

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning OCT 1, 2020, and ending SEP 30, 2021**2020**Department of the Treasury
Internal Revenue Service▶ Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax

**THE MEDICAL CENTER FOUNDATION, INC. DBA
THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN**

Taxpayer identification number

58-1694820

Name and title of officer or person subject to tax

**BRIAN D. STEINES
CFO****Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	6,805,753.
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above organization or ☐ I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize PYA, P.C. to enter my PIN 94820
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

62073217792

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶ 8/9/22

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

023051 11-03-20

11500804 781621 3925-1

2020.06000 THE MEDICAL CENTER FOUNDA 3925-1_1

EXTENDED TO AUGUST 15, 2022

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

2020Open to Public
Inspection**A** For the 2020 calendar year, or tax year beginning **OCT 1, 2020** and ending **SEP 30, 2021****B** Check if applicable:Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending**C** Name of organization**THE MEDICAL CENTER FOUNDATION, INC. DBA
THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN**

Doing business as

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

743 SPRING STREET

Room/suite

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

GAINESVILLE, GA 30501-3899**F** Name and address of principal officer: **CAROL BURRELL****SAME AS C ABOVE****D** Employer identification number**58-1694820****E** Telephone number**770-219-6659****G** Gross receipts \$**6,822,679.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? **Yes** **No**

If "No," attach a list. See instructions

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527**J** Website: ▶ **WWW.NGHS.COM****K** Form of organization: ☒ Corporation Trust Association Other ▶**L** Year of formation: **1986****M** State of legal domicile: **GA****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: IMPROVING THE HEALTH OF THE COMMUNITY IN ALL WE DO.
	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 20
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 15
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 0
	6	Total number of volunteers (estimate if necessary) 6 0
		7a
7b		Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.
Revenue	8	Contributions and grants (Part VIII, line 1h) 5,127,245. 6,247,758.
	9	Program service revenue (Part VIII, line 2g) 0. 0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 381,461. 557,995.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 5,508,706. 6,805,753.
	Expenses	13
14		Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,192,600. 1,332,879.
16a		Professional fundraising fees (Part IX, column (A), line 11e) 10,000. 0.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,574,046.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 621,394. 495,474.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,148,159. 7,078,077.
19		Revenue less expenses. Subtract line 18 from line 12 2,360,547. -272,324.
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 35,444,184. 39,439,884.
	21	Total liabilities (Part X, line 26) 83,672. 275,660.
	22	Net assets or fund balances. Subtract line 21 from line 20 35,360,512. 39,164,224.

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			
	BRIAN D. STEINES, CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name DEBORAH O. ERNSBERGER	Preparer's signature <i>Deborah O. Ernsberger</i>	Date 08/09/22	Check if self-employed <input type="checkbox"/>	PTIN P00364912
	Firm's name ▶ PYA, P. C.	Firm's EIN ▶ 62-1517792	Phone no. 865-673-0844		
	Firm's address ▶ 2220 SUTHERLAND AVE. KNOXVILLE, TN 37919				

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes **No**

THE MEDICAL CENTER FOUNDATION, INC. DBA
THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN

Form 990 (2020)

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Part III Statement of Program Service AccomplishmentsCheck 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, INC., ALSO KNOWN AS THE NORTHEAST
GEORGIA HEALTH SYSTEM FOUNDATION (NGHS FOUNDATION), IS AN AFFILIATE OF
NORTHEAST GEORGIA HEALTH SYSTEM (NGHS) AND IS ON A MISSION OF
IMPROVING THE HEALTH OF THE COMMUNITY IN ALL WE DO. NGHS IS A

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

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 5,258,116. including grants of \$ 5,249,724.) (Revenue \$)

AS A PART OF NORTHEAST GEORGIA HEALTH SYSTEM, THE NGHS FOUNDATION
SERVES MORE THAN A MILLION PEOPLE ACROSS 19 COUNTIES IN OUR REGION. SEE
SCHEDULE O FOR PROGRAM SERVICE ACCOMPLISHMENTS CONTINUATION.

****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 on Schedule O.)

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

4e Total program service expenses **5,258,116.**Form **990** (2020)

**THE MEDICAL CENTER FOUNDATION, INC. DBA
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Form 990 (2020)

58-1694820 Page **3****Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 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
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 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
8 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
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	X	
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a 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 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	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 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	
19 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
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**THE MEDICAL CENTER FOUNDATION, INC. DBA
THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN**

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58-1694820 Page **4****Part IV Checklist of Required Schedules** (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30 X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38 X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

**THE MEDICAL CENTER FOUNDATION, INC. DBA
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Page **5****Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

Form **990** (2020)

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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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	20			
b Enter the number of voting members included on line 1a, above, who are independent		15		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6		X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9			X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
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).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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?		

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 (1024 or 1024-A, 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 on Schedule O)

19 Describe on 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 ►
ELENA BARBERIS - 770-219-6659
743 SPRING STREET, GAINESVILLE, GA 30501-3899

THE MEDICAL CENTER FOUNDATION, INC. DBA

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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.
- See instructions for the order in which to list the persons above.

☐ 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) STACI TUNKEL DIRECTOR - FOUNDATION OPERATIONS	40.00 1.00					X		0.	112,558.	25,847.
(2) MARGARET JAMES SR. MAJOR GIFTS OFFICER	40.00					X		0.	103,248.	1,987.
(1) WILLIAM "BUDDY" LANGSTON, MD MEMBER	1.00	X						0.	0.	0.
(2) CARYN MCGARITY MEMBER	1.00	X						0.	0.	0.
(3) CHAUNTELLE STEINES MEMBER	1.00	X						0.	0.	0.
(4) CHRISTOPHER BRAY MEMBER, PRES. & CHIEF DEVELOPMENT	40.00 1.00	X						0.	255,494.	64,689.
(5) CRYSTAL SCHLIEMAN MEMBER	1.00	X						0.	0.	0.
(6) DEBBIE DAVIS MEMBER	1.00	X						0.	0.	0.
(7) GARY DALLEY, MD MEMBER, PHYSICIAN - NGPG	1.00 40.00	X						0.	303,128.	94,075.
(8) JON HORN, MD MEMBER	1.00	X						0.	0.	0.
(9) JOSH SCHLIEMAN MEMBER	1.00	X						0.	0.	0.
(10) KAREN BASTON MEMBER	1.00	X						0.	0.	0.
(11) LEE HIGHSMITH MEMBER	1.00	X						0.	0.	0.
(12) NEAL BOOTH MEMBER	1.00	X						0.	0.	0.
(13) PIERPONT BROWN, MD CHAIR, PHYSICIAN - NGPG	1.00 40.00	X						0.	414,343.	44,208.
(14) RAFAEL PASCUAL, MD MEMBER	1.00	X						0.	0.	0.
(15) RICKY PUGH VICE CHAIR	1.00	X						0.	0.	0.

