** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A I</u>	or the	s 2020 calendar year, or tax year beginning 0.0111 , 2020 and er	iding U	UN 30, 2021	
B (Check if applicable Address	MEDICAL COLLEGE OF GEORGIA FOUNDATION,		D Employer identific	cation number
	chang Name			58-07067	96
	change Initial	~	oom/suite	E Telephone number	
	return Final		50	706-823-	
	return/ termin ated			G Gross receipts \$	21,772,720.
	Ameno			H(a) Is this a group re	
	Applic		M.D.	for subordinates	
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	
Τ.	Гах-ехе	empt status: $X = 501(c)(3)$ 501(c) () (insert no.) 4947(a)(1) or	527	1 ` ′	list. See instructions
		e: ► WWW.MCGFOUNDATION.ORG		H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year	of formation: 1954 N	A State of legal domicile: GA
Pa	art I	Summary			
4	1	Briefly describe the organization's mission or most significant activities: ${\color{red} { ext{SE}} \hspace{1.05cm} ext{SC}}$	CHEDU	LE O	
Activities & Governance					
rna	2	Check this box if the organization discontinued its operations or disposed	d of more	than 25% of its net ass	
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	23
<u>ن</u> مح	4	Number of independent voting members of the governing body (Part VI, line 1b) $$			23
es 8	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			13
Ę	6	Total number of volunteers (estimate if necessary)			20
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			-85,728.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	······		0.
		0		Prior Year 3,718,596.	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)		0.	11,395,370.
Revenue	9	Program service revenue (Part VIII, line 2g)		14,180,077.	1,804,980.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-684,704.	-592,912.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		11,146,185.	12,607,438.
	_	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		7,734,111.	7,875,596.
	1	5		0.	0.
	4-	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,432,699.	1,512,660.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ben	b	Total fundraising expenses (Part IX, column (D), line 25) 882,898	3.		
Ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,006,277.	1,124,537.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		10,173,087.	10,512,793.
	19	Revenue less expenses. Subtract line 18 from line 12		21,319,272.	2,094,645.
or	3	·		ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		73,325,909.	352,081,028.
ASS	21	Total liabilities (Part X, line 26)		12,512,954.	13,841,809.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20	2	60,812,955.	338,239,219.
Pa	art II	Signature Block			
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules a	nd stateme	ents, and to the best of my	knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	h preparer	has any knowledge.	
		Cinashus of officer		Data	
Sig		Signature of officer		Date	
Her	е	IAN S. MERCIER, PRESIDENT/CEO			
		Type or print name and title	Tr	Oato labori	DTIN
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		MARY JO ALEXANDER MARY JO ALEXANDER	<u> </u>	2/18/22 self-employ	
-	oarer	Firm's name MAULDIN & JENKINS, LLC Firm's address 200 GALLERIA PKWY SE STE 1700		Firm's EIN	58-0692043
use	Only	Firm's address > 200 GALLERIA PKWY SE STE 1700 ATLANTA, GA 30339-5946		Dhana 77	0-955-8600
N /	, +b = 15			[Phone no. / /	
ivia	y tne II	AS discuss this return with the preparer shown above? See instructions			X Yes No

58-0706796

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Form **990** (2020)

Form 990 (2020) INCORPORATED

Part III Statement of Program Service Accomplishments

Par	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSON OF THE MEDICAL COLLEGE OF GEORGIA FOUNDATION IS TO IMPROVE
	THE QUALITY OF LIFE OF THE PEOPLE OF GEORGIA, THE NATION, AND THE
	WORLD BY SUPPORTING THE ADVANCEMENT OF EDUCATION, RESEARCH, AND
	PATIENT CARE AT AUGUSTA UNIVERSITY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 8,156,992. including grants of \$ 7,875,596.) (Revenue \$
	THE FOUNDATION SERVES THE NEEDS AND INTERESTS OF THE MEDICAL COLLEGE OF
	GEORGIA, THE AUGUSTA UNIVERSITY HEALTH SCIENCES CAMPUS AND THE AUGUSTA
	UNIVERSITY HEALTH SYSTEM. THE FOUNDATION RECEIVES AND ADMINISTERS FUNDS
	FOR THE SUPPORT AND ENHANCEMENT OF THE MEDICAL COLLEGE OF GEORGIA, THE
	AUGUSTA UNIVERSITY HEALTH SCIENCES CAMPUS AND THE AUGUSTA UNIVERSITY
	HEALTH SYSTEM, AND MANAGES INVESTMENTS AND DISTRIBUTED FUNDS IN
	ACCORDANCE WITH DONOR INSTRUCTIONS AND BOARD OF DIRECTOR'S INTENTIONS
	FOR GIFTS. THE FOUNDATION PROVIDES SUPPORT FOR FACULTY CHAIRS, RESEARCH
	IN THE HEALTH SCIENCES FIELDS, SCHOLARSHIPS TO QUALIFIED STUDENTS AND
	OTHER INSTITUTIONAL PROGRAMS.
4b	(Code:) (Expenses \$) (Revenue \$)
4c	(Code:) (Expenses \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
u	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 8,156,992.

