

# Return of Organization Exempt From Income Tax

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

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

**A** For the 2020 calendar year, or tax year beginning **2020**, and ending **20**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>MEDICAL CENTER OF CENTRAL GEORGIA, INC.</b>	<b>D</b> Employer identification number 58-2149128
	Doing business as <b>THE MEDICAL CENTER, NAVICENT HEALTH</b>	<b>E</b> Telephone number (478) 633-6968
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>777 HEMLOCK STREET, MSC 111</b>	<b>G</b> Gross receipts \$ <b>1,237,297,495</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>MACON, GA 31201</b>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
	<b>F</b> Name and address of principal officer: <b>DELVECCHIO S. FINLEY</b> SAME AS C ABOVE	<b>H(c)</b> Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **WWW.NAVICENTHEALTH.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **1994** **M** State of legal domicile: **GA**

<b>Part I Summary</b>			
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE MEDICAL CENTER OF CENTRAL GEORGIA, INC. (MCCG) IS A NON-PROFIT MEDICAL CENTER WHOSE PRIMARY PURPOSE IS TO PROVIDE HIGH QUALITY (CONTINUED ON SCHEDULE O)</b>		
	<b>2</b> Check this box <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	19
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	16
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	5,150
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	16
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	5,530,418
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	18,683,503	53,408,429
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	725,193,741	681,476,353
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	84,798,918	43,761,791
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,415,743	4,443,697
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	832,091,905	783,090,270
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	60,117,210	113,454,574
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	290,506,422	295,280,336
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶	0	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	419,696,790	395,598,681
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	770,320,422	804,333,591	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	61,771,483	(21,243,321)	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	1,263,100,131	1,332,957,251
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	319,915,083	392,692,438
		943,185,048	940,264,813

**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: **CHRIS WILDE, EXECUTIVE VICE PRESIDENT/CFO** Date: \_\_\_\_\_

Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name <b>W. EDWARD PHILLIPS</b>	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN <b>P00451499</b>
Firm's name ▶ <b>DRAFFIN &amp; TUCKER, LLP</b>	Firm's EIN ▶ <b>58-0914992</b>			
Firm's address ▶ <b>PO BOX 71309, ALBANY, GA 31708-1309</b>	Phone no. <b>(229) 883-7878</b>			

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



**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>	✓	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions? . . . . .	✓	
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>		✓
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II . . . . .</i>	✓	
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>		✓
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>		✓
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>		✓
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>		✓
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>		✓
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>		✓
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>	✓	
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>		✓
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>		✓
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>		✓
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	✓	
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>	✓	
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>		✓
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>	✓	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		✓
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>		✓
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>		✓
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>		✓
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 See instructions . . . . .</i>		✓
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>		✓
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>		✓
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>	✓	
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>	✓	

**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>		✓
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>	✓	
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>	✓	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		✓
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		✓
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		✓
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		✓
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>		✓
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>	✓	
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>		✓
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>		✓
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	✓	
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>		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		✓
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>		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
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>		✓
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>	✓	
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>	✓	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	✓	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	✓	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
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>		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	✓	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No		
<b>2a</b>	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	5,150		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>		✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		✓	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>		✓	
<b>4a</b>	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)?	<b>4a</b>			✓
<b>b</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).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	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?	<b>6a</b>			✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	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?	<b>7a</b>			✓
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</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	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<b>15</b>	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.	<b>15</b>			✓
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			✓

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

Section A. Governing Body and Management

Table with 4 columns: Question, Line Number, Yes, No. Rows include questions about voting members, family relationships, management delegation, and document retention.

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

Table with 4 columns: Question, Line Number, Yes, No. Rows include questions about local chapters, conflict of interest policies, whistleblower policies, and document retention.

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.
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

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

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

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

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

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

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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NINFA M SAUNDERS PRESIDENT/CEO	1.0 28.0			✓				0 4,824,808	158,292	
(2) CAROL LOVIN BOARD MEMBER	1.0 41.0	✓						0 1,540,055	421,623	
(3) KENNETH B BANKS SECRETARY	1.0 49.0			✓				0 1,411,740	467,382	
(4) ROBERT C WILDE TREASURER	1.0 49.0			✓				0 528,961	92,661	
(5) SUSAN W HARRIS COO MEDICAL CENTER NAVICENT HEALTH	40.0 0.0				✓			520,228 0	71,073	
(6) PATRICE C WALKER CHIEF MEDICAL OFFICER	40.0 0.0				✓			460,441 0	85,284	
(7) TRACEY A BLALOCK CHIEF NURSING EXECUTIVE	40.0 0.0				✓			409,244 0	76,534	
(8) ELIZABETH A MANN VP - CARDIOVASCULAR SERVICES AND NURSING STRATEGY	40.0 0.0					✓		295,720 0	30,691	
(9) MARK E LOVELL CHIEF FINANCIAL OFFICER	40.0 0.0					✓		254,894 0	34,923	
(10) MICHAEL G HAJWORONSKY VP CLINICAL SUPPORT SERVICES	40.0 0.0					✓		247,239 0	23,394	
(11) A.KARIM JABR PERFUSIONIST MANAGER	40.0 0.0					✓		218,537 0	33,117	
(12) DEBRA D RILEY AVP NURSING	40.0 0.0					✓		217,904 0	24,412	
(13) KIM JOHNSTON, MD VICE CHAIRMAN	1.0 1.0	✓		✓				0 0	0	
(14) STARR PURDUE CHAIRMAN	1.0 1.0	✓		✓				0 0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) BILL TIFT,, MD BOARD MEMBER	1.0 1.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(16) CONNIE CATER BOARD MEMBER	1.0 1.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(17) DAVID DANZIE BOARD MEMBER	1.0 1.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(18) HENRY KOPLIN BOARD MEMBER	1.0 2.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(19) J MARBURY RAINER BOARD MEMBER	1.0 1.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(20) JOHN D HOUSER BOARD MEMBER	1.0 1.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(21) MAC EVERETT BOARD MEMBER	1.0 1.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(22) MARK GROSSNICKLE, MD BOARD MEMBER	1.0 1.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(23) RANDY HUGHES BOARD MEMBER	1.0 1.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(24) RAY PIPPIN BOARD MEMBER	1.0 1.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(25) (SEE STATEMENT)										
<b>1b Subtotal</b>								2,624,207	8,305,563	1,519,385
<b>c Total from continuation sheets to Part VII, Section A</b>								0	0	0
<b>d Total (add lines 1b and 1c)</b>								2,624,207	8,305,563	1,519,385

**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 **261**

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

**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
AMERICAN ANESTHESIOLOGY OF GA LLC, P O BOX 535375, ATLANTA, GA 30353	CONTRACT SERVICES-ANESTHESIA	10,585,980
COGENT HEALTHCARE OF MACON, LLC DBA QUANTUM HC, 777 HEMLOCK STREET, MSC #104, MACON, GA 31201	CONTRACT SVC-HOSPITALISTS	7,004,367
VELOCITY HEALTHCARE COLLABORAT, 2490 RIVERSIDE DRIVE, MACON, GA 31204	CONTRACT SERVICES	1,950,720
RADIOLOGY ASSOCIATES, 770 PINE ST., SUITE 290, MACON, GA 31201	CONTRACT SERVICES	1,672,098
GEORGIA NEUROSURGICAL INST, 840 PINE STREET, MACON, GA 31201	CONTRACT SERVICES	1,490,291

**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 **56**

**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)		
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . .	1a	22,530					
	b	Membership dues . . . . .	1b						
	c	Fundraising events . . . . .	1c						
	d	Related organizations . . . . .	1d						
	e	Government grants (contributions)	1e	43,376,420					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	10,009,479					
	g	Noncash contributions included in lines 1a-1f . . . . .	1g	\$					
	h	<b>Total.</b> Add lines 1a-1f . . . . . ▶		53,408,429					
	Program Service Revenue				Business Code				
2a		PATIENT CHARGES	621500	667,036,930	667,036,930				
b		SUPPORT & SERVICES REVENUE	561000	1,565,611	1,473,267	92,344			
c		DOB RENTAL INCOME	531120	6,333,735	6,333,735				
d		REFERENCE LAB INCOME	541380	5,438,074		5,438,074			
e		WELLNESS	713940	1,102,003	1,102,003				
f		All other program service revenue . . . . .		0	0	0	0		
g		<b>Total.</b> Add lines 2a-2f . . . . . ▶		681,476,353					
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		8,303,220			8,303,220	
	4	Income from investment of tax-exempt bond proceeds ▶							
	5	Royalties . . . . . ▶							
	6a	Gross rents . . . . .	(i) Real						
			6a	1,892,014					
			6b						
	b	Less: rental expenses	6b						
	c	Rental income or (loss)	6c	1,892,014	0				
	d	Net rental income or (loss) . . . . . ▶		1,892,014	1,892,014				
	7a	Gross amount from sales of assets other than inventory	(i) Securities						
			7a	489,390,942					6,549
			7b	453,494,481					444,439
	b	Less: cost or other basis and sales expenses . . . . .	7b	453,494,481	444,439				
	c	Gain or (loss) . . . . .	7c	35,896,461	(437,890)				
	d	Net gain or (loss) . . . . . ▶		35,458,571			35,458,571		
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . .	8a						
b	Less: direct expenses . . . . .	8b							
c	Net income or (loss) from fundraising events . . . . . ▶								
9a	Gross income from gaming activities. See Part IV, line 19 . . . . .	9a							
b	Less: direct expenses . . . . .	9b							
c	Net income or (loss) from gaming activities . . . . . ▶								
10a	Gross sales of inventory, less returns and allowances . . . . .								
		10a	509,573						
		10b	268,305						
b	Less: cost of goods sold . . . . .	10b	268,305						
c	Net income or (loss) from sales of inventory . . . . . ▶		241,268	241,268					
Miscellaneous Revenue				Business Code					
	11a	EQUITY IN PET JOINT VENTURE	621512	1,278,000	1,278,000				
	b	CLINICAL TRIALS	541380	32,415	32,415				
	c	LLOYD'S EMS REIMBURSEMENT	813910	1,000,000	1,000,000				
	d	All other revenue . . . . .		0	0	0	0		
	e	<b>Total.</b> Add lines 11a-11d . . . . . ▶		2,310,415					
12	<b>Total revenue.</b> See instructions . . . . . ▶		783,090,270	680,389,632	5,530,418	43,761,791			

