

EXTENDED TO AUGUST 15, 2019

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2017**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning **OCT 1, 2017** and ending **SEP 30, 2018**

B Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization <b>THE MEDICAL CENTER FOUNDATION, INC.</b>		D Employer identification number <b>58-1694820</b>
	Doing business as		E Telephone number <b>770-219-6646</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ <b>5,787,045.</b>
	<b>743 SPRING STREET</b>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>GAINESVILLE, GA 30501-3899</b>		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: <b>CAROL BURRELL</b> <b>SAME AS C ABOVE</b>			H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527			
J Website: <b>WWW.NGHS.COM</b>			
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other			L Year of formation: <b>1986</b> M State of legal domicile: <b>GA</b>

**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>TO MANAGE VOLUNTEER SERVICES AND FUNDRAISING ACTIVITIES FOR NORTHEAST GEORGIA MEDICAL CENTER, INC.</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	22
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	5,153,133.	6,595,912.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	955,380.	-832,861.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-48,660.	-50,119.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,059,853.	5,712,932.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	2,285,471.	3,690,737.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,182,243.	1,121,214.
	b Total fundraising expenses (Part IX, column (D), line 25)	49,402.	124,799.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,589,244.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	474,592.	510,298.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	3,991,708.	5,447,048.
	20 Total assets (Part X, line 16)	2,068,145.	265,884.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	36,440,182.	37,900,053.
		3,894,947.	3,031,097.
		32,545,235.	34,868,956.

**Part II Signature Block**

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

Sign Here	Signature of officer	Date			
	<b>BRIAN D. STEINES, CFO</b>	<b>8-14-19</b>			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	<b>DEBORAH O. ERNSBERGER</b>		<b>08/12/19</b>	<input type="checkbox"/>	<b>P00364912</b>
	Firm's name	Firm's EIN	Phone no.		
	<b>PYA, P. C.</b>	<b>62-1517792</b>	<b>865-673-0844</b>		
	Firm's address				
	<b>2220 SUTHERLAND AVE.</b>				
	<b>KNOXVILLE, TN 37919</b>				

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

Part III Statement of Program Service Accomplishments

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

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 [X] 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 [X] 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 \$ ) 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\*\*

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

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

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

4e Total program service expenses 3,698,568.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i>		X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i>		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i>		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i>		X
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i>	X	
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		X
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i>	X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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> .....	X	
<b>22</b> 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> .....	X	
<b>23</b> 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> .....	X	
<b>24a</b> 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> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> .....		X
<b>b</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> .....		X
<b>26</b> 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> .....		X
<b>27</b> 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> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> 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> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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> .....		X
<b>33</b> 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> .....		X
<b>34</b> 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> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with columns for 'Yes' and 'No' and input fields for numerical values.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 22		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 14		
<b>2</b>	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?	X	
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	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?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
<b>16b</b>			

**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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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 - 770-219-6646**  
**743 SPRING STREET, GAINESVILLE, GA 30501-3899**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILLIAM "BUDDY" LANGSTON, M.D. MEMBER	1.00	X					0.	0.	0.	
(2) CRYSTAL SCHLIEMAN MEMBER	1.00	X					0.	0.	0.	
(3) HEATH GURR MEMBER, PHARMACIST - NGMC	1.00 35.00	X					0.	141,545.	42,641.	
(4) IVAN MOORE MEMBER, RN-EVOR - NGMC	1.00 40.00	X					0.	124,791.	36,369.	
(5) JENNIFER BAGWELL MEMBER	1.00	X					0.	0.	0.	
(6) JENNIFER STOECKIG MEMBER, CARE PLANN. COORD. - NGMC	1.00 40.00	X					0.	84,452.	33,773.	
(7) JON HORN, MD MEMBER	1.00	X					0.	0.	0.	
(8) JOSH SCHLIEMAN MEMBER	1.00	X					0.	0.	0.	
(9) TONY FUNARI MEMBER	1.00	X					0.	0.	0.	
(10) LETRELL SIMPSON CHAIR	1.00 1.00	X					0.	0.	0.	
(11) MOHAK DAVE, MD MEMBER, NGMC MEDICAL DIRECTOR	1.00 25.00	X					0.	199,133.	0.	
(12) RON LEWIS, MD MEMBER, NGPG PHYSICIAN	1.00 40.00	X					0.	574,932.	44,043.	
(13) MORGAN WOOD MEMBER	1.00	X					0.	0.	0.	
(14) NANCY COLSTON PRESIDENT & CDO - FOUNDATION	40.00	X		X			0.	238,512.	107,340.	
(15) PHILIP WILHEIT MEMBER	1.00	X					0.	0.	0.	
(16) PIERPONT BROWN, M.D. MEMBER, NGPG PHYSICIAN	1.00 40.00	X					0.	541,030.	38,859.	
(17) RAFAEL PASCUAL, MD MEMBER	1.00	X					0.	0.	0.	