Form 990 (2020) INCORPORATED
Part IV Checklist of Required Schedules

1 Is the organization described in section 501 (x/5) or 4947(x/1) (other than a private foundation)? If '''xe', complete Schedule a Camplete Schedule B, Schedule of Contributors? 2 Is the organization required to complete Schedule B, Schedule of Contributors? 3 Is Did the organization engage in Index or indirect political campaign activities on behalf of or in opposition to candidates for public office? If ''Yes', complete Schedule C, Part I 3 X X Section 501 (x/6) organization. Did the organization engage in lobbying activities, or have a section 501(th) election in effect during the tax year? If 'Yes', complete Schedule C, Part II 4 X X Section 501 (x/6) organization. Did the organization organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 88-192 If 'Yes', complete Schedule C, Part II 5 X X Did the organization assetion 501(x/6). 501(x/6) or 501(x/6) organization that receives membership dues, assessments, or asimilar amounts as defined in Revenue Procedure 88-192 If 'Yes', complete Schedule C, Part II 5 X X Did the organization receive or hold a conservation essement, including essements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes', complete Schedule D, Part II Did the organization receive or hold a conservation essement, including essements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes', complete Schedule D, Part II Did the organization maintain collections of works of art, historical leasures, or other smalls assets? If "Yes," complete Schedule D, Part IV Did the organization report an amount for Part X, line 21, for escrow or custodial ascount liability, serve as a custodial Information amounts or this take an average and the part X, line 167 If 'Yes', complete Schedule D, Part IV Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If 'Yes,' complete Schedule D, Part IVII Did the organization repor				Yes	No
2 Is the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	1				
3 Dit the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? // "Yes," complete Schedule C, Part I					
public office? If *Yes,** complete Schedule C, Part I Section 501(R)3 organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If *Yes,** complete Schedule C, Part II 4		,	2	Х	
4 Section 501(x)3 organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule, P. Part 8 If the organization as section 501(h)8, 501(e)8), or 501(e)8) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part II If the Procedure 98-197 If "Yes," complete Schedule C, Part II If the Procedure 98-197 If "Yes," complete Schedule C, Part II If If the Procedure 98-197 If "Yes," complete Schedule C, Part II If	3				٦,
during the tax year? If "Yes," complete Schedule C, Part II s to 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 99 197 if "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advised on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for secrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V II Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V II Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V II Did the organization report an amount for lems of the state			3		<u> </u>
5 Is the organization a section 50 ftc/(4), 50 ftc/(6), or 50 ftc/(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 89 ft2? if "Yes," complete Schedule C, Part II Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule 0, Part II Did the organization received no hold a conservation assement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule 0, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule 0, Part II Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X: or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule 0, Part V Did the organization services? If "Yes," complete Schedule 0, Part V Did the organization and amount for invostments or in quasi endowments? If "yes," complete Schedule 0, Part V Did to the organization report an amount for investments or investments in Part X, line 10? If "Yes," complete Schedule 0, Part V Did to organization report an amount for investments or the securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 18? If "Yes," complete Schedule 0, Part V Did to organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule 0, Part V Did to organization in Part X, line 16? If "Yes," complete Schedule 0, Part X Did to organization in Part X, line 16? If y "Yes," complete Schedule 0, Part X Did to organization in Part X, line 16? If y "Yes, "organize Schedule 0, Part X Did X Did	4				- T
similar amounts as defined in Revenue Procedure 98.197 (**)**** "complete Schedule C, Part III by Complete Schedule D, Part III by Complete Schedule Schedule Schedule Schedule Schedule Schedule Sche	_		4		
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 annuts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization receive or hold a conservation easement, including easements for preserve open space, the environment, historical areas, or historic structures? If "Yes," complete Schedule D, Part II DID Did the organization maintain collections of works of art, historical treasures, or other similar assests? If "Yes," complete Schedule D, Part II DID DID DID DID DID DID DID DID DID	5		_		
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Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	17				v
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Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	10		10		y
complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b	10		10		
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	ıIJ	,	10		x
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20:a				-
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or					
	- '		21	Х	

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Page 4 Part IV Checklist of Required Schedules (continued) Yes No 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? If "Yes," complete Schedule I, Parts I and III Х 22 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? If "Yes." complete Х 23 Schedule J 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? If "Yes," answer lines 24b through 24d and complete Х Schedule K. If "No," go to line 25a 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х 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? If "Yes," complete Х 25b 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% Х 26 controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 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? If "Yes," complete Schedule L, Part III Х 27 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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c "Yes," complete Schedule L, Part IV Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization Х and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 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 32 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

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

If "Yes," complete Form 4720, Schedule O.

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_		2		х
2	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3				Х
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		_
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This decision b requests information about policies not required by the internal revenue dead.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
		10b	Х	
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
		па	21	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-	Х	
12a	1 , ve, ge tee	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion 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))	: Only)	availa	hle
10	for public inspection. Indicate how you made these available. Check all that apply.	orny)	avalla	DIE
40	X Own website Another's website X Upon request Other (explain on Schedule O)	£: ·	-:-1	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	TINAN	Jial	
	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			
	ANGELA REES - 706-823-5500			
	720 ST. SEBASTIAN WAY, SUITE 150, AUGUSTA, GA 30901-1019			

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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.