**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 . . . . .	113,454,574	113,454,574		
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 . . . . .	2,624,208	979,400	1,644,808	
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 . . . . .	229,984,467	221,668,267	8,316,200	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	6,730,005	6,722,730	7,275	
9	Other employee benefits . . . . .	39,338,253	38,656,747	681,506	
10	Payroll taxes . . . . .	16,603,403	15,939,436	663,967	
11	Fees for services (nonemployees):				
a	Management . . . . .				
b	Legal . . . . .	1,365,633		1,365,633	
c	Accounting . . . . .	5,300	5,300		
d	Lobbying . . . . .				
e	Professional fundraising services. See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .	947,974		947,974	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	169,098,223	106,079,769	63,018,454	0
12	Advertising and promotion . . . . .	598,417	365,737	232,680	
13	Office expenses . . . . .	3,930,411	3,655,158	275,253	
14	Information technology . . . . .	405,206	405,206		
15	Royalties . . . . .				
16	Occupancy . . . . .	6,244,928	6,243,736	1,192	
17	Travel . . . . .	1,374,601	1,377,274	(2,673)	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	35,299	35,299		
20	Interest . . . . .	3,607,934	3,607,934		
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	23,938,609	23,856,078	82,531	
23	Insurance . . . . .	7,248,422	1,356,670	5,891,752	
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	MEDICAL SUPPLIES	148,271,215	148,271,122	93	
b	PROVIDER & OTHER TAXES	8,097,723	8,091,145	6,578	
c	EQUIP RENTAL, MAINT & MINOR	7,014,511	7,009,268	5,243	
d	NUTRITIONAL SUPPLIES & MEALS	5,072,691	5,062,100	10,591	
e	All other expenses	8,341,584	6,944,445	1,397,139	0
25	<b>Total functional expenses.</b> Add lines 1 through 24e	804,333,591	719,787,395	84,546,196	0
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	52,099,168	<b>1</b>	136,594,894
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	138,224,170	<b>4</b>	151,410,518
	<b>5</b> 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 . . . . .	28,749,322	<b>5</b>	33,608,094
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	16,745,244	<b>8</b>	19,188,118
	<b>9</b> Prepaid expenses and deferred charges . . . . .	5,465,526	<b>9</b>	4,453,103
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 932,202,401		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 560,447,949	417,782,393	<b>10c</b> 371,754,452
	<b>11</b> Investments—publicly traded securities . . . . .	546,890,054	<b>11</b>	588,072,007
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	2,107,642	<b>13</b>	1,313,642
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	55,036,612	<b>15</b>	26,562,423
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	1,263,100,131	<b>16</b>	1,332,957,251	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	53,162,333	<b>17</b>	65,249,841
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .	190,821,789	<b>20</b>	187,101,606
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to 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 . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	39,969,713	<b>24</b>	39,969,713
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .	35,961,248	<b>25</b>	100,371,278
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	319,915,083	<b>26</b>	392,692,438
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/>			
	<b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	943,185,048	<b>27</b>	940,264,813
	<b>28</b> Net assets with donor restrictions . . . . .		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/>			
	<b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>		
<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>		
<b>32</b> Total net assets or fund balances . . . . .	943,185,048	<b>32</b>	940,264,813	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	1,263,100,131	<b>33</b>	1,332,957,251	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	783,090,270
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	804,333,591
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	(21,243,321)
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	943,185,048
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	20,280,838
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	(1,957,752)
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	940,264,813

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> 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.		
<b>2a</b> 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		✓
<b>b</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 checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
<b>c</b> 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.		✓
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		✓
<b>b</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.		

**Part VII**

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (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) RICK SHACKELFORD	1.0	<input checked="" type="checkbox"/>						0	0	0
BOARD MEMBER	1.0	<input checked="" type="checkbox"/>								
(26) RON SHIPMAN	1.0	<input checked="" type="checkbox"/>						0	0	0
BOARD MEMBER	1.0	<input checked="" type="checkbox"/>								
(27) RONNIE COLLIER	1.0	<input checked="" type="checkbox"/>						0	0	0
BOARD MEMBER	1.0	<input checked="" type="checkbox"/>								
(28) SHEILA RAY	1.0	<input checked="" type="checkbox"/>						0	0	0
BOARD MEMBER	1.0	<input checked="" type="checkbox"/>								
(29) TIMOTHY JACKSON	1.0	<input checked="" type="checkbox"/>						0	0	0
BOARD MEMBER	1.0	<input checked="" type="checkbox"/>								
(30) WIMBERLY TREADWELL	1.0	<input checked="" type="checkbox"/>						0	0	0
BOARD MEMBER	1.0	<input checked="" type="checkbox"/>								

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MEDICAL CENTER OF CENTRAL GEORGIA, INC.

Employer identification number  
58-2149128

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

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

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

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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

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

**Section B. Total Support**

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

**14 First 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**

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

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

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

**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 . . . .

**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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** *(continued)*

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

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.</i>		
	<b>1</b>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
	<b>2</b>		

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	

<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

<b>Section C—Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	

**7**  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

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

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

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2020**

Department of the Treasury  
Internal Revenue Service

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

**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 MEDICAL CENTER OF CENTRAL GEORGIA, INC.	Employer identification number 58-2149128
-----------------------------------------------------------------	----------------------------------------------

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . .  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

**A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No													

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

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



**Part IV**

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

Return Reference - Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	LOBBYING EXPENSES INCLUDE A % OF DUES PAID TO GEORGIA HOSPITAL ASSOC.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

Employer identification number

MEDICAL CENTER OF CENTRAL GEORGIA, INC.

58-2149128

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes questions 1-9 regarding 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.

Table with 3 columns: Line number, Description, Amount. Includes questions 1a, 1b, 2, a, b regarding art and historical treasures.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                           | Amount |
|-------------------------------------------|--------|
| c Beginning balance . . . . .             | 1c     |
| d Additions during the year . . . . .     | 1d     |
| e Distributions during the year . . . . . | 1e     |
| f Ending balance . . . . .                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Net investment earnings, gains, and losses . . . . .					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

- 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 ▶ \_\_\_\_\_ %
  - c Term endowment ▶ \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                                                                                      | Yes    | No |
|------------------------------------------------------------------------------------------------------|--------|----|
| (i) Unrelated organizations . . . . .                                                                | 3a(i)  |    |
| (ii) Related organizations . . . . .                                                                 | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		20,513,597		20,513,597
b Buildings . . . . .		499,556,760	256,547,530	243,009,230
c Leasehold improvements . . . . .		1,903,988	1,794,331	109,657
d Equipment . . . . .		346,794,690	302,106,088	44,688,602
e Other . . . . .		63,433,366		63,433,366
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .				371,754,452

**Part VII Investments—Other Securities.**

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

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

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) . . . . .		

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	POST RETIREE HEALTH INSURANCE RESERVE	27,389,123
(3)	MEDICARE ADVANCED FUNDING	60,301,122
(4)	INTEREST RATE SWAP LIABILITY	11,431,701
(5)	FIN 47 ASSET RETIREMENT OBLIGATION	1,249,332
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . .		100,371,278

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 XIII

**Supplemental Information.** Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference - Identifier	Explanation
<p>SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE</p>	<p>ON JANUARY 1, 2019, NAVICENT HEALTH BECAME PART OF ATRIUM HEALTH (THE CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY). FOLLOWING ARE EXCERPTS FROM FOOTNOTE 1 OF ATRIUM HEALTH'S AUDITED STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2020. THIS FOOTNOTE DISCUSSES NAVICENT'S RELATIONSHIP TO ATRIUM HEALTH AND ITS INCLUSION IN THE ATRIUM HEALTH AUDITED FINANCIAL STATEMENTS. AN ASC 740 DISCLOSURE WAS NOT CONSIDERED TO BE MATERIAL FOR FINANCIAL STATEMENT DISCLOSURE PURPOSES; HOWEVER, THE REQUIREMENTS OF ASC 740 WERE CONSIDERED.</p> <p>ATRIUM HEALTH IS ONE OF THE NATION'S LEADING AND MOST INNOVATIVE HEALTHCARE ORGANIZATIONS, PROVIDING A FULL SPECTRUM OF HEALTHCARE AND WELLNESS PROGRAMS THROUGHOUT THE SOUTHEAST REGION. ITS DIVERSE NETWORK OF CARE LOCATIONS INCLUDES ACADEMIC MEDICAL CENTERS, HOSPITALS, FREESTANDING EMERGENCY DEPARTMENTS, PHYSICIAN PRACTICES, SURGICAL AND REHABILITATION CENTERS, HOME HEALTH AGENCIES, NURSING HOMES AND BEHAVIORAL HEALTH CENTERS, AS WELL AS HOSPICE AND PALLIATIVE CARE SERVICES. ATRIUM HEALTH WORKS TO ENHANCE THE OVERALL HEALTH AND WELLBEING OF ITS COMMUNITIES THROUGH HIGH QUALITY PATIENT CARE, EDUCATION AND RESEARCH PROGRAMS, AND NUMEROUS COLLABORATIVE PARTNERSHIPS. ATRIUM HEALTH WAS ORGANIZED IN 1943 UNDER THE NORTH CAROLINA HOSPITAL AUTHORITIES ACT. IT IS A PUBLIC BODY AND A BODY CORPORATE AND POLITICAL, THEREFORE, HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE TO BE EXEMPT FROM FEDERAL AND STATE INCOME TAXES. ATRIUM HEALTH IS HEADQUARTERED IN CHARLOTTE, NORTH CAROLINA.</p> <p>FOR FINANCIAL REPORTING PURPOSES, ATRIUM HEALTH IS DIVIDED INTO THE "PRIMARY ENTERPRISE", "DISCRETE COMPONENT UNITS," AND "FIDUCIARY ACTIVITIES." THE PRIMARY ENTERPRISE CONSISTS OF THE CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY (CMHA, D/B/A ATRIUM HEALTH) AND ALL OF ITS CONTROLLED AFFILIATES.</p>

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization: **MEDICAL CENTER OF CENTRAL GEORGIA, INC.** Employer identification number: **58 2149128**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If "Yes," was it a written policy? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free care</i> ? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>125</u> %	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted care</i> ? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>270</u> %	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," did the organization make it available to the public? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