**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 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			
(18) RICKY LOCICERO MEMBER, HOSPICE PHYSICIAN	1.00 2.00	X					0.	3,738.	0.	
(19) SCOTT MCGARITY VICE CHAIR	1.00	X					0.	0.	0.	
(20) TREY WOOD MEMBER	1.00	X					0.	0.	0.	
(21) WILLIAM BAGWELL MEMBER	1.00	X					0.	0.	0.	
(22) CHRISTOPHER BRAY (NEW) PRESIDENT & CDO - MCF	40.00	X		X			0.	0.	0.	
(23) BRIAN D. STEINES CHIEF FINANCIAL OFFICER - NGHS	1.00 40.00			X			0.	395,249.	15,632.	
(24) CAROL BURRELL PRESIDENT & CEO	1.00 40.00			X			0.	1,223,605.	914,354.	
(25) CHAD HATFIELD PRESIDENT - NGMC BARROW	1.00 40.00			X			0.	240,391.	39,464.	
(26) CHRISTOPHER PARAVATE CHIEF INFORMATION OFFICER - NGHS	1.00 40.00			X			0.	383,822.	80,621.	
<b>1b Sub-total</b>							0.	4,151,200.	1353096.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	7,570,807.	1399595.	
<b>d Total (add lines 1b and 1c)</b>							0.	11,722,007.	2752691.	

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 <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
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>	X	
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>		X

**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**

SEE PART VII, SECTION A CONTINUATION SHEETS



**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 line)	(C) Position (check all that apply)						(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			
(27) DANIEL TUFFY PRESIDENT OF PHYSICIAN SERVICES	1.00 40.00			X				0.	172,354.	14,095.
(28) DEBORAH WEBER CHIEF HUMAN RESOURCES OFFICER - NGHS	1.00 40.00			X				0.	339,617.	66,988.
(29) MELISSA TYMCHUK CHIEF OF STAFF, INTERIM MCF PRES.	25.00 25.00			X				0.	195,536.	34,490.
(30) SAMUEL JOHNSON, MD CHIEF MEDICAL OFFICER - NGHS	1.00 40.00			X				0.	550,367.	87,737.
(31) STEPHEN KELLY CHIEF COMPLIANCE OFFICER - NGHS	1.00 40.00			X				0.	239,935.	62,626.
(32) BRENDA SIMPSON CHIEF NURSING OFFICER - NGMC	1.00 40.00			X				0.	361,199.	70,128.
(33) JOHN WILLIAMSON PRES. NGMC - BRA & SOUTH. MKT. LDR.	1.00 40.00			X				0.	446,409.	99,740.
(34) LOUIS SMITH JR. PRES. - NGMC - SA/PA OPER.	1.00 40.00			X				0.	650,949.	109,599.
(35) TINA WALDEN VP OPERATIONS - NGPG	1.00 40.00				X			0.	265,407.	76,901.
(36) ELYSE GATES VP REVENUE CYCLE - NGHS	1.00 40.00				X			0.	272,461.	33,851.
(37) LINDA NICHOLSON VP CORP FIN REPORTING/CONTROLLER - N	1.00 40.00				X			0.	291,524.	102,272.
(38) ROY GRIFFIN, JR. VP FIN. PLAN. & DEC. SUPPORT - NGHS	1.00 40.00				X			0.	263,945.	64,248.
(39) SONJA MCLENDON VP CHIEF OF OPER. EXCELLENCE - NGHS	1.00 40.00				X			0.	359,712.	74,877.
(40) TRACY VARDEMAN VP STRATEGIC PLAN/MARKETING - NGHS	1.00 40.00				X			0.	397,535.	100,411.
(41) HOWARD WALPOLE VP MEDICAL AFFAIRS - NGMC	1.00 40.00				X			0.	514,602.	68,771.
(42) JOHN DELZELL, JR. VP MEDICAL EDUCATION - NGMC	1.00 40.00				X			0.	165,633.	7,284.
(43) JOHN TURNER VP POST ACUTE CARE - NGMC	1.00 40.00				X			0.	309,797.	65,411.
(44) PENNY VIGNEAU VP HEART & VASCULAR SERV. - NGMC	1.00 40.00				X			0.	270,277.	40,308.
(45) TAD GOMEZ VP PROFES. SUP. SERVICES - NGMC	1.00 40.00				X			0.	269,362.	48,932.
(46) ELLEN DEFOOR DIRECTOR OF DEVELOPMENT	40.00					X		0.	123,808.	20,527.
Total to Part VII, Section A, line 1c .....										