**THE MEDICAL CENTER FOUNDATION, INC. DBA
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58-1694820 Page **8****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			
(16) RHONDA ROGERS MEMBER, MANAGER SOCIAL SERVICES, HOS	1.00 40.00	X						0.	94,527.	63,946.
(17) RUSSELL SMITH MEMBER	1.00	X						0.	0.	0.
(18) SCOTT MCGARITY MEMBER	1.00	X						0.	0.	0.
(19) TONY FUNARI MEMBER	1.00	X						0.	0.	0.
(20) ZACH TUMLIN MEMBER	1.00	X						0.	0.	0.
(21) CAROL BURRELL PRESIDENT & CEO	1.00 40.00			X				0.	1,387,598.	124,036.
(22) BRIAN D. STEINES CHIEF FINANCIAL OFFICER	1.00 40.00			X				0.	836,593.	113,162.
(23) STEPHEN KELLY CHIEF COMPLIANCE OFFICER	1.00 40.00			X				0.	297,483.	53,353.
(24) MICHAEL COVERT CHIEF OPERATING OFFICER	1.00 40.00			X				0.	785,050.	69,102.
1b Subtotal								0.	4,590,022.	654,405.
c Total from continuation sheets to Part VII, Section A								0.	609,143.	185,357.
d Total (add lines 1b and 1c)								0.	5,199,165.	839,762.

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 **3**

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*

	Yes	No
3	X	
4	X	
5		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? *If "Yes," complete Schedule J for such individual*

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

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	171,300.

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

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THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN

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Part VII

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(25) TRACY VARDEMAN CHIEF STRATEGY EXECUTIVE - NGHS	1.00 40.00				X			0.	444,369.	168,264.
(26) DEBORAH WEBER FORMER CHIEF HR OFFICER - NGHS	0.00						X	0.	164,774.	17,093.
Total to Part VII, Section A, line 1c									609,143.	185,357.

**THE MEDICAL CENTER FOUNDATION, INC. DBA
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58-1694820 Page **9****Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	200,750.				
	d Related organizations	1d	1,958,291.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	4,088,717.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 410,518.				
	h Total. Add lines 1a-1f						
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			557,995.			557,995.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real (ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ 200,750. of contributions reported on line 1c). See Part IV, line 18	8a	16,926.				
	b Less: direct expenses	8b	16,926.				
	c Net income or (loss) from fundraising events			0.			
	9 a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11 a						
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions				6,805,753.	0.	0.	557,995.

**THE MEDICAL CENTER FOUNDATION, INC. DBA
THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN**

Form 990 (2020)

58-1694820 Page **10****Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,249,724.	5,249,724.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,096,237.	5,032.	147,444.	943,761.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	164,354.	754.	22,106.	141,494.
9 Other employee benefits				
10 Payroll taxes	72,288.	332.	9,723.	62,233.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	166,704.	765.	22,422.	143,517.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	135,636.	623.	18,243.	116,770.
12 Advertising and promotion	9,740.	45.	1,310.	8,385.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	19,607.	90.	2,637.	16,880.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,408.	25.	727.	4,656.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	50,609.	232.	6,807.	43,570.
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DONOR RECOGNITION	27,687.	127.	3,724.	23,836.
b SUPPLIES	18,370.	84.	2,471.	15,815.
c DUES & SUBSCRIPTIONS	7,314.	34.	984.	6,296.
d PRINTING	3,025.	14.	407.	2,604.
e All other expenses	51,374.	235.	6,910.	44,229.
25 Total functional expenses. Add lines 1 through 24e	7,078,077.	5,258,116.	245,915.	1,574,046.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**THE MEDICAL CENTER FOUNDATION, INC. DBA
THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN**

Form 990 (2020)

58-1694820 Page **11****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
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	3,168,902.	2	2,998,208.
	3 Pledges and grants receivable, net	1,845,863.	3	1,901,738.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	82,837.	7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,843,941.		
	b Less: accumulated depreciation	10b 371,798.	3,522,752.	10c 3,472,143.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	19,794,691.	13	20,891,660.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	7,029,139.	15	10,176,135.
16 Total assets. Add lines 1 through 15 (must equal line 33)	35,444,184.	16	39,439,884.	
Liabilities	17 Accounts payable and accrued expenses	83,672.	17	105,242.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	170,418.
	26 Total liabilities. Add lines 17 through 25	83,672.	26	275,660.
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		
27 Net assets without donor restrictions		11,684,030.	27	13,941,217.
28 Net assets with donor restrictions		23,676,482.	28	25,223,007.
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds			29	
30 Paid-in or capital surplus, or land, building, or equipment fund			30	
31 Retained earnings, endowment, accumulated income, or other funds			31	
32 Total net assets or fund balances		35,360,512.	32	39,164,224.
33 Total liabilities and net assets/fund balances		35,444,184.	33	39,439,884.

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**THE MEDICAL CENTER FOUNDATION, INC. DBA
THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN**

Form 990 (2020)

58-1694820 Page **12****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	6,805,753.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,078,077.
3	Revenue less expenses. Subtract line 2 from line 1	3	-272,324.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	35,360,512.
5	Net unrealized gains (losses) on investments	5	698,834.
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 on Schedule O)	9	3,377,202.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	39,164,224.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	2b	X
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 on Schedule O.	2c	X
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? _____	3a	X
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 on Schedule O and describe any steps taken to undergo such audits _____	3b	

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THE MEDICAL CENTER FOUNDATION, INC. DBA

Schedule A (Form 990 or 990-EZ) 2020 THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN 58-1694820 Page 2

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5153133.	6595912.	5365182.	5127245.	6247758.	28489230.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	5153133.	6595912.	5365182.	5127245.	6247758.	28489230.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						9131474.
6 Public support. Subtract line 5 from line 4.						19357756.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	5153133.	6595912.	5365182.	5127245.	6247758.	28489230.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	955,380.	832,861.	2359276.	381,461.	557,995.	3421251.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						31910481.
12 Gross receipts from related activities, etc. (see instructions)					12	126,320.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	60.66 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	88.90 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2020

THE MEDICAL CENTER FOUNDATION, INC. DBA

Schedule A (Form 990 or 990-EZ) 2020 THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN 58-1694820 Page 3

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 ☐

THE MEDICAL CENTER FOUNDATION, INC. DBA

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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
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>		

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Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

THE MEDICAL CENTER FOUNDATION, INC. DBA

Schedule A (Form 990 or 990-EZ) 2020 THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN 58-1694820 Page 7

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

THE MEDICAL CENTER FOUNDATION, INC. DBA

Schedule A (Form 990 or 990-EZ) 2020 THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN 58-1694820 Page 8

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.)