**7 Financial Assistance and Certain Other Community Benefits at Cost**

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			18,228,179	0	18,228,179	2.27
<b>b</b> Medicaid (from Worksheet 3, column a)			122,757,832	113,380,725	9,377,107	1.17
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .			0	0	0	0.00
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs	0	0	140,986,011	113,380,725	27,605,286	3.43
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			217,265	0	217,265	0.03
<b>f</b> Health professions education (from Worksheet 5) . . . . .			26,277,107	13,505,635	12,771,472	1.59
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .			0	0	0	0.00
<b>h</b> Research (from Worksheet 7) . . . . .			0	0	0	0.00
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			0	0	0	0.00
<b>j Total.</b> Other Benefits . . . . .	0	0	26,494,372	13,505,635	12,988,737	1.61
<b>k Total.</b> Add lines 7d and 7j . . . . .	0	0	167,480,383	126,886,360	40,594,023	5.05

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing					0	0.00
2 Economic development					0	0.00
3 Community support					0	0.00
4 Environmental improvements					0	0.00
5 Leadership development and training for community members					0	0.00
6 Coalition building					0	0.00
7 Community health improvement advocacy					0	0.00
8 Workforce development					0	0.00
9 Other					0	0.00
10 Total	0	0	0	0	0	0.00

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

- 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? 1
- 2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount 2 47,164,842
- 3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. 3
- 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

	Yes	No
1		✓
2		
3		
5		
6		
7		
9a	✓	
9b	✓	

**Section B. Medicare**

- 5 Enter total revenue received from Medicare (including DSH and IME) 5 143,156,535
- 6 Enter Medicare allowable costs of care relating to payments on line 5 6 134,502,688
- 7 Subtract line 6 from line 5. This is the surplus (or shortfall) 7 8,653,847
- 8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:  
 Cost accounting system     Cost to charge ratio     Other

**Section C. Collection Practices**

- 9a Did the organization have a written debt collection policy during the tax year? 9a ✓
- 9b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI 9b ✓

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	CENTRAL GEORGIA PET, LLC	IMAGING	66.67		33.33
2	CENTRAL GEORGIA HEALTH NETWORK LLC	PHO	29.00		71.00
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

**Part V Facility Information**

**Section A. Hospital Facilities**

(list in order of size, from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

1 MEDICAL CENTER OF CENTRAL GA, INC.  
 777 HEMLOCK STREET, MACON, GA 31201  
 WWW.NAVICENTHEALTH.ORG STATE LICENSE NO. :  
 011-104

2										
3										
4										
5										
6										
7										
8										
9										
10										

Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
✓	✓		✓		✓	✓			

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group MEDICAL CENTER OF CENTRAL GA, INC.

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

		Yes	No
<b>Community Health Needs Assessment</b>			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		✓
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .		✓
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply):	✓	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>20</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	✓	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	✓	
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .		✓
7	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply):	✓	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>(SEE STATEMENT)</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	✓	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>21</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	✓	
a	If "Yes," (list url): <u>https://www.navicenthealth.org/our-annual-reports.html</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		✓
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group MEDICAL CENTER OF CENTRAL GA, INC.

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	✓	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>1</u> <u>2</u> <u>5</u> % and FPG family income limit for eligibility for discounted care of <u>2</u> <u>7</u> <u>0</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance status		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	✓	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	✓	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	✓	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** *(continued)*

**Billing and Collections**

Name of hospital facility or letter of facility reporting group MEDICAL CENTER OF CENTRAL GA, INC.

		Yes	No
<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	✓	
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .		✓
If "Yes," check all actions in which the hospital facility or a third party engaged:			
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
<b>a</b>	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
<b>b</b>	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
<b>d</b>	<input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>f</b>	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .	✓	
If "No," indicate why:			
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Name of hospital facility or letter of facility reporting group MEDICAL CENTER OF CENTRAL GA, INC.

		Yes	No
<b>22</b>	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
<b>a</b>	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
<b>b</b>	<input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>c</b>	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>d</b>	<input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b>	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Section C.		✓
<b>24</b>	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Section C.		✓

**Part V, Section C**

**Supplemental Information.** Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 3E - THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY</p>	<p>PRIORITIZATION FOR THE MEDICAL CENTER, NAVICENT HEALTH WAS DETERMINED BASED ON A JOINT, REGIONAL PRIORITIZATION PROCESS, ALONG WITH THE OTHER NAVICENT HEALTH FACILITIES IN CENTRAL GEORGIA. ON DECEMBER 17, 2020, NAVICENT HEALTH CONVENED AN ONLINE MEETING WITH COMMUNITY STAKEHOLDERS (REPRESENTING A CROSS SECTION OF COMMUNITY-BASED AGENCIES AND ORGANIZATIONS) TO EVALUATE, DISCUSS AND PRIORITIZE HEALTH ISSUES FOR COMMUNITY, BASED ON FINDINGS OF THIS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA). PROFESSIONAL RESEARCH CONSULTANTS, INC. (PRC) BEGAN THE VIRTUAL MEETING WITH A PRESENTATION OF KEY FINDINGS FROM THE CHNA, HIGHLIGHTING THE SIGNIFICANT HEALTH ISSUES IDENTIFIED FROM THE RESEARCH. FOLLOWING THE DATA REVIEW, PRC ANSWERED ANY QUESTIONS. FINALLY, PARTICIPANTS WERE PROVIDED AN OVERVIEW OF THE PRIORITIZATION EXERCISE THAT FOLLOWED.</p> <p>IN ORDER TO ASSIGN PRIORITY TO THE IDENTIFIED HEALTH NEEDS, A WIRELESS AUDIENCE RESPONSE SYSTEM WAS USED IN WHICH EACH PARTICIPANT WAS ABLE TO REGISTER HIS/HER RATINGS USING A SMALL REMOTE KEYPAD. THE PARTICIPANTS WERE ASKED TO EVALUATE EACH HEALTH ISSUE ALONG TWO CRITERIA:</p> <ol style="list-style-type: none"> <li>1) SCOPE &amp; SEVERITY</li> <li>2) ABILITY TO IMPACT</li> </ol> <p>INDIVIDUALS' RATINGS FOR EACH CRITERIA WERE AVERAGED FOR EACH TESTED HEALTH ISSUE, AND THEN THESE COMPOSITE CRITERIA SCORES WERE AVERAGED TO PRODUCE AN OVERALL SCORE. THIS PROCESS YIELDED THE FOLLOWING PRIORITIZED LIST OF COMMUNITY HEALTH NEEDS:</p> <ol style="list-style-type: none"> <li>1. DIABETES</li> <li>2. HEART DISEASE &amp; STROKE</li> <li>3. NUTRITION, PHYSICAL ACTIVITY &amp; WEIGHT</li> <li>4. INFANT HEALTH &amp; FAMILY PLANNING</li> <li>5. ACCESS TO HEALTH CARE SERVICES</li> <li>6. SEXUAL HEALTH</li> <li>7. MENTAL HEALTH</li> <li>8. RESPIRATORY DISEASE</li> <li>9. CANCER</li> <li>10. TOBACCO USE</li> <li>11. SUBSTANCE ABUSE</li> <li>12. INJURY &amp; VIOLENCE</li> <li>13. POTENTIALLY DISABLING CONDITIONS</li> <li>14. SEPTICEMIA</li> <li>15. ORAL HEALTH</li> </ol>
<p>SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED</p>	<p>FACILITY NAME: THE MEDICAL CENTER OF CENTRAL GEORGIA, INC.</p> <p>DESCRIPTION: THIS ASSESSMENT INCORPORATES DATA FROM MULTIPLE SOURCES, INCLUDING PRIMARY RESEARCH (THROUGH THE PRC COMMUNITY HEALTH SURVEY AND PRC ONLINE KEY INFORMANT SURVEY), AS WELL AS SECONDARY RESEARCH (VITAL STATISTICS AND OTHER EXISTING HEALTH-RELATED DATA). IT ALSO ALLOWS FOR TRENDING AND COMPARISON TO BENCHMARK DATA AT THE STATE AND NATIONAL LEVELS. THE SURVEY INSTRUMENT USED FOR THIS STUDY IS BASED LARGELY ON THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS), AS WELL AS VARIOUS OTHER PUBLIC HEALTH SURVEYS AND CUSTOMIZED QUESTIONS ADDRESSING GAPS IN INDICATOR DATA RELATIVE TO HEALTH PROMOTION AND DISEASE PREVENTION OBJECTIVES AND OTHER RECOGNIZED HEALTH ISSUES. THE FINAL SURVEY INSTRUMENT WAS DEVELOPED BY NAVICENT HEALTH AND PRC AND IS SIMILAR TO THE PREVIOUS SURVEYS USED IN THE REGION, ALLOWING FOR DATA TRENDING.</p> <p>THE STUDY AREA FOR THE SURVEY EFFORT (REFERRED TO AS THE "TOTAL AREA" IN THIS REPORT) IS DEFINED AS EACH OF THE RESIDENTIAL ZIP CODES PREDOMINANTLY ASSOCIATED WITH BALDWIN, BIBB, CRAWFORD, HOUSTON, JONES, MONROE, PEACH, OR TWIGGS COUNTIES IN CENTRAL GEORGIA. IN THE REPORTING, CRAWFORD, JONES, MONROE, AND TWIGGS COUNTY FINDINGS ARE GROUPED INTO A SINGLE COMBINED AREA, REFERRED TO AS "OTHER COUNTIES."</p> <p>A PRECISE AND CAREFULLY EXECUTED METHODOLOGY IS CRITICAL IN ASSERTING THE VALIDITY OF THE RESULTS GATHERED IN THE PRC COMMUNITY HEALTH SURVEY. THUS, TO ENSURE THE BEST REPRESENTATION OF THE POPULATION SURVEYED A MIXED-MODE METHODOLOGY WAS IMPLEMENTED. THIS INCLUDED SURVEYS CONDUCTED VIA TELEPHONE (LANDLINE AND CELL PHONE), AS WELL AS THROUGH ONLINE QUESTIONNAIRES.</p> <p>THE SAMPLE DESIGN USED FOR THIS EFFORT CONSISTED OF A STRATIFIED RANDOM SAMPLE OF 1,200 INDIVIDUALS AGE 18 AND OLDER IN THE TOTAL AREA, INCLUDING 300 EACH IN BIBB AND HOUSTON COUNTIES, 200 EACH IN PEACH AND BALDWIN COUNTIES, AND 200 IN THE COMBINED OTHER COUNTIES AREA. ONCE THE INTERVIEWS WERE COMPLETED, THESE WERE WEIGHTED IN PROPORTION TO THE ACTUAL POPULATION DISTRIBUTION SO AS TO APPROPRIATELY REPRESENT THE TOTAL AREA AS A WHOLE. ALL ADMINISTRATION OF THE SURVEYS, DATA COLLECTION, AND DATA ANALYSIS WAS CONDUCTED BY PRC.</p> <p>FOR STATISTICAL PURPOSES, THE MAXIMUM RATE OF ERROR ASSOCIATED WITH A SAMPLE SIZE OF 1,200 RESPONDENTS IS +/-2.8% AT THE 95 PERCENT CONFIDENCE LEVEL.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES</p>	<p>FACILITY NAME: CENTRAL GEORGIA REHABILITATION HOSPITAL, LLC</p> <p>DESCRIPTION: A FREE STANDING SPECIALTY HOSPITAL WITH 58-LICENSED BEDS, CENTRAL GEORGIA REHABILITATION HOSPITAL PROVIDES COMPREHENSIVE PHYSICAL REHABILITATION SERVICES ON AN INPATIENT AND OUTPATIENT BASIS.</p>