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	371,204.				
	<b>d</b> Related organizations .....	<b>1d</b>	2,273,160.				
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	3,951,548.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		5,754.				
	<b>h Total.</b> Add lines 1a-1f .....		6,595,912.				
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		-832,861.			-832,861.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
		<b>d</b> Net gain or (loss) .....					
	<b>8 a</b> Gross income from fundraising events (not including \$ 371,204. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	23,994.				
		<b>b</b> Less: direct expenses .....	<b>b</b>	74,113.			
		<b>c</b> Net income or (loss) from fundraising events .....		-50,119.			-50,119.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
<b>b</b> Less: direct expenses .....		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> _____							
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> 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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,672,693.	3,672,693.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	18,044.	18,044.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	238,512.	1,145.	23,279.	214,088.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	553,651.	2,658.	54,036.	496,957.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	272,890.	1,310.	26,634.	244,946.
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes	56,161.	270.	5,481.	50,410.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	520.	2.	51.	467.
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	124,799.			124,799.
<b>f</b> Investment management fees	152,329.	731.	14,867.	136,731.
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	32,275.	155.	3,150.	28,970.
<b>12</b> Advertising and promotion	250.	1.	24.	225.
<b>13</b> Office expenses				
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel	21,661.	104.	2,114.	19,443.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	35,218.	169.	3,437.	31,612.
<b>23</b> Insurance				
<b>24</b> 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.)				
<b>a</b> <b>SUPPLIES</b>	79,691.	383.	7,778.	71,530.
<b>b</b> <b>PRINTING</b>	54,730.	263.	5,342.	49,125.
<b>c</b> <b>SOFTWARE SUPPORT</b>	39,568.	190.	3,862.	35,516.
<b>d</b> <b>DONOR RECOGNITION</b>	28,101.	135.	2,743.	25,223.
<b>e</b> All other expenses	65,955.	315.	6,438.	59,202.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	5,447,048.	3,698,568.	159,236.	1,589,244.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	2,442,656.	<b>2</b>	3,939,249.
	<b>3</b> Pledges and grants receivable, net .....	4,635,226.	<b>3</b>	3,437,033.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	102,148.	<b>7</b>	99,065.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 3,747,503.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 259,072.	3,520,599.	<b>10c</b> 3,488,431.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	25,739,553.	<b>13</b>	24,335,361.
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	0.	<b>15</b>	2,600,914.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	36,440,182.	<b>16</b>	37,900,053.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	156,523.	<b>17</b>	77,528.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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.	<b>25</b>	2,953,569.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	3,894,947.	<b>26</b>	3,031,097.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	12,779,835.	<b>27</b>	14,084,377.
	<b>28</b> Temporarily restricted net assets .....	14,486,125.	<b>28</b>	15,319,339.
	<b>29</b> Permanently restricted net assets .....	5,279,275.	<b>29</b>	5,465,240.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	32,545,235.	<b>33</b>	34,868,956.	
<b>34</b> Total liabilities and net assets/fund balances .....	36,440,182.	<b>34</b>	37,900,053.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,712,932.
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 Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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.
- 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? .....
- 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 .....

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2017)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	4924187.	5007683.	5730704.	5153133.	6595912.	27411619.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	4924187.	5007683.	5730704.	5153133.	6595912.	27411619.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						27411619.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4 .....	4924187.	5007683.	5730704.	5153133.	6595912.	27411619.
<b>8</b> 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.	2325889.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						29737508.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	96,902.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	92.18	%
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 .....	<b>15</b>	87.53	%
<b>16a 33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2016.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2017.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2016.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (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
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

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

**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 in line 12 on 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>		
<b>b</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>		
<b>c</b> 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>		
<b>10a</b> 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 10b below.</i>		
<b>b</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>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> 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>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> 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>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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>		
<b>b</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>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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>		
<b>b</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>		

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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):		
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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>		(A) Prior Year	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	<b>Distributable Amount.</b> 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
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> 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
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013			
<b>c</b> From 2014			
<b>d</b> From 2015			
<b>e</b> From 2016			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2013			
<b>b</b> Excess from 2014			
<b>c</b> Excess from 2015			
<b>d</b> Excess from 2016			
<b>e</b> Excess from 2017			

**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.)

Horizontal lines for supplemental information.

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2017**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**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 organization <b>THE MEDICAL CENTER FOUNDATION, INC.</b>	Employer identification number <b>58-1694820</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities .....

**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-.

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b>	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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017



**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
<b>1</b> 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:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?	X		107.
<b>j</b> Total. Add lines 1c through 1i			107.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity 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."**

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	2a	
<b>b</b> Carryover from last year	2b	
<b>c</b> Total	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
<b>4</b> 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	
<b>5</b> 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.

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

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.

