GEORGIA AND ONE OF ONLY 24 PROGRAMS IN THE NATION TO RECEIVE THE 2018 OUTSTANDING ACHIEVEMENT AWARD BY THE AMERICAN COLLEGE OF SURGEONS (ACS) COMMISSION ON CANCER (COC) NGMC HAS ALSO BEEN RECOGNIZED IN RECENT YEARS AS GEORGIA'S #1 HOSPITAL FOR OVERALL HOSPITAL CARE, OVERALL SURGICAL CARE, HEART CARE, ORTHOPEDIC SURGERY, WOMEN'S CARE AND MORE LED BY VOLUNTEER BOARDS MADE UP OF COMMUNITY LEADERS, THE HEALTH SYSTEM SERVES 1 MILLION PEOPLE IN MORE THAN 18 COUNTIES ACROSS NORTHEAST GEORGIA AS A NOT-FOR-PROFIT HEALTH SYSTEM, ALL REVENUE GENERATED ABOVE OPERATING EXPENSES IS RETURNED TO THE COMMUNITY THROUGH IMPROVED SERVICES AND INNOVATIVE PROGRAMS NORTHEAST GEORGIA MEDICAL CENTER'S CHARITY</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>CARE POLICY SUPPORTS THE PROVISION OF CARE FOR INDIGENT PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY. NORTHEAST GEORGIA PHYSICIANS GROUP (NGPG) BRINGS TOGETHER MORE THAN 350 TALENTED PHYSICIANS, PHYSICIAN ASSISTANTS, NURSE PRACTITIONERS, MIDWIVES AND OTHER CLINICAL STAFF AT MORE THAN 65 LOCATIONS ACROSS NORTH GEORGIA. NGPG IS THE STATE'S SIXTH-LARGEST PHYSICIAN GROUP, OFFERING EXPERTISE IN MORE THAN 25 SPECIALTIES. SPECIAL NOTES: NGMC USES THE PRECEPTS OUTLINED IN "A GUIDE FOR PLANNING AND REPORTING COMMUNITY BENEFIT," PROVIDED BY THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES AND VHA, INC. FOR THIS REPORT. THE GUIDE'S PURPOSE IS TO HELP NOT-FOR-PROFIT MISSION-DRIVEN HEALTHCARE ORGANIZATIONS DEVELOP, ENHANCE AND REPORT ON THEIR COMMUNITY BENEFIT PROGRAMS. COMMUNITY BENEFIT DEFINITION: PROGRAM OR ACTIVITY MUST ADDRESS A DEMONSTRATED COMMUNITY NEED, AND SEEK TO ADDRESS AT LEAST ONE OF THE FOLLOWING COMMUNITY BENEFIT OBJECTIVES: - IMPROVE ACCESS - ENHANCE POPULATION HEALTH - ADVANCE GENERALIZABLE KNOWLEDGE - RELIEVE GOVERNMENT BURDEN TO IMPROVE HEALTH. THE PROGRAM OR ACTIVITY MUST: - PRIMARILY BENEFIT THE COMMUNITY RATHER THAN THE ORGANIZATION - RESULT IN MEASURABLE EXPENSE TO THE ORGANIZATION IF THE PROGRAM OR ACTIVITY IS PROVIDED PRIMARILY FOR MARKETING PURPOSES, STANDARD PRACTICE, EXPECTED OF ALL HOSPITALS (SUCH AS ACTIVITIES REQUIRED FOR ACCREDITATION, LICENSURE, OR TO PARTICIPATE IN MEDICARE) OR IS PRIMARILY FOR EMPLOYEES (NOT INCLUDING INTERNS, RESIDENTS AND FELLOWS) AND/OR AFFILIATED PHYSICIANS, IT IS NOT COMMUNITY BENEFIT. FOR MORE INFORMATION, CONTACT CHRISTY MOORE, MANAGER, COMMUNITY HEALTH IMPROVEMENT, AT (770) 219-8097 OR GO TO WWW.NGHS.COM</p>

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 JOSH SCHLIEMAN, BOARD MEMBER IS THE HUSBAND OF CRYSTAL SCHLIEMAN, 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 FORM 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 INCORPORATE BOTH QUALITATIVE AND QUANTITATIVE CONSIDERATIONS, WHICH ARE REFLECTED IN THE COMMITTEE'S DETERMINATIONS CONCERNING KEY EMPLOYEE COMPENSATION AND THE SPECIFIC COMPONENTS THEREOF. THE COMPENSATION DECISIONS OF THE COMMITTEE ARE DESCRIBED BELOW AS TO EACH OF THE THREE CATEGORIES: 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. PERFORMANCE-BASED VARIABLE COMPENSATION: NUMEROUS PERFORMANCE GOALS ARE QUANTITATIVE IN NATURE, RESULTING IN A PERFORMANCE-BASED VARIABLE COMPENSATION COMPONENT THAT IS WEIGHTED TOWARD ATTAINING NGHS BOARD-APPROVED GOALS AND OBJECTIVES. ANNUAL GOALS AND OBJECTIVES ARE ESTABLISHED THROUGH A FORMAL PLANNING PROCESS INVOLVING BOARD AND COMMUNITY MEMBERS. THE BOARD APPROVES THESE GOALS AND OBJECTIVES AT THE BEGINNING OF EACH YEAR. OFFICERS AND KEY EMPLOYEES RECEIVE CASH AWARDS AS A FORMULA-DRIVEN PERCENTAGE OF BASE SALARY LEVELS BASED ON ACHIEVEMENT AND PREDETERMINED INDIVIDUAL OBJECTIVES. BENEFITS AND RETENTION PROGRAMS: BENEFIT CATEGORIES AND AMOUNTS ARE DETERMINED BY A COMPARISON PROCESS SIMILAR TO DETERMINING BASE SALARIES WITH POSITIONS AND ORGANIZATIONS SIMILAR TO NGHS. INCLUDED IN BENEFITS ARE RETIREMENT PROGRAMS TO ENHANCE RETENTION AND PROGRESS TOWARD LONG-TERM GOALS WITHIN NGHS' MISSION.</p>

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 -124,141 PARTNERSHIP INCOME NOT ON RETURN 2,181,978

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

2017

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)