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

THE MEDICAL CENTER FOUNDATION, INC. DBA
THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN

Employer identification number

58-1694820

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

SCHEDULE C
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ► **Complete if the organization is described below.** ► **Attach to Form 990 or Form 990-EZ.**
 ► **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020**Open to Public
Inspection****If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	THE MEDICAL CENTER FOUNDATION, INC. DBA THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN	Employer identification number	58-1694820
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political 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 ☐ No4a 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-.

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

Schedule C (Form 990 or 990-EZ) 2020

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THE MEDICAL CENTER FOUNDATION, INC. DBA

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Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			

☐ Yes ☐ No
4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2020

THE MEDICAL CENTER FOUNDATION, INC. DBA

Schedule C (Form 990 or 990-EZ) 2020 THE NORTHEAST GEORGIA HEALTH SYSTEM FOU 58-1694820 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		1.
j Total. Add lines 1c through 1i			1.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political 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."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (See instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE MEDICAL CENTER FOUNDATION, INC. PAYS MEMBERSHIP DUES TO THE ASSOCIATION FOR HEALTHCARE PHILANTHROPY, GEORGIA HOSPITAL ASSOCIATION, AND THE ASSOCIATION FOR HEALTHCARE. 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

2020**Open to Public Inspection**

Name of the organization **THE MEDICAL CENTER FOUNDATION, INC. DBA THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN** **Employer identification number** **58-1694820**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

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

a Revenue included on Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

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

Schedule D (Form 990) 2020

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 make significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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	23,676,482.	21,656,841.	20,784,579.	19,765,400.	18,583,043.
b Contributions	4,433,267.	3,457,050.	3,238,108.	4,000,666.	3,314,674.
c Net investment earnings, gains, and losses	507,097.	-100,742.	98,280.	113,308.	150,450.
d Grants or scholarships					
e Other expenditures for facilities and programs	3,276,227.	1,265,325.	2,665,485.	3,737,972.	2,291,945.
f Administrative expenses	117,612.	71,342.	-201,359.	-643,177.	-9,178.
g End of year balance	25,223,007.	23,676,482.	21,656,841.	20,784,579.	19,765,400.

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 ☒ 24.7400 %

c Term endowment ☒ 75.2600 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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		415,886.	284,673.	131,213.
c Leasehold improvements		5,635.	5,635.	0.
d Equipment		117,670.	81,490.	36,180.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,472,143.

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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	20,891,660.	COST
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	20,891,660.	

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	10,176,135.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	10,176,135.

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	170,418.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	170,418.

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 FASB 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	10,696,821.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	698,834.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-16,926.
e	Add lines 2a through 2d	2e	681,908.
3	Subtract line 2e from line 1	3	10,014,913.
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	166,704.
b	Other (Describe in Part XIII.)	4b	-3,375,864.
c	Add lines 4a and 4b	4c	-3,209,160.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,805,753.

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	6,894,447.
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	-16,926.
e	Add lines 2a through 2d	2e	-16,926.
3	Subtract line 2e from line 1	3	6,911,373.
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	166,704.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	166,704.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	7,078,077.

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, 2021 AND 2020, RESPECTIVELY, MANAGEMENT DOES NOT BELIEVE THE FOUNDATION HOLDS ANY UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION

Part XIII Supplemental Information (continued)

OR DISCLOSURE UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE -16,926.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

PARTNERSHIP INCOME NOT ON RETURN -3,531,806.

OTHER CHANGES 155,942.

TOTAL TO SCHEDULE D, PART XI, LINE 4B -3,375,864.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE -16,926.

THE MEDICAL CENTER FOUNDATION, INC. DBA

Schedule G (Form 990 or 990-EZ) 2020 THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN 58-1694820 Page 2

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 (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	217,676.			217,676.
	2 Less: Contributions	200,750.			200,750.
	3 Gross income (line 1 minus line 2)	16,926.			16,926.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	552.			552.
	8 Entertainment				
	9 Other direct expenses	16,374.			16,374.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				16,926.
11 Net income summary. Subtract line 10 from line 3, column (d)				0.	

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: _____

THE MEDICAL CENTER FOUNDATION, INC. DBA

Schedule G (Form 990 or 990-EZ) 2020 THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN 58-1694820 Page 3

- 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.

THE MEDICAL CENTER FOUNDATION, INC. DBA

Schedule G (Form 990 or 990-EZ)

THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN 58-1694820 Page 4

Part IV	Supplemental Information <i>(continued)</i>
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[illegible]

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 for the latest information.**

OMB No. 1545-0047

2020**Open to Public
Inspection**Name of the organization **THE MEDICAL CENTER FOUNDATION, INC. DBA
THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN****Employer identification number**
58-1694820**Part I** **General Information on Grants and Assistance****1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?☒ **Yes** ☐ **No****2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.**Part II** **Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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 noncash 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 1550 CRYSTAL DRIVE ARLINGTON, VA 22202	13-1846366	501(C)(3)	6,500.	0.			MARCH FOR BABIES
LANIER TECHNICAL COLLEGE 2535 LANIER TECH DRIVE GAINESVILLE, GA 30507	58-1688866	501(C)(3)	6,233.	0.			TUITION FROM JOHN A. FERGUSON
NORTH GEORGIA NURSING ACADEMY 3616 SOUTHLAND DR. FLOWERY BRANCH, GA 30542	46-2669064	501(C)(3)	8,250.	0.			TUITION FROM JOHN A. FERGUSON
UNITED WAY OF HALL COUNTY PO BOX 2656 GAINESVILLE, GA 30503	58-6011393	501(C)(3)	100,000.	0.			2020 PLEDGE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **5.****3** Enter total number of other organizations listed in the line 1 tableLHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.****Schedule I (Form 990) 2020**

THE MEDICAL CENTER FOUNDATION, INC. DBA
THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN

58-1694820

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	7	30,054.	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. APPROVAL IS OBTAINED
PRIOR TO DISBURSEMENT.

**SCHEDULE J
(Form 990)**Department of the Treasury
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020Open to Public
Inspection

Name of the organization

**THE MEDICAL CENTER FOUNDATION, INC. DBA
THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN**

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 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?**b** Participate in or receive payment from a supplemental nonqualified retirement plan?**c** Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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?**b** Any related organization?

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?**b** Any related organization?