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

See instructions for the order in which to list the persons above.

(A)	(B))	ірсі	isati	(D)	(E)	(F)
Name and title	Average	(do		Pos	ition	l than (one	Reportable	Reportable	Estimated
	hours per week					s both r/trus		compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	or dire	or dire			ated		organization	(W-2/1099-MISC)	from the
	related organizations			(W-2/1099-MISC)		organization and related				
	below	idual t	utiona	e e	Key employee	est cor	er			organizations
	line)	Indiv	Instit	Officer	Key 6	High	Former			
(1) IAN S. MERCIER	40.00	4								
PRESIDENT/CEO	40.00			Х				234,600.	0.	58,151.
(2) MARTYN JONES	40.00	-						100 000	_	01 005
PACELINE PRESIDENT	40.00			Х				180,000.	0.	21,825.
(3) TIM KEARNEY COO	40.00	1		х				159,650.	0.	23,279.
(4) ANGELA REES	40.00			^				139,030.	0.	23,213.
CFO	40.00	1		Х				135,000.	0.	10,955.
(5) J. BENJAMIN DEAL, D.M.D.	0.30							13370001	•	10/3331
CHAIRMAN		Х		х				0.	0.	0.
(6) PAUL G. TURK, M.D.	0.30									
1ST VICE CHAIR		Х		Х				0.	0.	0.
(7) CHARLES G. GREEN, JR. M.D.	0.30									
2ND VICE CHAIR		Х		Х				0.	0.	0.
(8) LLOYD B. SCHNUCK JR., M.D.	0.30	l								
SECRETARY/TREASURER	0.20	Х		Х				0.	0.	0.
(9) SAM W. RICHWINE JR., MD	0.30	.,		,,					,	0
PAST CHAIRMAN	0.30	Х		Х				0.	0.	0.
(10) BENJAMIN H. CHEEK, M.D. DIRECTOR	0.30	Х						0.	0.	0.
(11) BROOKS KEEL, PH.D.	0.30	Λ						0.	0.	<u> </u>
EX OFFICIO	0.30	х						0.	0.	0.
(12) BUFFI G. BOYD, M.D.	0.30									
DIRECTOR		Х						0.	0.	0.
(13) CHRISTOPHER J. MANN, M.D.	0.30									
DIRECTOR		Х						0.	0.	0.
(14) RICHARD M. FRANZA, PHD	0.30								_	_
DIRECTOR		Х						0.	0.	0.
(15) HARVEY L. SIMPSON, M.D.	0.30									•
DIRECTOR (16) TAMES M. WILL LUB	0 20	Х				_	-	0.	0.	0.
(16) JAMES M. HULL, LHD DIRECTOR	0.30	х						0.	0.	0
(17) JUDITH V. HODNETT, RN, MSN	0.30	Λ						0.	U •	0.
DIRECTOR	0.30	Х						0.	0.	0.
	1	77		l	l	L	L		J •	000

Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C	ompensated Employee	s (continued)				
(A)	(B)			(C				(D)	(E)			(F)	
Name and title	Average	(do		Posi heck r			one	Reportable	Reportable			timate	
	hours per week			ss per nd a di				compensation	compensation	ו		nount c	of
	l (list any		T			T	100)	from	from related			other	
	hours for	direct				_		the organization	organizations (W-2/1099-MIS			pensat om the	
	related	e or (stee			ısatec		(W-2/1099-MISC)	(W 2/ 1000 WIIO	Ο,		anizati	-
	organizations	Individual trustee or director	Institutional trustee		yee	mper		(** 2, 1000 111100)			_	d relate	
	below	idual	ution	l la	oldm	est co	-BI				orga	nizatio	ons
	line)	Indiv	Instit	Officer	Key employee	Highest compensated employee	Form						
(18) RON SPEARMAN, M.D.	0.30												
DIRECTOR		Х						0.		0.			0.
(19) SANDRA N. FREEDMAN, M.D.	0.30												
DIRECTOR		Х				_		0.		0.			0.
(20) SYLVESTER MCRAE, M.D.	0.30									_			
DIRECTOR		Х				_		0.		0.			0.
(21) CAROLE M HANES, DMD	0.30	ļ								_			•
DIRECTOR	0 20	Х		Н		┝		0.		0.			0.
(22) DON GRANTHAM	0.30	.,								^			^
DIRECTOR	0 20	Х				-		0.		0.			0.
(23) TAT THOMPSON	0.30	. ,								^			^
DIRECTOR	0.30	Х				-		0.		0.			0.
(24) JOSHUA A. LANE. M.D. DIRECTOR	0.30	х						0.		0.			0.
(25) ELLEN GOODRICH, BSN, MN	0.30	Δ						0.		0.			<u> </u>
DIRECTOR	0.30	Х						0.		0.			0.
(26) MURRAY A. FREEDMAN, M.D.	0.30	Λ		Н		┢		0.		٠.			<u> </u>
DIRECTOR	0.30	X						0.		0.			0.
	l		I			<u> </u>		709,250.		0.	11.	4,21	
1b Subtotal c Total from continuation sheets to Part VI								0.		0.		_ ,	0.
d Total (add lines 1b and 1c)								709,250.		0.	11	4,21	
Total number of individuals (including but not not not not not not not not not no							o re	· · · · · · · · · · · · · · · · · · ·	000 of reportable	-			
compensation from the organization						,		· · · · · · · · · · · · · · · · · · ·					4
												Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	кеу е	emple	oye	e, or	hig	hest compensated empl	oyee on				
line 1a? If "Yes," complete Schedule J for si	uch individual										3		X
4 For any individual listed on line 1a, is the su	m of reportabl	e cc	mpe	ensat	tion	and	oth	ner compensation from t	ne organization				
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual			4	Х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com	plete Schedule	e J f	or su	ıch r	ers	on .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest con	=	-							· · · · · ·	ensa	tion fro	m	
the organization. Report compensation for t	the calendar ye	ear e	endir	ng wi	ith c	or wi	thin T		ear.				
(A) Name and business	addrass	3.77	~ ****	-				(B) Description of s	oniooo	_)) (C	;) nsation	
Traine and business	address	1/1	ONE	<u> </u>				Description of s	ervices		ompe	isatioi	1
							\dashv						
2 Total number of independent contractors (in	•	ot lir	nited	d to t	thos (_	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz		TN	TΤΔ	тτ	_		u r	ਾਸਾਵ			Гокт	990 (2	2020)