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring details.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

**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:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 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 on 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  26.29 %
  - c Temporarily restricted endowment  73.71 %
- 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:
- |   | Yes | No |
|---|-----|----|
| (i) unrelated organizations   |     | X  |
| (ii) related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 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				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,488,431.

**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)		
<b>Total.</b> (Col. (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		
(2) PARTNERSHIP	24,335,361.	COST
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (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)	
<b>Total.</b> (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	
(2) DUE TO AFFILIATES	2,953,569.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (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.

**PART V, LINE 4:**

ENDOWMENT FUNDS ARE TO BE USED TO SUPPORT NORTHEAST GEORGIA MEDICAL CENTER, INC. (NGMC), A RELATED TAX-EXEMPT ENTITY. SPECIFICALLY, ENDOWMENT FUNDS ARE TO BE USED FOR SCHOLARSHIPS, NGMC EXPENSES AND INDIGENT CARE.

**PART X, LINE 2:**

THE FOUNDATION IS ORGANIZED AS A GEORGIA NOT-FOR-PROFIT CORPORATION AND IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. AS SUCH, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS. AT SEPTEMBER 30, 2018, MANAGEMENT DOES NOT BELIEVE THE FOUNDATION HOLDS ANY UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE UNDER GENERALLY

**Part XIII** Supplemental Information (continued)

ACCEPTED ACCOUNTING PRINCIPLES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE	74,113.
PARTNERSHIP INCOME NOT ON RETURN	2,181,978.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	2,256,091.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CONTRIBUTIONS INCLUDED IN EQUITY ON BOOKS	1,976,063.
RECLASS BAD DEBT EXPENSE	643,177.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	2,619,240.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE	74,113.
-----------------------	---------



**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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOLF TOURNAMENT		NONE	
		(event type)	(event type)	(total number)	
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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_



- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

\_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be 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.

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: COLUMNS FUNDRAISING

(I) ADDRESS OF FUNDRAISER:

2870 PEACHTREE ROAD, SUITE 956, ATLANTA, GA 30305

(I) NAME OF FUNDRAISER: PRIDE PHILANTHROPY

(I) ADDRESS OF FUNDRAISER:

1397 CHESTNUT COVE TRAIL, #20988, JASPER, GA 30143

**Part IV** Supplemental Information (continued)

(I) NAME OF FUNDRAISER: SUSAN DANIEL CREATIVE

(I) ADDRESS OF FUNDRAISER: 3712 ARROWHEAD PL, GAINESVILLE, GA 30506

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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 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.  Yes  No

**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.

1 (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 P.O. BOX 102454 ATLANTA, GA 30368	13-1788491	501 (C) (3)	13,000.	0.			RELAY FOR LIFE
MARCH OF DIMES 311 GREEN STREET, SUITE 101 GAINESVILLE, GA 30501	13-1846366	501 (C) (3)	6,500.	0.			MARCH FOR BABIES
NORTHEAST GEORGIA MEDICAL CENTER, INC. - 743 SPRING STREET - GAINESVILLE, GA 30501	58-1694098	501 (C) (3)	2,908,838.	0.			SUPPORT

- 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 **3.**

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

Schedule I (Form 990) (2017)

**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	2	18,044.	0.		

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**  
 THE MAJORITY OF GRANTS ARE TO 501(C)(3) ORGANIZATIONS. BOARD APPROVAL IS OBTAINED PRIOR TO DISBURSEMENT.

**SCHEDULE J  
(Form 990)**

**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.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**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**

**Part I Questions Regarding Compensation**

**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.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use    |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence    |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

**b** If any of the boxes on 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 .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**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.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**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**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? ..... **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? ..... **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 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**
- b** Any related organization? ..... **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? ..... **6a**
- b** Any related organization? ..... **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**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 .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2017