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

1b**2****4a****4b****4c****5a****5b****6a****6b****7****8****9**

X

X

X

X

X

X

X

X

X

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Schedule J (Form 990) 2020

**THE MEDICAL CENTER FOUNDATION, INC. DBA
THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN 58-1694820**

Schedule J (Form 990) 2020

Page **2**

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) CHRISTOPHER BRAY	(i)	0.	0.	0.	0.	0.	0.	0.
MEMBER, PRES. & CHIEF DEVELOPMENT	(ii)	225,329.	0.	30,165.	34,954.	29,735.	320,183.	0.
(2) GARY DALLEY, MD	(i)	0.	0.	0.	0.	0.	0.	0.
MEMBER, PHYSICIAN - NGPG	(ii)	296,280.	0.	6,848.	75,115.	18,960.	397,203.	0.
(3) PIERPONT BROWN, MD	(i)	0.	0.	0.	0.	0.	0.	0.
CHAIR, PHYSICIAN - NGPG	(ii)	383,550.	2,500.	28,293.	9,975.	34,233.	458,551.	0.
(4) RHONDA ROGERS	(i)	0.	0.	0.	0.	0.	0.	0.
MEMBER, MANAGER SOCIAL SERVICES, HOS	(ii)	87,286.	0.	7,241.	37,021.	26,925.	158,473.	0.
(5) CAROL BURRELL	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT & CEO	(ii)	1,077,256.	0.	310,342.	98,665.	25,371.	1,511,634.	0.
(6) BRIAN D. STEINES	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF FINANCIAL OFFICER	(ii)	608,995.	76,387.	151,211.	85,676.	27,486.	949,755.	72,002.
(7) STEPHEN KELLY	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF COMPLIANCE OFFICER	(ii)	219,456.	28,102.	49,925.	36,175.	17,178.	350,836.	26,489.
(8) MICHAEL COVERT	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF OPERATING OFFICER	(ii)	534,667.	94,599.	155,784.	51,488.	17,614.	854,152.	43,270.
(9) TRACY VARDEMAN	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF STRATEGY EXECUTIVE - NGHS	(ii)	322,858.	41,634.	79,877.	141,138.	27,126.	612,633.	39,045.
(10) DEBORAH WEBER	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER CHIEF HR OFFICER - NGHS	(ii)	0.	0.	164,774.	0.	17,093.	181,867.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2020

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.

PART I, LINES 4A-B:**EMPLOYER CONTRIBUTION TO 457(F) EXECUTIVE RETIREMENT BENEFIT PLAN**

BRIAN D. STEINES \$ 75,701

CHRISTOPHER BRAY \$ 27,934

MICHAEL COVERT \$ 43,270

STEPHEN KELLY \$ 28,939

TRACY M. VARDEMAN \$ 41,634

CAROL H. BURRELL, PRESIDENT AND CEO: BEGINNING IN DECEMBER 2017, NORTHEAST
 GEORGIA HEALTH SYSTEM (A RELATED ORGANIZATION) INVESTED IN A JOINTLY-OWNED
 SPLIT DOLLAR LIFE INSURANCE PLAN FOR MS. BURRELL. THE ASSET VALUE AS OF
 SEPTEMBER 30, 2021 WAS \$5,737,849.

EMPLOYER PAYMENT FROM 457(F) PLAN (INCLUDING VESTED EARNINGS ON PREVIOUSLY
 REPORTED COMPENSATION):

BRIAN D. STEINES \$ 76,387

MICHAEL COVERT \$ 43,270

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.

TRACY M. VARDEMAN \$ 41,634

STEPHEN KELLY \$ 28,102

**SCHEDULE M
(Form 990)****Noncash Contributions**

OMB No. 1545-0047

2020Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization **THE MEDICAL CENTER FOUNDATION, INC. DBA
THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN** Employer identification number **58-1694820**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	38	86,259.	FMV
20 Drugs and medical supplies	X	11	266,587.	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (OTHER)	X	19	50,140.	FMV
26 Other ▶ (GOLF TOURNAME)	X	26	7,533.	FMV
27 Other ▶ ()				
28 Other ▶ ()				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) 2020

Part II

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

[illegible]

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 for the latest information.

OMB No. 1545-0047

2020Open to Public
Inspection

Name of the organization	THE MEDICAL CENTER FOUNDATION, INC. DBA THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN	Employer identification number 58-1694820
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FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

NOT-FOR-PROFIT ORGANIZATION SUPPORTED BY THE NGHS FOUNDATION'S

FUNDRAISING ACTIVITIES AND IS THE PARENT COMPANY FOR THE FOLLOWING

AFFILIATES:

- NORTHEAST GEORGIA MEDICAL CENTER, INC. (GAINESVILLE AND BRASELTON
CAMPUSES)

- NORTHEAST GEORGIA MEDICAL CENTER BARROW

- NORTHEAST GEORGIA MEDICAL CENTER LUMPKIN

- THE MEDICAL CENTER FOUNDATION, INC. (NGHS FOUNDATION)

- NORTHEAST GEORGIA PHYSICIANS GROUP

- GEORGIA HEART INSTITUTE OF NORTHEAST GEORGIA MEDICAL CENTER

- THE MEDICAL CENTER AUXILIARY

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

THE MISSION OF NORTHEAST GEORGIA HEALTH SYSTEM, INC., (NGHS) AND ALL
RELATED AFFILIATES IS TO "IMPROVE THE HEALTH OF THE COMMUNITY IN ALL WE
DO." LED BY VOLUNTEER BOARDS MADE UP OF COMMUNITY LEADERS, THE HEALTH
SYSTEM SERVES MORE THAN 1 MILLION PEOPLE IN 19 COUNTIES ACROSS
NORTHEAST GEORGIA.

NGHS IS A GEORGIA, NOT-FOR-PROFIT CORPORATION THAT, ALONG WITH ITS
AFFILIATES, PROVIDES HEALTHCARE SERVICES TO THE RESIDENTS OF NORTHEAST
GEORGIA. NGHS OPERATES A 56-BED LICENSED HOSPITAL LOCATED IN WINDER
(NGMC BARROW, LLC) AND IN JULY 2018, NGHS ACQUIRED NGMC LUMPKIN, LLC
(FORMERLY CHESTATEE REGIONAL HOSPITAL), TO INCLUDE EMERGENCY SERVICES,

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization	THE MEDICAL CENTER FOUNDATION, INC. DBA THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN	Employer identification number 58-1694820
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10 INPATIENT BEDS AND OTHER SUPPORT SERVICES IN DAHLONEGA AND SURROUNDING COMMUNITIES. NGHS AFFILIATE, NORTHEAST GEORGIA MEDICAL CENTER (NGMC), OPERATES A 557-LICENSED BED INPATIENT FACILITY IN GAINESVILLE, AND A 134-LICENSED BED INPATIENT FACILITY IN BRASELTON. OTHER AFFILIATES INCLUDE NORTHEAST GEORGIA PHYSICIANS GROUP (NGPG), THE NORTHEAST GEORGIA HEALTH SYSTEM FOUNDATION, RIVER PLACE MEDICAL OFFICE PLAZA I, AND GEORGIA HEART INSTITUTE, LLC FORMERLY THE HEART CENTER, LLC.