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 7 - HOSPITAL FACILITY'S WEBSITE (LIST URL)	<a href="https://www.navicenthealth.org/our-annual-reports.html">https://www.navicenthealth.org/our-annual-reports.html</a>
SCHEDULE H, PART V, SECTION B, LINE 7D - OTHER METHODS CHNA REPORT MADE WIDELY AVAILABLE	<p>FACILITY NAME: THE MEDICAL CENTER OF CENTRAL GEORGIA, INC.</p> <p>DESCRIPTION: A COPY OF THE CHNA WAS PROVIDED TO MANY COMMUNITY LEADERS AND ORGANIZATIONS.</p>
SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA	<p>FACILITY NAME: THE MEDICAL CENTER OF CENTRAL GEORGIA, INC.</p> <p>DESCRIPTION: THERE WAS A WIDE RANGE OF PRIORITY HEALTH ISSUES IDENTIFIED FROM THE CHNA AND THE CHALLENGE IN RESOURCING EACH OF THEM. IN CONSIDERATION OF THE TOP HEALTH PRIORITIES IDENTIFIED THROUGH THE PROCESS AND IN OVERALL ALIGNMENT WITH THE HOSPITAL'S MISSION, GOALS AND STRATEGIC PRIORITIES. THE HOSPITAL WILL CONTINUE TO FOCUS ON DEVELOPING, SUPPORTING AND COLLABORATING ON STRATEGIES AND INITIATIVES TO IMPROVE HEALTHCARE ACCESS, HEALTH PROMOTION AND DISEASE PREVENTION. CERTAIN SIGNIFICANT HEALTH NEEDS WILL NOT BE ADDRESSED SO THAT RESOURCES ARE UTILIZED IN AREAS WHERE THE HOSPITAL CAN BE MOST EFFECTIVE. SOME NEEDS IDENTIFIED IN THE CHNA ARE BETTER ADDRESSED BY OTHER ORGANIZATIONS THAT ARE BETTER SUITED TO ADDRESS THESE NEEDS. THE MEDICAL CENTER OF CENTRAL GEORGIA WILL USE THE INFORMATION FROM THIS COMMUNITY HEALTH NEEDS ASSESSMENT TO DEVELOP IMPLEMENTATION STRATEGIES TO ADDRESS THE SIGNIFICANT HEALTH NEEDS IN THE COMMUNITY. WHILE THE HOSPITAL WILL NOT IMPLEMENT STRATEGIES FOR ALL OF THE HEALTH ISSUES LISTED ABOVE, THE RESULTS OF THIS PRIORITIZATION EXERCISE WILL BE USED TO INFORM THE DEVELOPMENT OF THE HOSPITAL'S ACTION PLAN TO GUIDE COMMUNITY HEALTH IMPROVEMENT EFFORTS IN THE COMING YEARS. THE IMPLEMENTATION STRATEGIES REPORT IS POSTED ON THE ORGANIZATION'S WEBSITE.</p>
SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE	<a href="https://atriumhealth.org/for-patients-visitors/financial-assistance">https://atriumhealth.org/for-patients-visitors/financial-assistance</a>
SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE	<a href="https://atriumhealth.org/for-patients-visitors/financial-assistance">https://atriumhealth.org/for-patients-visitors/financial-assistance</a>
SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE	<a href="https://atriumhealth.org/for-patients-visitors/financial-assistance">https://atriumhealth.org/for-patients-visitors/financial-assistance</a>

**Part V Facility Information** *(continued)*

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 1

Name and address	Type of Facility (describe)
1 PINE POINTE HOSPICE & PALLIATIVE CARE 6261 PEAKE ROAD MACON , GA 31210-8074	HOSPICE
2	
3	
4	
5	
6	
7	
8	
9	
10	

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Return Reference - Identifier	Explanation
SCHEDULE H, PART I, LINE 7 - EXPLANATION OF COSTING METHODOLOGY USED FOR CALCULATING LINE 7 TABLE	THE DATA REPORTED IN PART 1, LINE 7 IS REPORTED AS INSTRUCTED BY THE CATHOLIC HEALTH ASSOCIATION'S "A GUIDE FOR PLANNING AND REPORTING COMMUNITY BENEFITS, 2008". THE COSTS WERE CALCULATED USING THE RATIO OF COSTS TO CHARGES USING WORKSHEET 2 IN THE INSTRUCTIONS TO FORM 990 SCHEDULE H.
SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT	PATIENT CHARGES WRITTEN OFF TO BAD DEBT REPRESENT THE AMOUNT OF CHARGES CONSIDERED UNCOLLECTIBLE AFTER REASONABLE ATTEMPTS TO COLLECT HAVE BEEN MADE FOR THAT PORTION OF A PATIENT'S BILL THAT ARE NOT OTHERWISE PAID BY THIRD-PARTY INSURANCE, GOVERNMENT PROGRAMS, PATIENT PAYMENTS OR THAT DO NOT QUALIFY FOR WRITEOFF UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY.
SCHEDULE H, PART III, LINE 4 - FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT	ATRIUM HEALTH ISSUES CONSOLIDATED FINANCIAL STATEMENTS IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES AS PRESCRIBED BY THE GOVERNMENTAL ACCOUNTING STANDARDS BOARD. THERE IS NO COMPREHENSIVE FOOTNOTE THAT ADDRESSES BAD DEBT EXPENSE. NET PATIENT ACCOUNT RECEIVABLES ARE IN FOOTNOTE 1(G) ON PAGE 30, FINANCIAL ASSISTANCE AND COMMUNITY BENEFIT COSTS ARE DISCUSSED IN FOOTNOTE 1(S) ON PAGE 33, AND THE USE OF ESTIMATES (WHICH INCLUDES THE USE OF ESTIMATES RELATED TO THE VALUATION OF ACCOUNTS RECEIVABLE, INCLUDING CONTRACTUAL ALLOWANCES AND PROVISIONS FOR BAD DEBTS) IS DISCUSSED IN FOOTNOTE 1(U) ON PAGE 34 OF THE AUDITED FINANCIAL ON STATEMENTS FOR THE CALENDAR YEAR ENDED DECEMBER 31, 2020.
SCHEDULE H, PART III, LINE 8 - DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED	THE COSTING METHODOLOGY USES THE COSTS INCLUDED IN THE COST REPORT WHICH ARE CALCULATED USING A DEPARTMENTAL SPECIFIC COST TO CHARGE RATIO AS COMPARED TO ACTUAL MEDICARE PAYMENTS.
SCHEDULE H, PART III, LINE 9B - DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE	PATIENTS ARE NOTIFIED OF THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY PRIOR TO DISCHARGE. AVAILABILITY OF FINANCIAL ASSISTANCE IS ALSO NOTED WITH CONSPICUOUS SIGNAGE THROUGHOUT THE HOSPITAL AND ON THE HOSPITAL'S WEBSITE. EACH BILLING STATEMENT CONTAINS A CONSPICUOUS NOTICE THAT FINANCIAL ASSISTANCE IS AVAILABLE TO INDIVIDUALS THAT QUALIFY. ONCE A PATIENT IS DETERMINED TO QUALIFY FOR FINANCIAL ASSISTANCE, IT IS NOTED IN THE PATIENT'S FINANCIAL RECORD AND ANY COLLECTION EFFORTS CEASE. ANY PREVIOUS AMOUNTS BILLED ARE WRITTEN-OFF (OR REFUNDED IF ANY PAYMENT WAS RECEIVED) AS PROVIDED IN THE FINANCIAL ASSISTANCE POLICY. THE ORGANIZATION REVIEWS THE FINANCIAL ACTIVITY ON OTHER ACCOUNTS TO DETERMINE IF THE ACCOUNTS SHOULD BE TURNED OVER TO OUTSIDE COLLECTIONS. IF A PATIENT ACCOUNT TURNED OVER TO COLLECTIONS IS LATER DETERMINED TO QUALIFY AS FINANCIAL ASSISTANCE, THE ACCOUNT IS BROUGHT BACK FROM COLLECTIONS AND THE ACCOUNT WRITTEN OFF.
SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT	A COMMUNITY NEEDS ASSESSMENT WAS PERFORMED IN 2020 ON BEHALF OF THE MEDICAL CENTER OF CENTRAL GEORGIA (MCCG) BY PROFESSIONAL RESEARCH CONSULTANTS, INC. (PRC). PRC IS A NATIONALLY RECOGNIZED HEALTHCARE CONSULTING FIRM. IN ADDITION, THE MEDICAL CENTER REGULARLY SOLICITS FEEDBACK ON COMMUNITY HEALTH NEEDS FROM A VARIETY OF SOURCES INCLUDING MEDICAL STAFF MEMBERS AND COMMUNITY LEADERS AS PART OF ITS STRATEGIC PLANNING PROCESS.
SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION	PATIENTS ARE INFORMED OF AVAILABLE ASSISTANCE BY THE FOLLOWING METHODS: THE PATIENT IS NOTIFIED UPON ADMISSION OF THE FINANCIAL ASSISTANCE POLICY; SIGNAGE AT ALL ACCESS POINTS INTO THE ORGANIZATION NOTIFIES PATIENTS AND GUESTS OF THE POLICY; AND ALL BILLINGS INCLUDE INFORMATION TO CONTACT THE BUSINESS OFFICE TO APPLY FOR ASSISTANCE. WE ALSO IDENTIFY ALL PATIENTS WITHOUT INSURANCE AND WORK WITH THEM TO OBTAIN MEDICAID COVERAGE IF POSSIBLE. THE ORGANIZATION'S WEBSITE NOTIFIES VISITORS OF AVAILABLE FINANCIAL ASSISTANCE. THE FAP, THE PLAIN LANGUAGE SUMMARY AND THE APPLICATION FOR ASSISTANCE ARE ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE.
SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION	THE PRIMARY SERVICE AREA IS BIBB, CRAWFORD, HOUSTON, JONES, MONROE, PEACH AND TWIGGS COUNTIES. THERE ARE TWENTY-ONE COUNTIES IN THE SECONDARY SERVICE AREA. THE CURRENT POPULATION IN THE PRIMARY SERVICE AREA IS 406,725 AND THE SECONDARY SERVICE AREA HAS A POPULATION OF 389,460. MCCG IS THE TERTIARY HOSPITAL FOR THE CENTRAL GEORGIA REGION.