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	ATED							58-0706796						
Part VII Section A. Officers, Directors, True	ıstees, Key Er	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	es (continued)					
(A)	(B)			(0	C)			(D)	(E)	(F)				
Name and title	Average hours	(cl	heck		ition that		ly)	Reportable compensation	Reportable compensation	Estimated amount of				
	per week (list any hours for related organizations below line)	[편] [편]	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations					
27) JAMES DAVIS, MD, FACRA	0.30	х						0.	0.	0				
IRECTOR		Λ						0.	0.	U				

Form 990 (2020) INCORPO
Part VIII Statement of Revenue

		Check if Schedule O	conta	ins a response	or note to any lin	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
Siδ	1 :	a Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	1	b Membership dues							
ନ୍ଦ୍ର ପ		c Fundraising events							
ifts IrA	,	d Related organizations							
nis, Dist	,	e Government grants (contr			180,335.				
Sis	1	f All other contributions, gifts,							
ber her		similar amounts not included			11,215,035.				
텵		Noncash contributions included in			1,377,040.				
Cor	i	h Total. Add lines 1a-1f		•		11,395,370.			
					Business Code				
ø	2 :	а							
, vic		b							
Ser	,	c							
am		d							
Program Service Revenue		e							
Ā	1	f All other program service	reven	nue					
		g Total. Add lines 2a-2f			>				
	3	Investment income (include	ding d	lividends, intere	est, and				
		other similar amounts)				633,160.		-85,728.	718,888.
	4	Income from investment of	of tax-	exempt bond p	roceeds				
	5	Royalties	<u></u>						
				(i) Real	(ii) Personal				
	6	a Gross rents	6a	37,170.					
	ı	b Less: rental expenses	6b	630,082.					
	•	c Rental income or (loss)	6с	-592,912.					
	•	d Net rental income or (loss	i)(i		<u></u>	-592,912.			-592,912.
	7 :	a Gross amount from sales of		(i) Securities	(ii) Other				
		assets other than inventory	7a	9,707,020.					
	- 1	b Less: cost or other basis							
ne		and sales expenses		8,535,200.					
ve		c Gain or (loss)		1,171,820.	•				
~		d Net gain or (loss)				1,171,820.			1,171,820.
Other Revenue	8 8	Gross income from fundraisi including \$		· · · · · · · · · · · · · · · · · · ·					
		contributions reported on	line 1	1c). See					
		Part IV, line 18							
		b Less: direct expenses							
		c Net income or (loss) from			_				
	9 :	a Gross income from gamin		I					
		Part IV, line 19		I					
		b Less: direct expenses							
		c Net income or (loss) from		-	D				
	10	a Gross sales of inventory, I		I					
		and allowances		I					
		b Less: cost of goods sold			•				
-	•	c Net income or (loss) from	sales	of inventory					
S		_			Business Code				
le or	11 :								
Miscellaneous Revenue		o							
sce Be	(d All other revenue							
Ξ		d All other revenue							
	12	e Total. Add lines 11a-11d Total revenue. See instruction				12,607,438.	0.	-85,728.	1,297,796.
			- 1 1 0			. , , ,			. , , ,

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).