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

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

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) HEATH GURR	0.	0.	0.	0.	0.	0.	0.
MEMBER, PHARMACIST - NGMC	141,263.	0.	282.	13,970.	28,671.	184,186.	0.
(2) IVAN MOORE	0.	0.	0.	0.	0.	0.	0.
MEMBER, RN-EVOR - NGMC	111,832.	6,634.	6,325.	5,355.	31,014.	161,160.	0.
(3) MOHAK DAVE, MD	0.	0.	0.	0.	0.	0.	0.
MEMBER, NGMC MEDICAL DIRECTOR	0.	0.	199,133.	0.	0.	199,133.	0.
(4) RON LEWIS, MD	0.	0.	0.	0.	0.	0.	0.
MEMBER, NGPG PHYSICIAN	554,310.	0.	20,622.	9,450.	34,593.	618,975.	0.
(5) NANCY COLSTON	0.	0.	0.	0.	0.	0.	0.
PRESIDENT & CDO - FOUNDATION	162,296.	26,356.	49,860.	96,907.	10,433.	345,852.	0.
(6) PIERPONT BROWN, M.D.	0.	0.	0.	0.	0.	0.	0.
MEMBER, NGPG PHYSICIAN	518,128.	0.	22,902.	9,450.	29,409.	579,889.	0.
(7) BRIAN D. STEINES	0.	0.	0.	0.	0.	0.	0.
CHIEF FINANCIAL OFFICER - NGHS	275,952.	113,700.	5,597.	3,808.	11,824.	410,881.	0.
(8) CAROL BURRELL	0.	0.	0.	0.	0.	0.	0.
PRESIDENT & CEO	924,661.	256,500.	42,444.	903,153.	11,201.	2,137,959.	0.
(9) CHAD HATFIELD	0.	0.	0.	0.	0.	0.	0.
PRESIDENT - NGMC BARROW	206,868.	32,808.	715.	22,784.	16,680.	279,855.	0.
(10) CHRISTOPHER PARAVATE	0.	0.	0.	0.	0.	0.	0.
CHIEF INFORMATION OFFICER - NGHS	324,936.	57,179.	1,707.	49,180.	31,441.	464,443.	0.
(11) DANIEL TUFFY	0.	0.	0.	0.	0.	0.	0.
PRESIDENT OF PHYSICIAN SERVICES	146,590.	25,000.	764.	2,735.	11,360.	186,449.	0.
(12) DEBORAH WEBER	0.	0.	0.	0.	0.	0.	0.
CHIEF HUMAN RESOURCES OFFICER - NGHS	272,138.	45,112.	22,367.	43,824.	23,164.	406,605.	0.
(13) MELISSA TYMCHUK	0.	0.	0.	0.	0.	0.	0.
CHIEF OF STAFF, INTERIM MCF PRES.	147,021.	26,202.	22,313.	13,458.	21,032.	230,026.	0.
(14) SAMUEL JOHNSON, MD	0.	0.	0.	0.	0.	0.	0.
CHIEF MEDICAL OFFICER - NGHS	400,830.	124,013.	25,524.	60,095.	27,642.	638,104.	43,368.
(15) STEPHEN KELLY	0.	0.	0.	0.	0.	0.	0.
CHIEF COMPLIANCE OFFICER - NGHS	186,077.	35,158.	18,700.	33,725.	28,901.	302,561.	0.
(16) BRENDA SIMPSON	0.	0.	0.	0.	0.	0.	0.
CHIEF NURSING OFFICER - NGMC	306,266.	47,845.	7,088.	46,933.	23,195.	431,327.	0.

Schedule J (Form 990) 2017

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

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

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) JOHN WILLIAMSON PRES. NGMC - BRA & SOUTH. MKT. LDR.	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
(ii) PRES. NGMC - BRA & SOUTH. MKT. LDR.	324,282.	101,507.	20,620.	71,726.	28,014.	546,149.	31,614.
(18) LOUIS SMITH JR. PRES. - NGMC - SA/PA OPER.	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
(ii) PRES. - NGMC - SA/PA OPER.	548,909.	80,993.	21,047.	77,734.	31,865.	760,548.	0.
(19) TINA WALDEN VP OPERATIONS - NGPG	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
(ii) VP OPERATIONS - NGPG	219,073.	36,002.	10,332.	60,760.	16,141.	342,308.	0.
(20) ELYSE GATES VP REVENUE CYCLE - NGH5	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
(ii) VP REVENUE CYCLE - NGH5	230,197.	41,494.	770.	32,203.	1,648.	306,312.	0.
(21) LINDA NICHOLSON VP CORP FIN REPORTING/CONTROLLER - N	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
(ii) VP CORP FIN REPORTING/CONTROLLER - N	213,424.	62,513.	15,587.	73,052.	29,220.	393,796.	20,457.
(22) ROY GRIFFIN, JR. VP FIN. PLAN. & DEC. SUPPORT - NGH5	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
(ii) VP FIN. PLAN. & DEC. SUPPORT - NGH5	204,954.	40,198.	18,793.	35,607.	28,641.	328,193.	0.
(23) SONJA MCLENDON VP CHIEF OF OPER. EXCELLENCE - NGH5	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
(ii) VP CHIEF OF OPER. EXCELLENCE - NGH5	261,165.	79,080.	19,467.	43,749.	31,128.	434,589.	27,194.
(24) TRACY VARDEMAN VP STRATEGIC PLAN/MARKETING - NGH5	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
(ii) VP STRATEGIC PLAN/MARKETING - NGH5	290,446.	84,480.	22,609.	80,706.	19,705.	497,946.	25,611.
(25) HOWARD WALPOLE VP MEDICAL AFFAIRS - NGMC	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
(ii) VP MEDICAL AFFAIRS - NGMC	315,662.	173,419.	25,521.	49,872.	18,899.	583,373.	0.
(26) JOHN DELZELL, JR. VP MEDICAL EDUCATION - NGMC	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
(ii) VP MEDICAL EDUCATION - NGMC	144,927.	20,000.	706.	2,046.	5,238.	172,917.	0.
(27) JOHN TURNER VP POST ACUTE CARE - NGMC	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
(ii) VP POST ACUTE CARE - NGMC	263,040.	42,830.	3,927.	41,850.	23,561.	375,208.	0.
(28) PENNY VIGNEAU VP HEART & VASCULAR SERV. - NGMC	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
(ii) VP HEART & VASCULAR SERV. - NGMC	235,109.	33,349.	1,819.	33,042.	7,266.	310,585.	0.
(29) TAD GOMEZ VP PROFES. SUP. SERVICES - NGMC	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
(ii) VP PROFES. SUP. SERVICES - NGMC	229,597.	38,674.	1,091.	24,324.	24,608.	318,294.	0.
(30) ANTHONY HERDENER FORMER CFO - NGH5, CURRENT EXEC CONS	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
(ii) FORMER CFO - NGH5, CURRENT EXEC CONS	423,126.	180,681.	31,759.	108,208.	20,136.	763,910.	0.
(31) JAMES BAILEY FMR. VP-CMIO/COO, CUR. NGPG PHYS.	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
(ii) FMR. VP-CMIO/COO, CUR. NGPG PHYS.	446,688.	0.	28,124.	9,450.	12,605.	496,867.	0.
(i)							
(ii)							