Return Reference - Identifier	Explanation
SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	THE ORGANIZATION IS PART OF A MULTI-ENTITY HEALTHCARE SYSTEM THAT PROVIDES MEDICAL SERVICES TO THE COMMUNITY. THE ORGANIZATION HAS A BOARD COMPRISED OF MEMBERS OF THE COMMUNITY. THE MEDICAL STAFF OF THE HOSPITAL IS OPEN TO ALL QUALIFIED PHYSICIAN APPLICANTS. ANY SURPLUS FUNDS ARE REINVESTED IN THE ORGANIZATION AND USED FOR PROGRAM SERVICES. AN EMERGENCY ROOM OPEN 24/7/365 IS AVAILABLE TO THE COMMUNITY.
SCHEDULE H, PART VI, LINE 6 - DESCRIPTION OF AFFILIATED GROUP	THE ORGANIZATION IS PART OF NAVICENT HEALTH, INC. AND IS ONE OF SEVERAL AFFILIATED ENTITIES COMPRISING THE MULTI-ENTITY HEALTHCARE SYSTEM. ORGANIZATIONS IN THE SYSTEM INCLUDE: AHNH GEORGIA, INC., A NORTH CAROLINA NON-PROFIT ORGANIZATION, SERVES AS THE SOLE MEMBER OF THE NAVICENT HEALTH, INC. NAVICENT HEALTH SERVES AS THE LOCAL (GEORGIA BASED) PARENT ENTITY OF THE HEALTH SYSTEM. IT ALSO OPERATES CENTRAL GEORGIA REHABILITATION HOSPITAL, INC. THE MEDICAL CENTER OF CENTRAL GEORGIA, INC. IS A 637-BED GENERAL SHORT-TERM ACUTE CARE HOSPITAL FACILITY THAT IS DESIGNATED AS A LEVEL 1 TRAUMA CENTER AND MAGNET HOSPITAL FOR NURSING. HEALTH SERVICES OF CENTRAL GEORGIA, INC. PROVIDES FACULTY PHYSICIANS TO THE RESIDENCY TRAINING PROGRAMS OF THE MEDICAL CENTER OF CENTRAL GEORGIA AS WELL AS OTHER PHYSICIANS, NURSE PRACTITIONERS, AND PHYSICIAN ASSISTANTS. CENTRAL GEORGIA SENIOR HEALTH, INC. IS A LIFE PLAN COMMUNITY (CCRC) OFFERING INDEPENDENT LIVING, ASSISTED LIVING, MEMORY SUPPORT AND SKILLED NURSING. NAVICENT HEALTH BALDWIN, INC. IS A 140-LICENSED BED ACUTE CARE HOSPITAL AND 15-BED SKILLED NURSING FACILITY IN NEARBY BALDWIN COUNTY. THE MEDICAL CENTER OF PEACH COUNTY, INC. IS A 25-BED CRITICAL ACCESS HOSPITAL PRIMARILY SERVING THE RESIDENTS OF PEACH COUNTY, GEORGIA.
SCHEDULE H, PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT	GA

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MEDICAL CENTER OF CENTRAL GEORGIA, INC.

Employer identification number  
58-2149128

**Part I General Information on Grants and Assistance**

- 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
- 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
(1) (SEE STATEMENT)	58-2149127	501C3	99,003,861				FINANCIAL SUPPORT.
(2) (SEE STATEMENT)	58-2307485	501C3	14,450,713				FINANCIAL SUPPORT
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2  
 3 Enter total number of other organizations listed in the line 1 table 0



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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	MCCG REQUIRES ALL ORGANIZATIONS THAT RECEIVE FUNDS TO PRESENT PROOF OF THEIR NON PROFIT STATUS. ALL GRANTS PROVIDED DURING THE FISCAL YEAR WERE MADE TO PROVIDE FINANCIAL SUPPORT TO RELATED TAX-EXEMPT ORGANIZATIONS.
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	NAVICENT HEALTH, INC. 777 HEMLOCK STREET, MSC 111, MACON, GA 31201
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	HEALTH SERVICES OF CENTRAL GEORGIA, INC. 777 HEMLOCK STREET, MSC 111, MACON, GA 31201

**SCHEDULE J  
(Form 990)**

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

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

MEDICAL CENTER OF CENTRAL GEORGIA, INC.

Employer identification number

58-2149128

**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
<b>1b</b>		
<b>2</b>		
<b>4a</b>	✓	
<b>4b</b>	✓	
<b>4c</b>		✓
<b>5a</b>		✓
<b>5b</b>		✓
<b>6a</b>		✓
<b>6b</b>		✓
<b>7</b>		✓
<b>8</b>		✓
<b>9</b>		

**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 NINFA M SAUNDERS PRESIDENT/CEO	(i)	0	0	0	0	0	0	0
	(ii)	598,832	1,749,000	2,476,976	132,586	25,706	4,983,100	2,411,544
2 CAROL LOVIN BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	577,219	699,540	263,295	404,686	16,938	1,961,678	0
3 KENNETH B BANKS SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	450,640	0	961,099	439,254	28,128	1,879,121	878,502
4 ROBERT C WILDE TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	490,262	0	38,699	68,775	23,886	621,622	0
5 SUSAN W HARRIS COO MEDICAL CENTER NAVICENT HEALTH	(i)	389,932	0	130,296	60,530	10,542	591,301	50,933
	(ii)	0	0	0	0	0	0	0
6 PATRICE C WALKER CHIEF MEDICAL OFFICER	(i)	432,902	0	27,539	55,875	29,409	545,725	0
	(ii)	0	0	0	0	0	0	0
7 TRACEY A BLALOCK CHIEF NURSING EXECUTIVE	(i)	306,100	0	103,144	48,220	28,314	485,778	51,983
	(ii)	0	0	0	0	0	0	0
8 ELIZABETH A MANN VP - CARDIOVASCULAR SERVICES AND NURSING STRATEGY	(i)	260,329	0	35,391	11,400	19,291	326,410	0
	(ii)	0	0	0	0	0	0	0
9 MARK E LOVELL CHIEF FINANCIAL OFFICER	(i)	213,719	0	41,175	10,008	24,915	289,817	0
	(ii)	0	0	0	0	0	0	0
10 MICHAEL G HAJWORONSKY VP CLINICAL SUPPORT SERVICES	(i)	208,104	0	39,135	9,982	13,411	270,633	0
	(ii)	0	0	0	0	0	0	0
11 A.KARIM JABR PERFUSIONIST MANAGER	(i)	185,809	0	32,728	8,969	24,148	251,653	0
	(ii)	0	0	0	0	0	0	0
12 DEBRA D RILEY AVP NURSING	(i)	198,196	0	19,708	8,845	15,567	242,316	0
	(ii)	0	0	0	0	0	0	0
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III