3601	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			ipiele column (A).	
Do :	not include amounts reported on lines 6b,		(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		ехрепзез	general expenses	ехрепзез
•	and demonstration accommended Con Doublit Line Od	7,875,596.	7,875,596.		
0	Grants and other assistance to domestic	1,015,550.	1,015,5501	+	
2					
_	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,	500 001		504 064	105 010
	trustees, and key employees	728,901.		531,861.	197,040.
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	591,630.		328,383.	263,247.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	35,046.		14,934. 48,971.	20,112. 30,110. 29,345.
9	Other employee benefits	79,081.		48,971.	$30, \overline{110}$.
10	Payroll taxes	78,002.		48,657.	29,345.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	851.		851.	
С	Accounting	40,790.		40,790.	
	Lobbying	- ,		,	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g g					
9	column (A) amount, list line 11g expenses on Sch 0.)	5,400.		4,663.	737.
12	Advertising and promotion	170,866.		5,172.	737. 165,694.
13	Office expenses	76,560.		44,467.	32,093.
		160,913.		135,785.	25,128.
14	Information technology	100,515.		133,703.	25,120.
15	Royalties	94,373.		63,106.	31 267
16	Occupancy	8,781.		5,518.	31,267. 3,263.
17	Travel	0,701.		3,310.	3,203.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	22 070		0 200	10 071
19	Conferences, conventions, and meetings	22,079.		9,208.	12,871.
20	Interest				
21	Payments to affiliates	005 010	205 212		
22	Depreciation, depletion, and amortization	205,919.	205,919.	E1 10E	2 452
23	Insurance	54,660.		51,187.	3,473.
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 0.)				
а	BAD DEBT	71,958.		71,958.	
b	LIFE INCOME TO BENEFICI	41,902.	41,902.		
С	MEMBERSHIP DUES AND SUB	39,963.		39,963.	_
d	SUPPLIES & EQUIPMENT	37,426.			37,426.
е	All other expenses	92,096.	33,575.	27,429.	31,092.
25	Total functional expenses. Add lines 1 through 24e	10,512,793.	8,156,992.	1,472,903.	882,898.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					F 000 (2222)

Form 990 (2020)
Part X Balance Sheet

Pai	rt X	Balance Sneet					
		Check if Schedule O contains a response or note	to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,098,274.	1	2,139,105.
	2	Savings and temporary cash investments			115,845.	2	116,053.
	3	Pledges and grants receivable, net			1,467,081.	3	1,837,637.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa		· ·			
		controlled entity or family member of any of these				5	
	6	Loans and other receivables from other disqualifi	ed per				
		under section 4958(f)(1)), and persons described		6			
S	7	Notes and loans receivable, net			16,588.	7	0.
Assets	8	Inventories for sale or use				8	
As	9	B				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	17,903,127.			
	b			575,607.		10c	
	11	Investments - publicly traded securities	2,939,338.	11	3,474,378.		
	12	Investments - other securities. See Part IV, line 1	250,712,960.	12	326,078,694.		
	13	Investments - program-related. See Part IV, line 1	1,013,700.	13	905,059.		
	14	Intangible assets		14	24,930.		
	15	Other assets. See Part IV, line 11	204,047.	15	177,652.		
	16	Total assets. Add lines 1 through 15 (must equa	ıl line 3	3)	273,325,909.	16	352,081,028.
	17	Accounts payable and accrued expenses		778,613.	17	982,685.	
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete F				21	
Se	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, substa					
iab		controlled entity or family member of any of these			10 500 606	22	10 000 000
_	23	Secured mortgages and notes payable to unrelate			10,739,606.	23	12,000,000.
	24	Unsecured notes and loans payable to unrelated			180,335.	24	0.
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X	014 400		050 104
		=			814,400.		
	26			► V	12,512,954.	26	13,841,809.
Ŋ		Organizations that follow FASB ASC 958, chec	ck here	e 🕨 🔼			
Jce		and complete lines 27, 28, 32, and 33.			20 655 744		17 266 777
alaı	27	Net assets without donor restrictions	38,655,744. 222,157,211.	27	47,366,777. 290,872,442.		
d B	28	Net assets with donor restrictions			222,137,211.	28	230,072,442.
Ë		Organizations that do not follow FASB ASC 95	os, cne	eck nere			
٥٠		and complete lines 29 through 33.				00	
əts	29	Capital stock or trust principal, or current funds				29	
1556	30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc			260,812,955.	31 32	338,239,219.
ž	32	Total liabilities and not assets/fund balances			273,325,909.	33	
	33	Total liabilities and net assets/fund balances			413,343,303.	აა	352,081,028.

Form **990** (2020)

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Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,60				
2	Total expenses (must equal Part IX, column (A), line 25)	2		,51				
3	Revenue less expenses. Subtract line 2 from line 1	3		2,094,64				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,81				
5	Net unrealized gains (losses) on investments	5	75	, 33	1,6	<u> 19.</u>		
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	coluṃn (B))	10	338	, 23	9,2	<u> 19.</u>		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII					<u>X</u>		
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule (Э.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	Separate basis X Consolidated basis Both consolidated and separate basis							
С	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?			2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit						
	Act and OMB Circular A-133?			3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit						
	an analita, annalia notana Cabadola O and daganiba annotana talvar ta madana analita			01-		I		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