**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.

<b>PART I, LINE 4B:</b>	
<b>PART I, LINE 4B - EMPLOYER CONTRIBUTION TO 457(F) EXECUTIVE RETIREMENT BENEFIT PLAN</b>	
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



**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.

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

**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.

**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

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

THE MEDICAL CENTER FOUNDATION, INC.

Employer identification number

58-1694820

**FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:**

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

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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 LARGEST FREE HEALTH CARE CLINIC IN GEORGIA, AND HEALTH

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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

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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;

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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 GAINESVILLE AND BRASELTON WAS 60% MEDICARE/MEDICAID, 29% COMMERCIAL INSURANCE 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 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 HAS A MEDICAL STAFF OF OVER 700 PHYSICIANS REPRESENTING NUMEROUS ADVANCED SPECIALTIES SUCH AS GYNECOLOGIC ONCOLOGY, ELECTROPHYSIOLOGY, CARDIAC SURGERY, CRITICAL CARE MEDICINE, SURGICAL TRAUMA, NEONATOLOGY,

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PERINATOLOGY AND TELEMEDICINE.

REINVEST SURPLUS FUNDS IN OPERATIONS.

- AS NOT-FOR-PROFIT ORGANIZATIONS, THE REVENUE GENERATED BY NGMC AND ITS PARENT ORGANIZATION, NORTHEAST GEORGIA HEALTH SYSTEM, ABOVE OPERATING EXPENSES IS REINVESTED INTO THE COMMUNITY. EXAMPLES INCLUDE CONSTRUCTION OF NEW MEDICAL FACILITIES, SUCH AS THE HOSPITAL IN BRASELTON OFFERING 24/7 EMERGENCY ROOM SERVICES NOT PREVIOUSLY AVAILABLE TO LOCAL RESIDENTS; INVESTMENTS IN ADVANCED MEDICAL TECHNOLOGY SUCH AS ROBOTIC SURGICAL SYSTEMS AND STATE OF THE ART RADIATION THERAPY EQUIPMENT; AND DEVELOPMENT OF 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, SUPPORTS RURAL HEALTH CARE FACILITIES THAT SERVE THE MEDICALLY INDIGENT AND FUNDS PRIMARY HEALTH CARE PROGRAMS FOR MEDICALLY INDIGENT GEORGIANS. GEORGIA'S DISPROPORTIONATE SHARE HOSPITAL (DSH) PROGRAM IS FUNDED THROUGH THE ICTF, AND ASSISTS HOSPITALS AND OTHER HEALTH PROVIDERS THAT CARE FOR HIGH PROPORTIONS OF MEDICAID, UNINSURED AND/OR LOW-INCOME PATIENTS.

IN 2018, NGMC RECEIVED \$8.8 MILLION IN NET FUNDS ALLOCATED THROUGH THE MEDICAID DSH (ICTF) PROGRAM TO PARTIALLY OFFSET A FINANCIAL LOSS OF \$63.2 MILLION IN COST THE MEDICAL CENTER INCURRED TREATING UNINSURED AND MEDICAID PATIENTS. IN ADDITION, NGMC RECEIVED \$10.1 MILLION IN NET FUNDS ALLOCATED THROUGH THE MEDICAID UPL PROGRAM TO ADJUST MEDICAID



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PAYMENTS UPWARD TO MATCH MEDICARE PAYMENT LEVELS.