NGMC SERVES AS A FINANCIAL ENGINE FOR THE LOCAL ECONOMY. IN 2020 (LATEST NUMBERS AVAILABLE), THE FOUR HOSPITALS COLLECTIVELY HAD A \$3.55 BILLION LOCAL AND STATE ECONOMIC IMPACT, ACCORDING TO A REPORT BY THE GEORGIA HOSPITAL ASSOCIATION (GHA), WHICH APPLIED AN ECONOMIC MULTIPLIER TO THE HOSPITAL'S DIRECT EXPENDITURES TO ACCOUNT FOR THE "RIPPLE" EFFECT THE HOSPITAL'S SPENDING HAS ON OTHER SECTORS OF THE LOCAL AND STATE ECONOMIES. THE REPORT FOUND THAT THROUGH ITS ECONOMIC IMPACT, THE HEALTH SYSTEM CREATED 22,590 FULL-TIME JOBS THROUGHOUT THE REGION AND THE STATE, IN ADDITION TO NEARLY 15,826 EMPLOYEES DIRECTLY EMPLOYED.

COMMUNITY HEALTH IMPROVEMENT ACTIVITIES

WITH SIGNIFICANT INPUT FROM THE COMMUNITY, NORTHEAST GEORGIA HEALTH SYSTEM COMPLETED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN 2019. 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 IDENTIFIED THE FIVE HEALTH PRIORITIES THAT

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FIT HAND-IN-GLOVE WITH THE ORGANIZATION'S STRATEGIC DIRECTION:

BEHAVIORAL AND MENTAL HEALTH, ACCESS TO CARE, DIABETES, CARDIOVASCULAR
DISEASE, AND SEPTICEMIA.

FOR DETAILS ON HOW NGHS AND AFFILIATES ARE ADDRESSING THE SIGNIFICANT
NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA, GO TO:

WWW.NGHS.COM/2020-PLAN. VISIT [HTTPS://YOUTU.BE/UPDTTYIGAO8](https://youtu.be/updTTYIGAO8) TO WATCH A
VIDEO ABOUT HOW NGHS PARTNERED IN THE COMMUNITY TO CONDUCT THE 2019
CHNA.

NGHS, INC., AND AFFILIATES' RESPONSE TO COVID-19

THE UNFORESEEN COVID-19 PANDEMIC QUICKLY BECAME A PRIMARY FOCUS FOR
NGHS, NGMC, NGPG, AND AFFILIATES. COMMITTED TO IMPROVING THE HEALTH OF
OUR COMMUNITY, THE HEALTH SYSTEM PIVOTED IN 2020 TO MEET THE DEMANDS OF
THE PANDEMIC, REMAINING FLEXIBLE TO ADDRESS THE RISING NEEDS IN THE
COMMUNITY THROUGH THE FOLLOWING ACTIVITIES:

COMMUNITY COVID-19 LEADERSHIP COALITION: A COMMUNITY-WIDE COLLABORATIVE
WAS FORMED IN SEPTEMBER 2020 THAT INCLUDED NGHS, LONGSTREET CLINIC,
GOOD NEWS CLINIC, DISTRICT 2 PUBLIC HEALTH, GREATER HALL CHAMBER OF
COMMERCE, AND OTHER LOCAL ORGANIZATIONS TO IMPLEMENT A UNIFIED PLAN FOR
THE HALL COUNTY-GAINESVILLE AREA TO PREVENT THE SPREAD OF COVID-19.
FROM THIS, LOCAL BUSINESSES AND GOVERNMENT ENTITIES JOINED TO CREATE
THE "WE ARE HALL IN" CAMPAIGN TO SET THE STANDARD FOR COVID-19
PREVENTION. THOSE WHO ARE "HALL IN" PLEDGE TO WEAR A MASK WHEN
APPROPRIATE, PRACTICE SOCIAL DISTANCING, AND ABIDE BY OTHER HEALTH AND
SAFETY GUIDELINES.

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COVID-19 PANDEMIC: AS WITH ALL HEALTH SYSTEMS, COVID-19 CONTINUED TO IMPACT OPERATIONS, AND THE SYSTEM CONTINUED TO ADDRESS THE SHIFTING NEEDS OF THE COMMUNITY THROUGHOUT FY21.

THE FOREFRONT OF COVID-19 INFORMATION: NGHS REMAINED AT THE FOREFRONT OF COVID-19 INFORMATION DISTRIBUTION THROUGHOUT THE PANDEMIC. DAILY STATISTICS WERE MADE AVAILABLE TO THE PUBLIC THROUGH THE HOSPITAL'S WEBSITE, INFORMING THE COMMUNITY OF CONFIRMED POSITIVE PATIENTS IN OUR CARE, THE PERCENTAGE OF POSITIVE PATIENTS NOT FULLY VACCINATED, AND THE AVERAGE AGE OF POSITIVE PATIENTS. THIS INFORMATION IS AVAILABLE AT NGHS.COM/COVID-DATA. ADDITIONALLY, NGHS REGULARLY PUBLISHES TIPS ON AVOIDING COVID-19 AND INFORMATION ON VACCINE DISTRIBUTION.

GEORGIA TECH COVID-19 TESTING PARTNERSHIP: NGHS PARTNERED WITH GEORGIA TECH TO SUPPORT REGULAR COVID-19 TESTING FOR STATE LEGISLATORS AND CAPITOL STAFF DURING THE LEGISLATIVE SESSION. NGHS IS INTERPRETING RESULTS AND CONFIRMING THE DIAGNOSIS OF A SALIVA-BASED COVID SURVEILLANCE TEST CONDUCTED BY GEORGIA TECH'S RESEARCHERS.

METRO ATLANTA HOSPITAL COVID CAMPAIGN: NGHS PARTICIPATED IN TWO JOINT SOCIAL MEDIA CAMPAIGNS WITH OTHER METRO ATLANTA HOSPITALS TO DRIVE A UNIFIED MESSAGE AROUND COVID VACCINE ACCEPTANCE IN THE COMMUNITY. THE FOLLOWING HOSPITALS AND HEALTHCARE PROVIDERS WERE INVOLVED: NGHS, EMORY, CHOA, GRADY, PIEDMONT, ST. FRANCIS EMORY, HCA, WELLSTAR, ONE MEDICAL, AND KAISER PERMANENTE.

LAKE LANIER CONVENTION & VISITORS BUREAU RECOGNIZED NGHS FOR COVID-19

Name of the organization	THE MEDICAL CENTER FOUNDATION, INC. DBA THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN	Employer identification number 58-1694820
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EFFORTS: NGHS RECEIVED THE LAKE LANIER CONVENTION & VISITORS BUREAU
CHAIRMAN'S AWARD FOR COMMITMENT AND EFFORTS DURING THE COVID-19
PANDEMIC.

COMMUNITY CONVERSATIONS AND EDUCATION ON COVID-19: IN JUNE 2021,
MEMBERS FROM NGMC, NGHS, DISTRICT 2 PUBLIC HEALTH, ST. JOHN BAPTIST
CHURCH, AND NEWTOWN FLORIST CLUB MET TO DISCUSS COVID-19 IN THE AFRICAN
AMERICAN COMMUNITY. THIS PANEL SHARED CASE DATA ON COVID-19 BY
RACE/ETHNICITY, ANSWERED QUESTIONS ABOUT COVID-19, AND DISCUSSED MYTHS
ABOUT THE VIRUS AND VACCINATION. IN SEPTEMBER 2021, THE PARTNERS HOSTED
A VIRTUAL PANEL IN WHICH PANELISTS DISCUSSED THEIR PERSONAL EXPERIENCES
WITH THE VACCINE AND OTHER TOPICS RELATED TO COVID-19.