MEDICAL COLLEGE OF GEORGIA FOUNDATION,

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

INCORPORATED 58-0706796 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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: X 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4395075.	3949680.	4047696.	3718596.	11395370.	27506417.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	4395075.	3949680.	4047696.	3718596.	11395370.	27506417.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						6631583.
6	Public support. Subtract line 5 from line 4.						20874834.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	4395075.	3949680.	4047696.	3718596.	11395370.	27506417.
8	Gross income from interest,						
•	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	3610782.	3750350.	955,418.	2046115.	670 330.	11032995.
9	Net income from unrelated business	30207020	3733333	333,1231	20101101	0707000	
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	·	245,711.	293 280	284,947.	277,827.		1101765.
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10	243,711.	233,200:	201,517	277,027.		39641177.
		eta (eca instructio))			12	DJUTTITIO
12	First 5 years. If the Form 990 is for the	•	,	iourth or fifth toy v			
10	organization, check this box and stor	-		· · · · · · · · · · · · · · · · · · ·			ightharpoonup
Sec	etion C. Computation of Publi						
	Public support percentage for 2020 (I		_	column (f))		14	52.66 %
	Public support percentage from 2019		•	***		15	49.07 %
	33 1/3% support test - 2020. If the o						·
	stop here. The organization qualifies	-				ore, ericek trile be	. 37
h	33 1/3% support test - 2019. If the o		•				
17~	and stop here. The organization qual 10% -facts-and-circumstances test		•			and line 14 is 10%	
118							
	and if the organization meets the facts			-	•	_	▶ □
J.	meets the facts-and-circumstances te	-		• • •			
D	10% -facts-and-circumstances test						1070 UI
	more, and if the organization meets the		•				▶□
10	organization meets the facts-and-circu						\
<u>18</u>	Private foundation. If the organization	ni did not check a l		4, 100, 11a, 01 1/0	, oneon una bux a	กล จอย เกอเกนิบเบิกใ	· ········ 🚩 📖

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.)

qualify under the tests listed b Section A. Public Support	elow, please comp	olete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and			, ,		, ,	,
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5				1		
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organization	on,
check this box and stop here						>
Section C. Computation of Publi	c Support Per	rcentage				
15 Public support percentage for 2020 (I	ine 8, column (f), c	divided by line 13,	column (f))		15	%
16 Public support percentage from 2019					16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20)20 (line 10c, colu	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from	2019 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2020. If the						7 is not
more than 33 1/3%, check this box arb 33 1/3% support tests - 2019. If the	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	>
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **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? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
j			
	2		
}	2		
- }	3a		
Ĺ	3b		
	3с		
ı			
	4a		
- 1	44		
Ļ	4b		
	4c		
ı			
ŀ	5a		
Ĺ	5b		
Ĺ	5с		
	6		
- 1	6		
Ļ	7		
Ĺ	8		
	9a		
ŀ	Ju		
	OL		
- 1	9b		
ļ	9с		
	10a		
j			
	10b		
n 00	90 or 99	- E Ζ\	2020
11 35	של זט טע	ソーニム)	ZUZU

Has the organization accepted a gift or contribution from any of the following persona? a A person who directly or indirectly controls, either active or together with persons described in lines 11b and 11b below, the governing body of a supported organization? 11b		rt IV Supporting Organizations (continued)		•	age o
11 Has the organization accepted a gift or contribution from any of the following persons? 2 A person with directly or indirectly controls, either to allow of the persons described in lines 11b and 11b below, the governing body of a supported organization? 2 A 35% controlled entity of a person described in line 11a or 11b above? **Nes** to line 11a, 11b, or 11c, provide 1 application B** Type I Supporting Organizations 2 Type I Supporting Organizations 3 Described B** Type I Supporting Organizations 4 Described B** Type I Supporting Organizations 5 Described B** Type I Supporting Organizations 6 Described B** Type I Supporting Organizations 6 Described B** Type I Supporting Organizations 7 Described B** Type I Supporting Organizations or supported organization of the supported organization or supported organizations or supported orga		Continued)		Vac	No
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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? 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization and a close and continuous working relationship with the supported organization(s). 3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organizations have a significant voice in the organization's investment policies and in directing the use of the organization's supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a The organization is the parent of each of its supported organizations. Complete line 3 below. c The organization is the parent of each of its supported organizations. Complete line 3 below. c The organization is the parent of each of its supported organization was responsive to the supported organization's activities during the tax year directly further the exempt purposes of the supported organization's activities during the tax year 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. b Did the activities described in line 2a, above, constitute activities that, but for the organization is involveme	_	Did the averagination was ide to each of its average and averaginations. In the last day of the fifth wealth of the		Yes	NO
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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations			
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 mu					
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	tion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	inization (see		

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Par	t v Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continue}	<u>ed)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	, , , , , , , , , , , , , , , , , , ,		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.	3		8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	,	(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2020	\$	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

58-070<u>6796 Page 8</u> Schedule A (Form 990 or 990-EZ) 2020 INCORPORATED Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

2020

OMB No. 1545-0047

Name of the organization

MEDICAL COLLEGE OF GEORGIA FOUNDATION, INCORPORATED

Employer identification number

58-0706796

Organization type (check one):						
Filers of	:	Section:				
Form 99	0 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
but it mu	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to				

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization
MEDICAL COLLEGE OF GEORGIA FOUNDATION,
INCORPORATED

Employer identification number

58-0706796

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1		\$5,200,000. 	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2		\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
No.	Name, address, and ZIF + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
			Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
			Person Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization
MEDICAL COLLEGE OF GEORGIA FOUNDATION,
INCORPORATED

Employer identification number

58-0706796

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization **Employer identification number** MEDICAL COLLEGE OF GEORGIA FOUNDATION, INCORPORATED 58-0706796 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Part I