**Supplemental Information.** Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
<p>SCHEDULE J, PART I, LINE 3 - ARRANGEMENT USED TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION</p>	<p>THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS OF NAVICENT HEALTH, INC. ENGAGES AN EXECUTIVE CONSULTING FIRM PERIODICALLY TO REVIEW AND PROVIDE RECOMMENDATIONS REGARDING TOTAL COMPENSATION AND BENEFITS FOR THE EXECUTIVE LEADERSHIP TEAM. BASE COMPENSATION, INCENTIVE COMPENSATION, AND BENEFITS ARE INCLUDED IN THE REVIEW. THE EXECUTIVE CONSULTANTS REVIEW ORGANIZATION STRUCTURE, INDIVIDUAL JOB DESCRIPTIONS, AND DISCUSS SCOPE OF LEADERSHIP AND SPAN OF CONTROL WITH HR, THE COO, AND THE CEO AS A PART OF THE PROCESS TO DETERMINE PROPER PLACEMENT OF THE PAY GRADE AND LEVEL OF PARTICIPATION IN INCENTIVE AND BENEFITS PROGRAMS. THE COMPENSATION COMMITTEE PERIODICALLY REAFFIRMS THE TOTAL COMPENSATION PHILOSOPHY WHICH TARGETS THE 75TH PERCENTILE OF TOTAL COMPENSATION FOR OUR LEADERSHIP TEAM. THE PEER GROUP USED IS NATIONAL HOSPITALS AND HEALTH SYSTEMS OF SIMILAR SIZE AND SCOPE. OUR HUMAN RESOURCES DEPARTMENT SURVEYS THOSE EMPLOYED OUTSIDE OF THE EXECUTIVE LEADERSHIP TEAM USING TOOLS THAT PROVIDE COMPARABLE DATA IN OUR MARKET AREA TO ENSURE THE COMPENSATION IS IN LINE WITH OTHER HEALTH CARE ORGANIZATIONS.</p>
<p>SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT</p>	<p>NINFA SAUNDERS \$356,121</p>
<p>SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN</p>	<p>MCCG HAD A SUPPLEMENTAL EXECUTIVE BENEFIT PROGRAM ("SEBP") FOR CERTAIN EXECUTIVES THAT WAS DESIGNED AS A LOAN REGIME SPLIT DOLLAR LIFE INSURANCE PROGRAM. THIS PROGRAM WAS EXPECTED TO PROVIDE DEATH AND OTHER BENEFITS TO EXECUTIVES AND TO PROVIDE REPAYMENT OF LIFE INSURANCE PREMIUMS TO THE ORGANIZATION.</p> <p>AS A RESULT OF ECONOMIC CONDITIONS, THE LIFE INSURANCE POLICIES DID NOT PERFORM AS ANTICIPATED. DURING 2009 MCCG SUSPENDED ALL PREMIUM PAYMENTS AND REEVALUATED THE EFFECTIVENESS OF THE PROGRAM FOR ALL CURRENT PARTICIPANTS. DURING CALENDAR YEAR 2009 THE MCCG BOARD OF DIRECTORS, AFTER CONSULTATION WITH COMPENSATION AND LEGAL ADVISERS, ADOPTED A RESOLUTION TO MAKE PAYMENTS TO THE RETIRED PARTICIPANTS IN THE SEBP. IN CONSIDERATION FOR THE RECEIPT OF SUCH PAYMENT, THE RETIRED EXECUTIVES SURRENDERED SUBSTANTIALLY ALL RIGHTS AND BENEFITS (OTHER THAN A SMALL DEATH BENEFIT) UNDER THE SEBP TO THE ORGANIZATION. SUBSEQUENTLY, A SIMILAR DECISION WAS MADE DURING FISCAL YEAR ENDED SEPTEMBER 30, 2011 FOR THE REMAINING (EMPLOYED) PARTICIPANTS WITH ANY PAYMENTS TO BE MADE DEPENDENT ON THE INDIVIDUAL CONTINUING TO PROVIDE SUBSTANTIAL SERVICES TO A SPECIFIED FUTURE DATE.</p> <p>IN ADDITION, MCCG AND ITS AFFILIATED ORGANIZATIONS ADOPTED A SERP PROGRAM FOR CERTAIN EXECUTIVES EFFECTIVE FOR SERVICES RENDERED ON OR AFTER JANUARY 1, 2010. THIS PROGRAM PROVIDES FOR ANNUAL ACCOUNT VESTING IF THE PARTICIPANT IS EMPLOYED ON DECEMBER 31 OF THE THIRD YEAR AFTER THE ACCOUNT IS CREATED. THE BENEFIT EQUALS THE ANNUAL INCREASE IN THE PRESENT VALUE OF A LIFETIME ANNUITY PAYABLE COMMENCING AT A SPECIFIED TARGETED FUTURE DATE. THE ANNUITY IS EQUAL TO A SPECIFIC PERCENTAGE OF FINAL AVERAGE EARNINGS (GENERALLY 60%) LESS (1) THE EXPECTED ANNUAL SEBP PAYMENT USED IN CALCULATING THE SEBP LUMP SUM PAYMENT, (2) THE ANNUAL BENEFIT PROVIDED UNDER THE DEFINED BENEFIT PLAN, AND (3) 100% OF THE PARTICIPANT'S SOCIAL SECURITY BENEFIT. DURING THE YEAR, THE FOLLOWING BENEFITS WERE ACCRUED: KEN BANKS \$428,705</p> <p>IN ADDITION, NAVICENT ADOPTED A RETENTION PAYMENT PLAN EFFECTIVE OCTOBER 1, 2011 DESIGNED TO ENCOURAGE DESIGNATED EMPLOYEES TO CONTINUE THEIR EMPLOYMENT. UNDER THE PLAN, NAVICENT HEALTH MAY SELECT A RETENTION CREDIT EQUAL TO A PERCENTAGE OF THE EXECUTIVE'S BASE SALARY. THE CREDIT IS REDUCED BY THE VALUE OF LIFE INSURANCE COVERAGE PROVIDED TO THE EXECUTIVE. IN GENERAL, THE PLAN IS SUBJECT TO VESTING AT THE END OF THE THIRD PLAN YEAR AFTER THE ACCOUNT WAS CREATED OR AGE 65 IF EARLIER, AND IS SUBJECT TO FORFEITURE IF THE EXECUTIVE VOLUNTARILY SEPARATES FROM SERVICE. DURING THE YEAR THE FOLLOWING BENEFITS ACCRUED UNDER THIS PLAN: NONE</p> <p>IN ADDITION, NAVICENT ADOPTED A NONQUALIFIED, UNFUNDED DEFERRED COMPENSATION PLAN DESIGNED TO ATTRACT AND RETAIN QUALIFIED MANAGEMENT PERSONNEL. DURING THE YEAR THE FOLLOWING BENEFITS ACCRUED UNDER THIS PLAN: SUSAN HARRIS \$49,330 TRACEY BLALOCK \$38,899 PATRICE WALKER \$45,900 R. CHRIS WILDE \$57,375</p>

**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization  
MEDICAL CENTER OF CENTRAL GEORGIA, INC.

Employer identification number  
58-2149128

**Part I Bond Issues**

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
<b>A</b>	MACON-BIBB COUNTY HOSPITAL AUTHORITY	58-1034851	NONENONEN	12/18/2019	190,821,789	REFUND BONDS SERIES 2017		✓		✓		✓
<b>B</b>												
<b>C</b>												
<b>D</b>												

**Part II Proceeds**

		A		B		C		D	
<b>1</b>	Amount of bonds retired . . . . .	3,720,183							
<b>2</b>	Amount of bonds legally defeased . . . . .	0							
<b>3</b>	Total proceeds of issue . . . . .	190,821,789							
<b>4</b>	Gross proceeds in reserve funds . . . . .	0							
<b>5</b>	Capitalized interest from proceeds . . . . .	0							
<b>6</b>	Proceeds in refunding escrows . . . . .	0							
<b>7</b>	Issuance costs from proceeds . . . . .	0							
<b>8</b>	Credit enhancement from proceeds . . . . .	0							
<b>9</b>	Working capital expenditures from proceeds . . . . .	0							
<b>10</b>	Capital expenditures from proceeds . . . . .	0							
<b>11</b>	Other spent proceeds . . . . .	190,821,789							
<b>12</b>	Other unspent proceeds . . . . .	0							
<b>13</b>	Year of substantial completion . . . . .	2013							
		Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b>	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .	✓							
<b>15</b>	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .	✓							
<b>16</b>	Has the final allocation of proceeds been made? . . . . .	✓							
<b>17</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .								

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

Cat. No. 50193E

Schedule K (Form 990) 2020

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		✓						
2 Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		✓						
3a Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	✓							
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		✓						
c Are there any research agreements that may result in private business use of bond-financed property? . . . . .	✓							
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		✓						
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . ▶		0.00 %		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . ▶		0.00 %		%		%		%
6 Total of lines 4 and 5 . . . . .		0.00 %		%		%		%
7 Does the bond issue meet the private security or payment test? . . . . .		✓						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		✓						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	✓							

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		✓						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet? . . . . .	✓							
b Exception to rebate? . . . . .		✓						
c No rebate due? . . . . .		✓						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
3 Is the bond issue a variable rate issue? . . . . .	✓							



**Part VI**

**Supplemental Information.** Supplemental Information Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Return Reference - Identifier	Explanation
SCHEDULE K, PART III, LINE 3B - BOND COUNSEL REVIEW	BOND COUNSEL REVIEWS MANAGEMENT OR SERVICE CONTRACTS DURING DISCOVERY WHEN NEW BOND ISSUES ARE ANTICIPATED.
SCHEDULE K, PART III, LINE 3D - BOND COUNSEL REVIEW	BOND COUNSEL REVIEWS RESEARCH AGREEMENTS DURING DISCOVERY WHEN NEW BOND ISSUES ARE ANTICIPATED.

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

**Transactions With Interested Persons**

OMB No. 1545-0047

**2020**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ.**

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

Name of the organization <b>MEDICAL CENTER OF CENTRAL GEORGIA, INC.</b>	Employer identification number <b>58-2149128</b>
----------------------------------------------------------------------------	-----------------------------------------------------

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) (SEE STATEMENT)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
<b>Total</b>						\$ 33,608,094						

**Part III Grants or Assistance Benefiting Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				



**Part II**

**Loans to and/or From Interested Persons (continued)**

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1) ALFRED D. FAULK - SPLIT DOLLAR INS. LOAN						✓	4,764,065	10,163,648	
(2) ALFRED D. FAULK - SPLIT DOLLAR INS. LOAN				✓	458,584	861,173		✓	✓		✓	
(3) ALFRED D. FAULK - SPLIT DOLLAR INS. LOAN				✓	115,000	199,079		✓	✓		✓	
(4) ANDREW GALLOWAY - SPLIT DOLLAR INS. LOAN				✓	375,677	801,469		✓	✓		✓	
(5) ANDREW GALLOWAY - SPLIT DOLLAR INS. LOAN				✓	150,000	281,684		✓	✓		✓	
(6) ANDREW GALLOWAY - SPLIT DOLLAR INS. LOAN				✓	230,000	474,402		✓	✓		✓	
(7) ANDREW GALLOWAY - SPLIT DOLLAR INS. LOAN				✓	230,000	444,138		✓	✓		✓	
(8) ANDREW GALLOWAY - SPLIT DOLLAR INS. LOAN				✓	203,992	353,136		✓	✓		✓	
(9) BARB STICKEL - SPLIT DOLLAR INS. LOAN				✓	979,436	2,089,529		✓	✓		✓	
(10) BARB STICKEL - SPLIT DOLLAR INS. LOAN				✓	219,691	412,557		✓	✓		✓	
(11) BARB STICKEL - SPLIT DOLLAR INS. LOAN				✓	235,540	407,750		✓	✓		✓	
(12) BETH PEARSON - SPLIT DOLLAR INS. LOAN				✓	20,000	42,669		✓	✓		✓	
(13) BETH PEARSON - SPLIT DOLLAR INS. LOAN				✓	25,000	46,947		✓	✓		✓	
(14) BETH PEARSON - SPLIT DOLLAR INS. LOAN				✓	25,000	51,566		✓	✓		✓	
(15) BETH PEARSON - SPLIT DOLLAR INS. LOAN				✓	25,000	48,276		✓	✓		✓	
(16) BETH PEARSON - SPLIT DOLLAR INS. LOAN				✓	21,000	36,354		✓	✓		✓	
(17) DAWN COLE - SPLIT DOLLAR INS. LOAN				✓	53,000	113,070		✓	✓		✓	
(18) DAWN COLE - SPLIT DOLLAR INS. LOAN				✓	58,000	108,918		✓	✓		✓	
(19) DAWN COLE - SPLIT DOLLAR INS. LOAN				✓	58,000	119,632		✓	✓		✓	
(20) DAWN COLE - SPLIT DOLLAR INS. LOAN				✓	58,000	112,000		✓	✓		✓	
(21) DAWN COLE - SPLIT DOLLAR INS. LOAN				✓	55,000	95,211		✓	✓		✓	
(22) DEBBIE ORR - SPLIT DOLLAR INS. LOAN				✓	349,590	745,818		✓	✓		✓	
(23) DEBBIE ORR - SPLIT DOLLAR INS. LOAN				✓	143,606	269,676		✓	✓		✓	