COVID-19 OUTREACH IN PARTNERSHIP WITH COMMUNITY LEADERS: KNOWING THE
DISPROPORTIONATE IMPACT COVID-19 HAS ON HISPANIC AND LATINO
POPULATIONS, NGHS PARTNERED WITH THE NORTHEAST GEORGIA LATINO CHAMBER
OF COMMERCE AND MIDTOWN VILLAGES IN AUGUST 2021 AT THE EVENT "FIESTA DE
VERANO" TO DISTRIBUTE COVID-19 VACCINES.

IN 2021, NGMC HOSPITALS PROVIDED CHARITY CARE IN THE COMMUNITY AT THE
COST OF AN ESTIMATED \$77.7 MILLION AND RECEIVED NO LOCAL TAX REVENUE
FROM HALL COUNTY, OR ANY OTHER COUNTIES, TO SUPPORT OPERATIONS OR CARE
PROVIDED TO INDIGENT RESIDENTS. THE 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 HEALTH SYSTEM SERVED MORE THAN ONE MILLION PEOPLE IN
19 COUNTIES ACROSS NORTHEAST GEORGIA, LED BY VOLUNTEER BOARDS OF

Name of the organization	THE MEDICAL CENTER FOUNDATION, INC. DBA THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN	Employer identification number 58-1694820
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COMMUNITY LEADERS. AS A NOT-FOR-PROFIT HEALTH SYSTEM, ALL REVENUE GENERATED ABOVE OPERATING EXPENSES WAS RETURNED TO THE COMMUNITY THROUGH IMPROVED SERVICES AND INNOVATIVE PROGRAMS. NORTHEAST GEORGIA MEDICAL CENTER'S CHARITY CARE POLICY SUPPORTS PROVIDING CARE FOR INDIGENT PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY.

TOTAL ESTIMATED CHARITY CARE COST FOR EACH HOSPITAL ENTITY IN FY21: NGMC GAINESVILLE AND BRASELTON: \$33.4 MILLION FOR HALL COUNTY, WITH ANOTHER \$32.1 MILLION FOR REGIONAL RESIDENTS OUTSIDE OF HALL COUNTY. NGMC BARROW: \$2.6 MILLION FOR BARROW COUNTY, WITH ANOTHER \$865,000 PROVIDED TO REGIONAL RESIDENTS OUTSIDE BARROW COUNTY. NGMC LUMPKIN: \$637,000 FOR LUMPKIN COUNTY, WITH ANOTHER \$479,000 FOR REGIONAL RESIDENTS OUTSIDE LUMPKIN COUNTY.

LOW-INCOME AND UNINSURED PATIENT PROGRAMS: THE HOSPITAL WAS A KEY PARTICIPANT AND FISCAL SPONSOR IN PROGRAMS AIMED AT TREATING LOW-INCOME AND UNINSURED PATIENTS, INCLUDING THE GOOD NEWS CLINICS, THE LARGEST FREE HEALTHCARE CLINIC IN GEORGIA, AND HEALTH ACCESS, A LOCAL SERVICE THAT MATCHES FINANCIALLY ELIGIBLE PATIENTS TO SPECIALTY PHYSICIANS AND PROVIDES ACCESS TO CARE, AMONG OTHER SERVICES. NGMC WAS 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 UNAVAILABLE.

NGMC TAX FUNDING: SINCE 2000, NGMC GAINESVILLE HAS PROVIDED NEARLY THREE TIMES THE AMOUNT OF INDIGENT AND CHARITY CARE OUTLINED IN REQUIREMENTS BY THE GEORGIA DEPARTMENT OF COMMUNITY HEALTH TO PASS A CERTIFICATE OF NEED FOR NEW SERVICES SUCCESSFULLY. UNLIKE MANY GEORGIA

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NOT-FOR-PROFIT HOSPITALS HELD TO THE SAME REQUIREMENTS, NGMC DOES NOT RECEIVE TAX FUNDING FROM ITS LOCAL COUNTY TO HELP FUND INDIGENT CARE FOR AREA RESIDENTS. NGMC GAINESVILLE WAS SIXTH IN THE TOP HOSPITALS FOR NET UNCOMPENSATED CARE (\$73.4 M) PROVIDED IN GEORGIA BASED ON STATE FISCAL YEAR (SFY) 2020 INDIGENT CARE TRUST FUND (ICTF) TOTAL HOSPITAL SPECIFIC DISPROPORTIONATE SHARE HOSPITAL (DSH) LIMITS; MANY OF THE HOSPITALS ON THE LIST RECEIVED LOCAL TAX DOLLARS, WHILE NGMC DID NOT, (SFY RUNS FROM JULY 1- JUNE 30).

AS A NOT-FOR-PROFIT HOSPITAL, NGMC CARRIES ADDITIONAL RESPONSIBILITIES, AS ESTABLISHED BY THE IRS IN 1965. THESE OBLIGATIONS ARE:

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

- NGMC GAINESVILLE AND BRASELTON HAD 134,032 ER VISITS, OPERATING THE BUSIEST EMERGENCY DEPARTMENT IN GEORGIA, AND NGMC BARROW AND LUMPKIN ALSO OPERATE A 24-HOUR EMERGENCY ROOM.

- IN FY21, 23 PERCENT OF ALL NGMC GAINESVILLE AND BRASELTON EMERGENCY ROOM VISITS WERE MADE BY SELF-PAY PATIENTS; 27 PERCENT FOR BARROW, AND 22 PERCENT FOR LUMPKIN.

PROVIDE NON-EMERGENCY SERVICES TO ANYONE UNABLE 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

Name of the organization	THE MEDICAL CENTER FOUNDATION, INC. DBA THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN	Employer identification number 58-1694820
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COMMUNITY, SERVING 1 MILLION PEOPLE IN MORE THAN 19 COUNTIES. IN FY21, NGMC'S PAYOR MIX AT GAINESVILLE AND BRASELTON WAS 60 PERCENT MEDICARE/MEDICAID, 31 PERCENT COMMERCIAL/OTHER INSURANCE AND 9 PERCENT SELF-PAY.

- IN FY21, NGMC'S PAYOR MIX AT BARROW WAS 55 PERCENT FOR MEDICARE/MEDICAID, 30 PERCENT FOR COMMERCIAL/OTHER INSURANCE AND 15 PERCENT FOR SELF-PAY.