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

MEDICAL COLLEGE OF GEORGIA FOUNDATION, INCORPORATED

Employer identification number 58-0706796

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?		Yes No
Pai			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation or	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	ıre
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	: holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	·	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statement	ents that describes the
Pai	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art Historical Treasures or Of	har Similar Assats
I G	Complete if the organization answered "Yes" on Form		nici Onimai Assets.
12	If the organization elected, as permitted under FASB ASC 95		nd halance sheet works
Ia	of art, historical treasures, or other similar assets held for pub		
	service, provide in Part XIII the text of the footnote to its finar	,	·
h	If the organization elected, as permitted under FASB ASC 95		
b	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	exhibition, education, or research in farti	retailed of public service,
			L \$
	(i) Revenue included on Form 990, Part VIII, line 1		. .
2	If the organization received or held works of art, historical tre-	asures or other similar assets for financia	
_	the following amounts required to be reported under FASB A		. gairi, provide
9	Revenue included on Form 990, Part VIII, line 1	5	> \$
h	Assets included in Form 990, Part X		
	, leading and document of the court with the contraction of the court		F Ψ

Schedule D (Form 990) 2020 INCORPORATED 58-0706796 Page 2

Pai	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	easures, o	r Other S	Similar As	sets (continued)
3	Using the organization's acquisition, accession						, ,
	collection items (check all that apply):						
а	Public exhibition	d	Loan or exc	hange progr	am		
b	b Scholarly research e Other						
С	c Preservation for future generations						
4							
5							
	to be sold to raise funds rather than to be ma						Yes No
Pai	t IV Escrow and Custodial Arrang				"Yes" on F	orm 990, Par	t IV, line 9, or
	reported an amount on Form 990, Par		_				
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contribution	s or other as	sets not inc	cluded	
	on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	lowing table:				
							Amount
С	Beginning balance					1c	
d	Additions during the year					1d	
е	Distributions during the year					1e	
f	Ending balance					1f	
2a	Did the organization include an amount on Fo					/?	Yes No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on	Part XIII		
	t V Endowment Funds. Complete it						
		(a) Current year	(b) Prior year	(c) Two yea		d) Three years	back (e) Four years back
1a	Beginning of year balance	238,282,478.	242,888,400.	238,56	5,789.	206,824,1	192,592,596.
b	Contributions	9,365,042.	3,104,301.	3,28	3,268.	1,915,5	1,988,107.
С	Net investment earnings, gains, and losses	76,526,407.	4,008,796.	11,80	5,118.	29,827,0	
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs	10,647,486.	11,719,019.	10,76	7,775.		14,229,865.
f	Administrative expenses						
g	End of year balance	313,526,441.	238,282,478.	242,88	3,400.	238,566,7	789. 206,824,176.
2	Provide the estimated percentage of the current	•)) held as:			
а	Board designated or quasi-endowment	12.0000	%	,,			
b	Permanent endowment ► 46.0000	%	— •				
С	10.000	 . %					
	The percentages on lines 2a, 2b, and 2c shou	uld equal 100%.					
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held a	nd administe	red for the	organization	
	by:	· ·				Ü	Yes No
	(i) Unrelated organizations						3a(i) X
	(ii) Related organizations						3a(ii) X
b	If "Yes" on line 3a(ii), are the related organizar	tions listed as require	ed on Schedule R?				3b
4	Describe in Part XIII the intended uses of the						
Pai	t VI Land, Buildings, and Equipm	ent.					
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990	, Part X, lir	ne 10.	
	Description of property	(a) Cost or or basis (investm		t or other (other)		cumulated eciation	(d) Book value
12	Land	· ·		4,851.			14,814,851.
b	Buildings			5,421.	3	14,249.	
C	Leasehold improvements			- , === -		_,	
d	Equipment		61	2,855.	2	61,358.	351,497.
	Other			,		,	
	I. Add lines 1a through 1e. (Column (d) must e		X column (B) line 1	Oc.)			17,327,520.

Schedule D (Form 990) 2020

INCORPORATED

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(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	305,518,839.	END-OF-YEAR MARKET	VALUE
(3) Other	1 - 10 - 010		
(A) REAL ASSETS	17,437,943.	END-OF-YEAR MARKET	VALUE
(B) LAND HELD FOR SALE	689,000.	COST	
(C) CASH HELD IN BROKERAGE	0 400 040		
(D) ACCOUNTS	2,432,912.	END-OF-YEAR MARKET	VALUE
(E)			
(F)			
(G)			
(H)	226 070 604		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	326,078,694.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			l af a a
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 900 Part IV line 1	11d Soc Form 000 Part V line 15	
	Description	Tu. See Form 990, Fart X, line 15.	(b) Book value
	Boompton		(b) Book value
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	15)	<u> </u>	
Part X Other Liabilities.	<i>- 10.)</i>		
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	1e or 11f. See Form 990. Part X. line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) GIFT ANNUITIES PAYABLE			859,124.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		859,124.
. , , , , , , , , , , , , , , , , , , ,			