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(24) ELBERT MCQUEEN - SPLIT DOLLAR INS. LOAN					61,000	105,599						
(25) ETHEL CULLINAN - SPLIT DOLLAR INS. LOAN				✓	636,204	1,357,275		✓	✓		✓	
(26) ETHEL CULLINAN - SPLIT DOLLAR INS. LOAN				✓	37,479	70,383		✓	✓		✓	
(27) ETHEL CULLINAN - SPLIT DOLLAR INS. LOAN				✓	161,243	279,131		✓	✓		✓	
(28) JOSEPH LAVELLE - SPLIT DOLLAR INS. LOAN				✓	110,000	234,674		✓	✓		✓	
(29) JOSEPH LAVELLE - SPLIT DOLLAR INS. LOAN				✓	110,000	206,570		✓	✓		✓	
(30) JOSEPH LAVELLE - SPLIT DOLLAR INS. LOAN				✓	170,000	350,645		✓	✓		✓	
(31) JOSEPH LAVELLE - SPLIT DOLLAR INS. LOAN				✓	170,000	328,276		✓	✓		✓	
(32) JOSEPH LAVELLE - SPLIT DOLLAR INS. LOAN				✓	135,000	233,701		✓	✓		✓	
(33) KEN BANKS - SPLIT DOLLAR INS. LOAN				✓	228,829	488,183		✓	✓		✓	
(34) KEN BANKS - SPLIT DOLLAR INS. LOAN				✓	82,000	153,986		✓	✓		✓	
(35) KEN BANKS - SPLIT DOLLAR INS. LOAN				✓	82,000	169,134		✓	✓		✓	
(36) KEN BANKS - SPLIT DOLLAR INS. LOAN				✓	82,000	158,345		✓	✓		✓	
(37) KEN BANKS - SPLIT DOLLAR INS. LOAN				✓	48,000	83,093		✓	✓		✓	
(38) LARRY PARKS - SPLIT INS. LOAN				✓	359,594	767,156		✓	✓		✓	
(39) LARRY PARKS - SPLIT INS. LOAN				✓	150,000	281,684		✓	✓		✓	
(40) LARRY PARKS - SPLIT INS. LOAN				✓	150,000	309,393		✓	✓		✓	
(41) LARRY PARKS - SPLIT INS. LOAN				✓	108,904	210,296		✓	✓		✓	
(42) LOUIS GOOLSBY, M.D. - SPLIT DOLLAR INS. LOAN				✓	953,762	2,034,753		✓	✓		✓	
(43) LOUIS GOOLSBY, M.D. - SPLIT DOLLAR INS. LOAN				✓	269,000	505,154		✓	✓		✓	
(44) LOUIS GOOLSBY, M.D. - SPLIT DOLLAR INS. LOAN				✓	269,000	554,844		✓	✓		✓	
(45) LOUIS GOOLSBY, M.D. - SPLIT DOLLAR INS. LOAN				✓	269,000	519,449		✓	✓		✓	
(46) MARCIA HUTCHINSON - SPLIT DOLLAR INS. LOAN				✓	155,000	268,324		✓	✓		✓	
(47) MICHAEL GILSTRAP - SPLIT DOLLAR INS. LOAN				✓	2,941,423	6,275,227		✓	✓		✓	
(48) MICHAEL GILSTRAP - SPLIT				✓	451,034	846,996		✓	✓		✓	

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
DOLLAR INS. LOAN												
(49) MICHAEL GILSTRAP - SPLIT DOLLAR INS. LOAN				✓	250,000	432,780		✓	✓		✓	
(50) MICHAEL VADEN - SPLIT DOLLAR INS. LOAN				✓	232,111	495,186		✓	✓		✓	
(51) MICHAEL VADEN - SPLIT DOLLAR INS. LOAN				✓	110,000	206,570		✓	✓		✓	
(52) MICHAEL VADEN - SPLIT DOLLAR INS. LOAN				✓	110,000	226,889		✓	✓		✓	
(53) MICHAEL VADEN - SPLIT DOLLAR INS. LOAN				✓	110,000	212,413		✓	✓		✓	
(54) MICHAEL VADEN - SPLIT DOLLAR INS. LOAN				✓	76,000	131,565		✓	✓		✓	
(55) PATRICIA D'ERRICO - SPLIT INS. LOAN				✓	50,000	106,669		✓	✓		✓	
(56) PATRICIA D'ERRICO - SPLIT INS. LOAN				✓	50,000	93,895		✓	✓		✓	
(57) PATRICIA D'ERRICO - SPLIT INS. LOAN				✓	50,000	103,131		✓	✓		✓	
(58) PATRICIA D'ERRICO - SPLIT INS. LOAN				✓	50,000	96,551		✓	✓		✓	
(59) PATRICIA D'ERRICO - SPLIT INS. LOAN				✓	49,000	84,825		✓	✓		✓	
(60) RAYMOND T. OLMER - SPLIT DOLLAR INS. LOAN				✓	2,191,396	4,675,120		✓	✓		✓	
(61) RAYMOND T. OLMER - SPLIT DOLLAR INS. LOAN				✓	222,887	418,558		✓	✓		✓	
(62) RAYMOND T. OLMER - SPLIT DOLLAR INS. LOAN				✓	184,000	318,526		✓	✓		✓	
(63) RHONDA PERRY - SPLIT DOLLAR INS. LOAN				✓	509,455	1,086,870		✓	✓		✓	
(64) RHONDA PERRY - SPLIT DOLLAR INS. LOAN				✓	260,000	488,252		✓	✓		✓	
(65) RHONDA PERRY - SPLIT DOLLAR INS. LOAN				✓	260,000	536,279		✓	✓		✓	
(66) RHONDA PERRY - SPLIT DOLLAR INS. LOAN				✓	260,000	502,068		✓	✓		✓	
(67) RHONDA PERRY - SPLIT DOLLAR INS. LOAN				✓	143,000	247,551		✓	✓		✓	
(68) TOM SANDS, JR. - SPLIT DOLLAR INS. LOAN				✓	30,000	64,004		✓	✓		✓	
(69) TOM SANDS, JR. - SPLIT DOLLAR INS. LOAN				✓	34,000	63,849		✓	✓		✓	
(70) TOM SANDS, JR. - SPLIT DOLLAR INS. LOAN				✓	34,000	70,128		✓	✓		✓	
(71) TOM SANDS, JR. - SPLIT DOLLAR INS. LOAN				✓	34,000	65,656		✓	✓		✓	
(72) TOM SANDS, JR. - SPLIT DOLLAR INS. LOAN				✓	30,000	51,934		✓	✓		✓	

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(73) VIRGIL COOPER - SPLIT INS. LOAN				✓	1,012,536	2,160,142		✓	✓		✓	
(74) VIRGIL COOPER - SPLIT INS. LOAN				✓	358,905	621,310		✓	✓		✓	
(75) GAAP ADJUSTMENT TO CSV				✓	-1,891,558	-15,023,600		✓	✓		✓	

**Part IV****Business Transactions Involving Interested Persons (continued)**

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) WALTER HUTCHINGS	FAMILY MEMBER OF A BOARD MEMBER	\$49,525	MR HUTCHINGS WORKED AS A CONTRACT PHYSICIAN FOR THE MEDICAL CENTER OF CENTRAL GEORGIA, INC.		✓
(2) COURTNEY A JOHNSTON	FAMILY MEMBER OF BOARD MEMBER	\$36,118	MS JOHNSTON IS EMPLOYED AS A SPEECH THERAPIST FOR THE MEDICAL CENTER OF CENTRAL GA, INC.		✓

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

Department of Treasury Internal Revenue Service

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

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

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

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the Organization  
**MEDICAL CENTER OF CENTRAL GEORGIA, INC.**