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

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## 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 IN ALL THREE EMERGENCY DEPARTMENTS (AT GAINESVILLE, BRASELTON AND BARROW).

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NGMC IS THE FIRST IN THE NATION TO OFFER THE CARES PROGRAM IN ITS NEONATAL INTENSIVE CARE UNITS (NICUS) 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](http://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

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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 CLINICS HEART FAILURE CLINIC, EVA WAS GIVEN BRENAU 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 \$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

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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

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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.

#### 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

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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 BARROW). 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 OPIATE 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,

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SUCH AS, FORUM RECORDINGS, PARENT SUPPORT GROUP INFORMATION AND MORE  
CAN BE FOUND AT [HTTP://DRUGFREEHALL.ORG](http://DRUGFREEHALL.ORG). VISIT  
[HTTP://OPIOIDOVERDOSERESCUE.COM](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



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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:

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- SINCE 1997, APPROXIMATELY \$4.1 MILLION HAS BEEN RAISED FOR COMMUNITY HEALTH IMPROVEMENT PROJECTS 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 SIMULATION UNIT FOR TRAINING OF NORTHEAST GEORGIA HEALTH SYSTEM EMPLOYEES AT ALL LOCATIONS THROUGHOUT THE 18-COUNTY SERVICE REGION. THIS MOBILE TRAINING UNIT WILL ALLOW CARE PROVIDERS TO PREPARE 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!

- THROUGH 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 INITIATIVES, EQUIPMENT AND ENHANCED PATIENT CARE SINCE THE PROGRAM'S INCEPTION IN 1999.

#### 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

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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 BRAD AKINS 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

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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, SUPPORT 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 DEMENTIA), 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

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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

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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](https://www.foothillsahec.org)).

COORDINATED BY AHEC, NGMC HOSTED ITS FIRST 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.

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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

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GENEROUSLY AND PASSIONATELY.

WHEN IT COMES TO SUPPORTING MCF'S EMPLOYEE GIVING CLUB, WATCH, OVER 3,500 EMPLOYEES DONATED ABOUT \$800,000 IN 2018.

COMMUNITY SUPPORT: INFANT MORTALITY, CANCER, HEART DISEASE 962 NGMC EMPLOYEES WALKED FOR 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. NGMC 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. NGMC 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,



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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.

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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 DIRECTLY EXPERIENCING POVERTY AND WORKING SIDE BY SIDE WITH COMMUNITY AGENCIES TO DEVELOP STRATEGIES TO ADDRESS THE NEEDS.

THE GREATER HALL CHAMBER OF COMMERCE'S HEALTHY HALL AWARDS OF EXCELLENCE ARE PRESENTED TO THOSE IN HEALTHCARE MAKING A SIGNIFICANT IMPACT ON QUALITY 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 HEALTH SYSTEM'S OPIOID INITIATIVE. IN RECENT YEARS, NGHS IN PARTNERSHIP WITH OTHER HALL COUNTY REPRESENTATIVES PLAYED KEY ROLES IN THE PASSAGE OF SIGNIFICANT OPIOID-RELATED LEGISLATION, 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.

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NGMC BARROW

NGMC BARROW PROVIDED CHARITY CARE TO BARROW COUNTY RESIDENTS AT A COST OF \$2.3 MILLION IN 2018 WITH ANOTHER \$738 THOUSAND PROVIDED TO REGIONAL RESIDENTS OUTSIDE BARROW COUNTY.

NGMC BARROW RECEIVES NO LOCAL TAX REVENUE FROM ANY OF THE COUNTIES IT SERVES TO SUPPORT OPERATIONS OR CARE PROVIDED TO INDIGENT RESIDENTS. THE ORGANIZATION'S CHARITY CARE POLICY PROVIDES FINANCIAL ASSISTANCE 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 NGMC OFFERS.

NGMC SERVES AS A FINANCIAL ENGINE FOR THE LOCAL ECONOMY. IN 2017 (LATEST NUMBERS 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 THE HOSPITAL'S DIRECT EXPENDITURES TO ACCOUNT FOR THE "RIPPLE" EFFECT THE HOSPITAL'S SPENDING HAS ON OTHER SECTORS OF THE LOCAL AND STATE ECONOMIES. THE REPORT FOUND THAT THROUGH ITS ECONOMIC IMPACT, NGMC BARROW SUSTAINED ABOUT 400 FULL-TIME JOBS THROUGHOUT THE REGION AND THE STATE IN ADDITION TO OVER 160 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

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COMMUNITY; REFRAIN FROM PARTICIPATING IN POLITICAL CAMPAIGNS FOR OR AGAINST CANDIDATES AND/OR LOBBY AS A SUBSTANTIAL PART OF ITS ACTIVITIES; AND, REMAIN FINANCIALLY ACCOUNTABLE TO THE COMMUNITY BY NOT ALLOWING ANY PORTION OF ITS NET EARNINGS TO BENEFIT ANY PRIVATE SHAREHOLDER OR INDIVIDUAL.