- IN FY21, NGMC'S PAYOR MIX AT LUMPKIN WAS 50 PERCENT FOR MEDICARE/MEDICAID, 34 PERCENT FOR COMMERCIAL/OTHER INSURANCE AND 16 PERCENT FOR SELF-PAY.

PARTICIPATE IN MEDICAID AND MEDICARE;

- 60 PERCENT OF PATIENTS SERVED BY NGMC GAINESVILLE AND BRASELTON IN FY21 WERE MEDICAID AND MEDICARE PATIENTS; 55 PERCENT FOR BARROW AND 50 PERCENT FOR LUMPKIN.

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.

REINVESTMENT OF SURPLUS FUNDS IN OPERATIONS: AS A NOT-FOR-PROFIT ORGANIZATION, THE REVENUE GENERATED BY NGMC AND ITS PARENT ORGANIZATION

Name of the organization	THE MEDICAL CENTER FOUNDATION, INC. DBA THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN	Employer identification number 58-1694820
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NORTHEAST GEORGIA HEALTH SYSTEM, ABOVE OPERATING EXPENSES, IS REINVESTED INTO THE COMMUNITY. EXAMPLES INCLUDE INVESTMENTS IN ADVANCED MEDICAL TECHNOLOGY SUCH AS ROBOTIC SURGICAL SYSTEMS AND STATE-OF-THE-ART RADIATION THERAPY EQUIPMENT, A LEVEL 2 TRAUMA CENTER'S DEVELOPMENT, AND BARROW, THE ONLY FACILITY TO OFFER 3D MAMMOGRAPHY IN THAT COUNTY.

INDIGENT CARE TRUST FUND (ICTF): IN 2021, NGMC RECEIVED \$7.6 MILLION IN NET FUNDS ALLOCATED THROUGH THE MEDICAID DSH (ICTF) PROGRAM TO PARTIALLY OFFSET A FINANCIAL LOSS OF \$65.5 MILLION IN COST THE MEDICAL CENTER INCURRED TREATING UNINSURED AND MEDICAID PATIENTS. IN ADDITION, NGMC RECEIVED \$3.7 MILLION IN NET FUNDS ALLOCATED THROUGH THE MEDICAID UPL PROGRAM TO ADJUST MEDICAID PAYMENTS UPWARD TO MATCH MEDICARE PAYMENT LEVELS. THE INDIGENT CARE TRUST FUND IS A PROGRAM THAT WAS ESTABLISHED IN 1990, WHICH EXPANDS MEDICAID ELIGIBILITY AND SERVICES. IT SUPPORTS RURAL HEALTHCARE 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. IT ASSISTS HOSPITALS AND OTHER HEALTH PROVIDERS THAT CARE FOR HIGH PROPORTIONS OF MEDICAID, UNINSURED, AND/OR LOW-INCOME PATIENTS.

NGHS FOUNDATION

THE NGHS FOUNDATION IS THE FUNDRAISING ARM OF NGMC AND RAISED FUNDS TO IMPROVE THE COMMUNITY'S HEALTH. 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, INCLUDING WE ARE

Name of the organization	THE MEDICAL CENTER FOUNDATION, INC. DBA THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN	Employer identification number 58-1694820
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TARGETING COMMUNITY HEALTH (WATCH). THROUGH THE EMPLOYEE GIVING CLUB WATCH (WE ARE TARGETING COMMUNITY HEALTH), MEMBERS HAVE DONATED MORE THAN \$11 MILLION TO SUPPORT CAPITAL IMPROVEMENTS, COMMUNITY INITIATIVES, EQUIPMENT, AND ENHANCED PATIENT CARE SINCE THE PROGRAM'S INCEPTION IN 1999. WATCH HAS GROWN TO INCLUDE MORE THAN 3,600 EMPLOYEE DONORS.

IN FY21, AN ESTIMATED VALUE OF \$5,515 WAS GIVEN BY EMPLOYEES IN TIME SERVING ON THE WATCH COMMITTEE. WATCH EMPLOYEES SUPPORT HUNDREDS OF PROJECTS THAT HAVE HELPED IMPROVE THE LIVES OF PATIENTS, VISITORS, AND COLLEAGUES DAILY. THROUGH WATCH, 100 PERCENT OF SENIOR LEADERSHIP AND MORE THAN HALF OF NGHS STAFF ARE COMMITTED TO ENHANCING COMPASSIONATE CARE. IN FY21, WATCH EMPLOYEE DONORS EXTENDED THEIR IMPACT TOWARDS FUNDING CHANGE GRANTS. LAUNCHED IN 2019 AS A WAY FOR EMPLOYEES TO SUBMIT INNOVATIVE IDEAS TO IMPROVE PATIENT, VISITOR, OR EMPLOYEE EXPERIENCE, CHANGE GRANTS ARE DESIGNED TO GIVE VOICE TO ALL SYSTEM EMPLOYEES. THROUGH CHANGE GRANTS, EMPLOYEE-PROMPTED PROGRAMS HAVE INCLUDED:

- COGNITIVE BEHAVIOR THERAPY TRAINING TO LAURELWOOD
- SIMULATION TRAINING PROGRAM UPDATES TO INCLUDE COVID AND OTHER NEGATIVE PRESSURE TREATMENT ROOM SITUATIONS
- ROOM RENOVATIONS TO PROVIDE RESPITE AND PRIVACY TO NURSING EMPLOYEES IN BARROW
- BOOKS DELIVERED TO PROMOTE READING TO THE YOUNGEST AND MOST FRAGILE PATIENTS
- OUTDOOR SEATING AREAS FOR LONG-TERM CARE PATIENTS, VISITORS, AND STAFF AT LANIER PARK

Name of the organization	THE MEDICAL CENTER FOUNDATION, INC. DBA THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN	Employer identification number 58-1694820
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- REMOTE EDUCATION ACCESS FOR PATIENTS FACING CHEMOTHERAPY

SPECIAL NOTES

NGMC USES THE PRECEPTS OUTLINED IN "A GUIDE FOR PLANNING AND REPORTING COMMUNITY BENEFIT," PROVIDED BY THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES AND VHA, INC. FOR THE COMMUNITY BENEFIT 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

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COMMUNITY BENEFIT.

CHARITY CARE COST IS AN ESTIMATED COST AND DOES NOT INCLUDE BAD DEBT.

FOR MORE INFORMATION, CONTACT CHRISTY MOORE, DIRECTOR, COMMUNITY HEALTH
IMPROVEMENT, AT (770) 219-8097, EMAIL AT CHRISTY.MOORE@NGHS.COM OR GO
TO WWW.NGHS.COM.

FORM 990, PART VI, SECTION A, LINE 2:

CARYN MCGARITY, BOARD MEMBER IS THE WIFE OF SCOTT MCGARITY, BOARD MEMBER.
JOSH SCHLIEMAN, BOARD MEMBER IS THE HUSBAND OF CRYSTAL SCHLIEMAN, BOARD
MEMBER. CHAUNTELLE STEINES, BOARD MEMBER IS THE WIFE OF BRIAN STEINES, NGHS
CHIEF FINANCIAL OFFICER.