Employer Identification Number  
**58-2149128**

Return Reference - Identifier	Explanation
FORM 990, PART I, LINE 1 - BRIEF MISSION	HEALTHCARE SERVICES FOR INPATIENT, OUTPATIENT, PHYSICIAN CARE, EMERGENCY SERVICES AND OTHER HEALTH CARE RELATED SERVICES TO MACON/BIBB COUNTY, GEORGIA AND SURROUNDING AREAS.
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	NAVICENT HEALTH ALSO OPERATES DOCTORS OFFICE BUILDINGS, HOSPICE OF CENTRAL GEORGIA AND CENTRAL GEORGIA HOME HEALTH SERVICES.
FORM 990, PART IV, LINE 14B - INVESTMENTS	NAVICENT HEALTH, INC. OWNS CERTAIN INVESTMENTS SUBJECT TO DISCLOSURE ON SCHEDULE F AND TO ADDITIONAL INFORMATION RETURN REPORTING REQUIREMENTS. THESE INVESTMENTS ARE HELD FOR THE BENEFIT OF THE MEDICAL CENTER OF CENTRAL GEORGIA AND FOR FINANCIAL STATEMENT PURPOSES ARE REFLECTED ON THE BALANCE SHEET OF MCCG.
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	NAVICENT HEALTH, INC. (A RELATED 501(C)(3) ORGANIZATION) IS SOLE MEMBER OF THE MEDICAL CENTER OF CENTRAL GEORGIA, INC. AHNH GEORGIA, INC. IS THE SOLE MEMBER OF NAVICENT HEALTH, INC. THE SOLE MEMBER OF AHNH, INC. IS THE CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY, A GOVERNMENTAL HOSPITAL EXEMPT FROM INCOME TAXATION.
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	NAVICENT HEALTH, INC. (A RELATED 501(C)(3) ORGANIZATION) IS SOLE MEMBER OF THE MEDICAL CENTER OF CENTRAL GEORGIA, INC. AND APPOINTS ALL BUT TWO MEMBERS OF ITS BOARD OF DIRECTORS. THE TWO MEMBERS NOT APPOINTED BY NAVICENT ARE APPOINTED BY AHNH GEORGIA, INC., A TAX-EXEMPT ORGANIZATION AS DESCRIBED IN INTERNAL REVENUE CODE SECTION 501(C)(3).
FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	CERTAIN ACTIONS OF THE CORPORATION REQUIRE THE APPROVAL OF BOTH NAVICENT HEALTH (THE SOLE MEMBER OF THE ORGANIZATION) AND AHNH GEORGIA, INC. (THE SOLE MEMBER OF NAVICENT HEALTH, INC.). THESE ACTIONS INCLUDE: AMENDING OR RESTATING THE ARTICLES OF INCORPORATION OR BYLAWS; APPOINTMENT OR REMOVAL OF THE PRESIDENT AND CEO; ORGANIZING ANY SUBSIDIARY; PARTICIPATING IN ANY JOINT VENTURE OR PARTNERSHIP; ADOPTING A PLAN OF LIQUIDATION, MERGER OR CONSOLIDATION; ENTERING ANY TRANSACTION PROVIDING FOR THE SALE, MORTGAGE OR OTHER DISPOSITION OF ALL OR SUBSTANTIALLY ALL ASSETS OF THE CORPORATION; ADOPTING OR AMENDING ANNUAL CAPITAL AND OPERATING BUDGETS; AND AMENDING OR TERMINATING ANY HOSPITAL FACILITY LEASE.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE FORM 990 WAS PREPARED BY HOSPITAL PERSONNEL FROM INFORMATION PROVIDED BY MANAGEMENT AND FROM FINANCIAL STATEMENTS. IT WAS REVIEWED BY OUR OUTSIDE TAX ADVISOR (AN INDEPENDENT ACCOUNTANT) AND BY FINANCIAL MANAGEMENT OF THE MEDICAL CENTER OF CENTRAL GEORGIA. A COPY OF THE FORM 990 WAS PROVIDED TO EACH BOARD MEMBER PRIOR TO FILING THE RETURN WITH THE INTERNAL REVENUE SERVICE.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	THE DEPARTMENT OF AUDIT AND COMPLIANCE ISSUES COI DISCLOSURE FORMS ANNUALLY TO OUR BOARD MEMBERS, ADMINISTRATION AND DIRECTORS. AUDIT AND COMPLIANCE RECEIVES, REVIEWS AND DOCUMENTS ALL POTENTIAL CONFLICTS (PERCEIVED AND REAL.) THE RESULTS ARE TAKEN TO THE COMPLIANCE COMMITTEE WHERE THE REAL CONFLICTS OF INTEREST ARE IDENTIFIED, DISCUSSED, AND A PLAN FOR CORRECTIVE ACTION IS DEVELOPED. THE CORRECTIVE ACTION RECOMMENDATIONS ARE TAKEN TO THE VARIOUS BOARDS AND ADMINISTRATION FOR IMPLEMENTATION. ANY TIME A CHANGE IN A RELATIONSHIP OR NEW POTENTIAL CONFLICT EVOLVES, THE INDIVIDUALS MUST AMEND THEIR COI DISCLOSURE FORM. CONFLICTED INDIVIDUALS ARE PROHIBITED FROM PARTICIPATING IN DELIBERATIONS AND DECISIONS REGARDING SUCH TRANSACTIONS, BUT MAY PROVIDE INFORMATION IF REQUESTED BY THE COMPLIANCE COMMITTEE.
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	MCCG PROVIDES COPIES OF ITS GOVERNING AND OTHER COMPANY DOCUMENTS UPON REQUEST.

Return Reference - Identifier	Explanation				
FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES	(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses
	MAINT CONTRACT SYSTEMS SOFTWARE	102,950	102,950		
	MAINT CONTRACT APPLICATION SOFTWARE	21,881,026	21,774,776	106,250	
	PROFESSIONAL FEES	15,184,493	15,184,493		
	CONTRACT SVCS-CORPORATE	59,601,144		59,601,144	
	CONTRACT SERVICES-NET	48,106,402	46,948,205	1,158,197	
	CONTRACT PERSONNEL	9,566,857	7,616,137	1,950,720	
	CONTRACT LINEN SERV	2,583,082	2,583,082		
	MAINTENANCE AGREEMENT	7,445,130	7,445,130		
	DIRECTOR FEES	209,212	209,212		
	CONSULTATION FEES	210,196	33,037	177,159	
	OTHER FEES FOR SERVICE	405,950	405,132	818	
	MANAGEMENT FEES	107,500	107,500		
	CONTRACT WASTE DISPOSAL	713,333	713,333		
	JANITORIAL & GROUND REPAIR	1,378,996	1,354,830	24,166	
	ALTERNATIVE TO HOSPITALIZATION	1,601,952	1,601,952		
	<b>Total</b>	<b>169,098,223</b>	<b>106,079,769</b>	<b>63,018,454</b>	<b>0</b>

  

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	(a) Description	(b) Amount
	CHANGES IN INTEREST RATE SWAP	- 1,957,751
	ROUNDING	- 1

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

MEDICAL CENTER OF CENTRAL GEORGIA, INC.

Employer identification number

58-2149128

**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
(1) CENTRAL GEORGIA MEDICAL PROPERTIES, LLC 777 HEMLOCK STREET, MSC 111, MACON, GA 31201	PHYSICIAN RELATIONSHIPS	GA	0	0	MEDICAL CENTER OF CENTRAL GEORGIA
(2) CENTRAL GEORGIA CVI PROPERTIES, LLC 777 HEMLOCK ST, MSC 111, MACON, GA 31201	PHYSICIAN RELATIONSHIPS	GA	0	0	MEDICAL CENTER OF CENTRAL GEORGIA
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CENTRAL GEORGIA SENIOR HEALTH, INC. (58-2345439) 777 HEMLOCK STREET, MSC 111, MACON, GA 31201	CONTINUING CARE RETIREMENT COMMUNITY	GA	501(C)(3)	12 TYPE II	NAVICENT HEALTH, INC.		✓
(2) HEALTH SERVICES OF CENTRAL GEORGIA, INC. (58-2307485) 777 HEMLOCK STREET, MSC 111, MACON, GA 31201	HEALTH SERVICES	GA	501(C)(3)	3	NAVICENT HEALTH, INC.		✓
(3) NAVICENT HEALTH, INC. (58-2149127) 777 HEMLOCK STREET, MSC 111, MACON, GA 31201	HEALTHCARE SERVICES, PARENT ENTITY/STRATEGIC & FINANCIAL MANAGEMENT	GA	501(C)(3)	12 TYPE III-FI	AHNS GEORGIA, INC.		✓
(4) THE MEDICAL CENTER OF PEACH COUNTY, INC (45-3765471) 777 HEMLOCK STREET, MSC 111, MACON, GA 31201	HOSPITAL	GA	501(C)(3)	3	NAVICENT HEALTH, INC.		✓
(5) NAVICENT HEALTH BALDWIN, INC. (82-3914925) 777 HEMLOCK STREET, MSC 111, MACON, GA 31201	HOSPITAL	GA	501(C)(3)	3	NAVICENT HEALTH, INC.		✓
(6) AHNS GEORGIA, INC. (83-1707383) PO BOX 32862, CHARLOTTE, NC 28232-2861	SOLE MEMBER NAVICENT HEALTH	NC	501(C)(3)	7	THE CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY		✓
(7) (SEE STATEMENT)							

**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	
(1) (SEE STATEMENT)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) (SEE STATEMENT)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

**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) CENTRAL GEORGIA PET, LLC	S	1,191,000	CASH DISTRIBUTION PAYMENT RECEIVED
(2) CENTRAL GEORGIA PET, LLC	Q	440,813	CASH
(3)			
(4)			
(5)			
(6)			

**Part VI** **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512--514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													

**Part II**

**Identification of Related Tax-Exempt Organizations (continued)**

(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
(7) THE CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY (56-0529945) 1000 BLYTHE BLVD., CHARLOTTE, NC 28203	HEALTHCARE	NC			N/A		✓
(8)							

**Part III**

**Identification of Related Organizations Taxable as a Partnership (continued)**

(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	
(1) SECURE HEALTH PLANS OF GEORGIA, LLC (58-2306549) 577 MULBERRY STREET, SUITE 1000, MACON, GA 31201	MANAGED CARE	GA	N/A	N/A	N/A	N/A			N/A			N/A
(2) CENTRAL GEORGIA PET, LLC (37-1464470) 1650 HARDEMAN AVENUE, MACON, GA 31201	MEDICAL IMAGING CENTER	GA	MEDICAL CENTER OF CENTRAL GEORGIA	RELATED	1,153,253	1,303,165		✓			✓	66.67
(3) COWLES CLINIC REALTY, LLC (81-0636590) 1000 COWLES CLINIC WAY #C100, GREENSBORO, GA 30642	REAL ESTATE	GA	N/A	N/A	N/A	N/A			N/A			N/A

**Part IV**

**Identification of Related Organizations Taxable as a Corporation or Trust (continued)**

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CENTRAL GEORGIA HEALTH VENTURES, INC. (58-2164989) 777 HEMLOCK STREET, MSC 111, MACON, GA 31201	MANAGEMENT & HOME CARE SERVICES	GA	N/A	C CORPORATION	N/A	N/A	N/A		✓
(2) CENTRA PROFESSIONAL INDEMNITY, LTD. P.O. BOX 1363, GRAND CAYMAN, CJ	SELF-INSURANCE	CAYMAN ISLANDS	N/A	C CORPORATION	N/A	N/A	N/A		✓
(3) NAVICENT HEALTHPLAN, INC. (20-2467391) 777 HEMLOCK STREET, MSC 111, MACON, GA 31201	INSURANCE	GA	N/A	C CORPORATION	N/A	N/A	N/A		✓