AS A NOT-FOR-PROFIT HOSPITAL, NGMC BARROW CARRIES ADDITIONAL RESPONSIBILITIES AS ESTABLISHED BY THE IRS IN 1965:

OPERATE A FULL-TIME EMERGENCY ROOM THAT IS AVAILABLE TO ALL PEOPLE, REGARDLESS OF THEIR ABILITY TO PAY;

- NGMC BARROW OPERATES 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.

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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

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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

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

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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 WERE 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](http://WWW.NGHS.COM/CHNA-OUTCOME).

THE FOLLOWING CONTAINS HIGHLIGHTS OF COMMUNITY BENEFIT ACTIVITIES PROVIDED BY BARROW IN FY18:

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.

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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 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 HELPING PATIENTS APPLY FOR MEDICAID OR DISABILITY, ACCESSING HEALTHCARE EXCHANGES OR PROCESSING CHARITY APPLICATIONS WHEN APPROPRIATE.

#### PARTNERING IN THE COMMUNITY

NGMC BARROW VOLUNTEERS: IN FY18, 30 NGMC VOLUNTEERS CONTRIBUTED 2,958 VOLUNTEER HOURS, EQUIVALENT 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 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. THE PROGRAM WAS CREATED IN RESPONSE TO THE INCREASING NUMBER OF OVERDOSE FATALITIES



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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 BARROW).

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 COMMUNITY PROGRAMS SUCH AS PEACE PLACE, UNITED WAY, AND BOYS & GIRLS CLUB, TO NAME A FEW.

SUPPORT OF COMMUNITY EFFORTS TO IMPROVE HEALTH AMERICAN CANCER SOCIETY (ACS): NGMC BARROW WAS THE PLATINUM SPONSOR FOR THE ACS RELAY FOR LIFE IN BARROW COUNTY. THE WALK BENEFITS CANCER RESEARCH AND COMMUNITY EDUCATION. NGMC EMPLOYEES TURNED OUT IN FULL FORCE FOR RELAY FOR LIFE, WITH OVER 327 WALKERS THROUGHOUT THE REGION.

NORTHEAST GEORGIA HOMELESS VETERANS SHELTER: NGMC BARROW PROVIDED A DONATION TO THE NORTHEAST GEORGIA HOMELESS VETERANS SHELTER, THE ONLY HOMELESS VETERANS SHELTER IN THE NORTHEAST GEORGIA AREA.

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

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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 YMCA 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 NGMC BRASELTON AND BARROW WITH A TOTAL OF 713 BEDS AND MORE THAN 700 MEDICAL STAFF

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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 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

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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.

Name of the organization THE MEDICAL CENTER FOUNDATION, INC.	Employer identification number 58-1694820
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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.

FORM 990, PART VI, SECTION A, LINE 6:

NORTHEAST GEORGIA HEALTH SYSTEM, INC. IS THE SOLE MEMBER OF THE MEDICAL CENTER FOUNDATION, INC.

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.

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.

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.

FORM 990, PART VI, SECTION B, LINE 12C:

Name of the organization THE MEDICAL CENTER FOUNDATION, INC.	Employer identification number 58-1694820
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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.

FORM 990, PART VI, SECTION B, LINE 15:

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

Name of the organization

THE MEDICAL CENTER FOUNDATION, INC.

Employer identification number

58-1694820

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.

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.

Name of the organization <b>THE MEDICAL CENTER FOUNDATION, INC.</b>	Employer identification number <b>58-1694820</b>
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

OTHER CHANGES	-124,141.
PARTNERSHIP INCOME NOT ON RETURN	2,181,978.
TOTAL TO FORM 990, PART XI, LINE 9	2,057,837.







**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?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....	X	
<b>f</b> Dividends from related organization(s) .....		
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		
<b>s</b> Other transfer of cash or property from related organization(s) .....		X
<b>1a</b> .....		
<b>1b</b> .....		
<b>1c</b> .....		
<b>1d</b> .....		
<b>1e</b> .....		
<b>1f</b> .....		
<b>1g</b> .....		
<b>1h</b> .....		
<b>1i</b> .....		
<b>1j</b> .....		
<b>1k</b> .....		
<b>1l</b> .....		
<b>1m</b> .....		
<b>1n</b> .....		
<b>1o</b> .....		
<b>1p</b> .....		
<b>1q</b> .....		
<b>1r</b> .....		
<b>1s</b> .....		

**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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				