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

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

FORM 990, PART VI, SECTION A, LINE 7A:

THE BOARD OF DIRECTORS OF THE MEDICAL CENTER FOUNDATION, INC. DOING
BUSINESS AS THE NORTHEAST GEORGIA HEALTH SYSTEM FOUNDATION 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. DOING

Name of the organization	THE MEDICAL CENTER FOUNDATION, INC. DBA THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN	Employer identification number 58-1694820
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BUSINESS AS THE NORTHEAST GEORGIA HEALTH SYSTEM FOUNDATION 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:

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 EXECUTIVE COMPENSATION COMMITTEE OF THE NORTHEAST GEORGIA HEALTH SYSTEM BOARD (NGHS BOARD) HAS DEVELOPED A TOTAL COMPENSATION PHILOSOPHY 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 EXECUTIVE COMPENSATION COMMITTEE IS COMPOSED OF VOTING DIRECTORS WHO ARE NOT EMPLOYEES OF NGHS AND IS FREE FROM CONFLICT OF INTEREST. ALL DECISIONS OF THE EXECUTIVE 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

Name of the organization	THE MEDICAL CENTER FOUNDATION, INC. DBA THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN	Employer identification number 58-1694820
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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

NGHS ENGAGES AN INDEPENDENT THIRD-PARTY CONSULTANT TO COLLECT APPROPRIATE DATA FROM A GROUP OF PEERS SIMILAR IN SIZE AND COMPLEXITY TO NGHS. THIS COMPARABILITY DATA IS REVIEWED WITH THE COMMITTEE ALONG WITH COMPARISONS OF NGHS EXECUTIVE SALARIES COMPARED TO THE MARKET DATA. THE CEO MAKES RECOMMENDATIONS TO THE COMMITTEE FOR SALARIES WITHIN THE PEER GROUP SALARY RANGES BASED ON INDIVIDUAL PERFORMANCE ASSESSMENTS FOR EACH POSITION. IN EACH INSTANCE THE COMMITTEE MEMBERS REACH A CONSENSUS BASED ON THE COMBINATION OF AVAILABLE INFORMATION, AND THE COMMITTEE SETS A BASE SALARY LEVEL FOR EACH KEY EMPLOYEE.

PERFORMANCE BASED VARIABLE COMPENSATION

NGHS LEADERSHIP PARTICIPATE IN A PERFORMANCE BASED VARIABLE COMPENSATION PLAN WITH OPPORTUNITY LEVELS DETERMINED BASED ON THE PEER GROUP MARKET DATA AND TO ALIGN WITH THE NGHS EXECUTIVE COMPENSATION PHILOSOPHY PARAMETERS. ANNUAL GOALS AND OBJECTIVES ARE DETERMINED THROUGH A FORMAL PLANNING PROCESS INVOLVING BOARD MEMBERS AND SENIOR MANAGEMENT. FOLLOWING THE END OF THE FISCAL YEAR, CASH AWARDS ARE DETERMINED BASED ON ORGANIZATION PERFORMANCE.

BENEFITS AND RETENTION PROGRAMS

Name of the organization	THE MEDICAL CENTER FOUNDATION, INC. DBA THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN	Employer identification number 58-1694820
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BENEFIT PLANS 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.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

OTHER CHANGES	-155,942.
PARTNERSHIP INCOME NOT ON RETURN	3,531,806.
ROUNDING ADJUSTMENT	1,338.
TOTAL TO FORM 990, PART XI, LINE 9	3,377,202.

**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020**Open to Public
Inspection**

Name of the organization **THE MEDICAL CENTER FOUNDATION, INC. DBA
THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN** Employer identification number **58-1694820**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
NORTHEAST GEORGIA MEDICAL CENTER, INC. - 58-1694098, 743 SPRING STREET, GAINESVILLE, GA 30501	HEALTHCARE	GEORGIA	501(C)(3)	LINE 3	NORTHEAST GEORGIA HEALTH SYSTEM, INC.		X
NORTHEAST GEORGIA PHYSICIANS GROUP, INC. - 58-2078064, 743 SPRING STREET, GAINESVILLE, GA 30501	HEALTHCARE	GEORGIA	501(C)(3)	LINE 12B, II	NORTHEAST GEORGIA HEALTH SYSTEM, INC.		X
NORTHEAST GEORGIA HEALTH SYSTEM, INC. - 58-1694090, 743 SPRING STREET, GAINESVILLE, GA 30501	HEALTHCARE - PARENT ORG	GEORGIA	501(C)(3)	LINE 12C, III-FI	N/A		X
THE MEDICAL CENTER AUXILIARY, INC. - 58-1550576, 743 SPRING STREET, GAINESVILLE, GA 30501	FUNDRAISING AND SUPPORT	GEORGIA	501(C)(3)	LINE 10	NORTHEAST GEORGIA HEALTH SYSTEM, INC.		X

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

Schedule R (Form 990) 2020

THE MEDICAL CENTER FOUNDATION, INC. DBA
THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN

Schedule R (Form 990) 2020

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
NORTHEAST GA HEALTH PARTNERS, LLC - 58-2131807, 743 SPRING STREET, GAINESVILLE, GA 30501	PPO DEVELOPMENT	GA	N/A	C CORP	N/A	N/A	N/A		X
NORTHEAST GEORGIA HEALTH PARTNERS NETWORK LLC - 61-1972705, 743 SPRING STREET, GAINESVILLE, GA 30501	PPO DEVELOPMENT	GA	N/A	C CORP	N/A	N/A	N/A		X

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.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X
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)			

THE MEDICAL CENTER FOUNDATION, INC. DBA

Schedule R (Form 990) 2020

THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN 58-1694820 Page 5

Part VII	Supplemental Information
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Provide additional information for responses to questions on Schedule R. See instructions.

Form **8868**
(Rev. January 2020)Department of the Treasury
Internal Revenue Service**Application for Automatic Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-0047

- **File a separate application for each return.**
 ► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. THE MEDICAL CENTER FOUNDATION, INC. DBA THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN	Taxpayer identification number (TIN) 58-1694820
	Number, street, and room or suite no. If a P.O. box, see instructions. 743 SPRING STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GAINESVILLE, GA 30501-3899	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

ELENA BARBERIS

- The books are in the care of ► **743 SPRING STREET - GAINESVILLE, GA 30501-3899**
Telephone No. ► **770-219-6659** Fax No. ► _____
- If the organization does not have an office or place of business in the United States, check this box ☐ _____
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1** I request an automatic 6-month extension of time until **AUGUST 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ► ☐ calendar year _____ or
 ► ☒ tax year beginning **OCT 1, 2020**, and ending **SEP 30, 2021**.

- 2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev. 1-2020)