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

Schedule D (Form 990) 2020

INCORPORATED

58-0706796 Page 4

Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per Re	eturn.					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.							
1	Total revenue, gains, and other support per audited financial statements		1					
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains (losses) on investments	2a						
b	Donated services and use of facilities							
С	Recoveries of prior year grants							
	Other (Describe in Part XIII.)							
	Add lines 2a through 2d		2e					
	Subtract line 2e from line 1		3					
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
	Other (Describe in Part XIII.)							
	Add lines 4a and 4b		4c					
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5					
Par	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.							
1	Total expenses and losses per audited financial statements		1					
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		•					
	Donated services and use of facilities	2a						
		I I						
D	Prior year adjustments	_						
C .	Other losses		_					
d	Other (Describe in Part XIII.)		-					
	Add lines 2a through 2d		2e					
	Subtract line 2e from line 1		3					
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1						
	a Investment expenses not included on Form 990, Part VIII, line 7b							
	Other (Describe in Part XIII.)	4b						
	Add lines 4a and 4b		4c					
5 Dor	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5					
	t XIII Supplemental Information.							
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part		4; Part X, line	2; Part XI,				
lines 2	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	itional information.						
D 3 D	m 17							
PAR	T V, LINE 4:							
mir	DOIND A DECOME OF THE CONTRACT OF THE	DOADD OF DIDECT	OD G / MIII	-				
THE	FOUNDATION'S INVESTMENT COMMITTEE OF THE	BOARD OF DIRECTO	ORS (THE	<u>'</u>				
	10/TTTTTT" \		=11D 01 D 11					
CO	MMITTEE") DETERMINES THE METHOD TO BE USEI	TO APPROPRIATE	ENDOWME	<u>SNT</u>				
				40 0-				
FUN	DS FOR EXPENDITURE. THE FOUNDATION HAS A S	SPENDING POLICY I	WHEREBY	4% OF				
A R	OLLING AVERAGE OF ENDOWMENT NET ASSETS US	LNG THE PRIOR THI	REE CALI	INDAR				
YEA	RS ENDED DECEMBER 31, 2020, 2019, AND 2018	S FOR SCHOLARSHI	PS AND	3.5¥				
FOR	ALL OTHER FUNDS MAY BE DISTRIBUTED FOR PU	JRPOSES OF SUPPO	RTING					

IN ADDITION, THE FOUNDATION CHARGES A 1% ADMINISTRATION FEE BASED ON THE
PRIOR YEAR ENDOWMENT POOL BALANCE. THE FOUNDATION'S INVESTMENT COMMITTEE
OF THE BOARD OF DIRECTORS REVIEW SPENDING POLICIES ANNUALLY AND APPROVE

UNRESTRICTED AND TEMPORARILY RESTRICTED ACTIVITIES.

Part XIII Supplemental Information (continued)
Continued
PART X, LINE 2:
THE FOUNDATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION AS DESCRIBED IN
INTERNAL REVENUE CODE SECTION 501(C)(3) AND HAS BEEN CLASSIFIED BY THE
INTERNAL REVENUE SERVICE AS OTHER THAN A PRIVATE FOUNDATION. HOWEVER,
INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE FOUNDATION'S
TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. IN
THE OPINION OF MANAGEMENT, THE FOUNDATION HAD NO SIGNIFICANT UNRELATED
BUSINESS TAXABLE INCOME DURING 2020 OR 2019. ACCORDINGLY, NO PROVISION OR
BENEFIT FOR FEDERAL AND STATE INCOME TAXES HAS BEEN RECORDED IN THE
ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. THE FOUNDATION BELIEVES
THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH
DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE
CONSOLIDATED FINANCIAL STATEMENTS.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

2020 Open to Public Inspection

OMB No. 1545-0047

MEDICAL COLLEGE OF GEORGIA FOUNDATION, Name of the organization **Employer identification number** INCORPORATED 58-0706796 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? X Yes 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. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) AUGUSTA UNIVERSITY 1120 15TH STREET AUGUSTA, GA 30912 7,875,596. 0 INSTITUTIONAL SUPPORT Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

<u>Schedule I (Form 990) 2020</u> **INCORPORATED** 58-0706796

Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
PART I, LINE 2:					
ASSISTANCE IS MADE ON A REIMBURSEM	ENT BASIS	IN AGREEM	ENT WITH D	ONOR INTENT.	

Schedule I (Form 990) 2020

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SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

➤ Attach to Form 990.

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

2020

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

MEDICAL COLLEGE OF GEORGIA FOUNDATION, INCORPORATED

Employer identification number 58-0706796

Pa	art I Questions Regarding Compensation				
	·		Yes	No	
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,				
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or charter travel Housing allowance or residence for personal use				
	Travel for companions Payments for business use of personal residence				
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees				
	Discretionary spending account 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	1b		Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
		2		X	
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.				
	X Compensation committee Written employment contract				
	☐ Independent compensation consultant ☐ Compensation survey or study				
	Form 990 of other organizations X Approval by the board or compensation committee				
	Approval by the board of compensation committee				
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
7	organization or a related organization:				
_		4a		Х	
		4b		X	
		4c		X	
C	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	The storage of lines 4a-6, list the persons and provide the applicable amounts for each item in Fart 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				
J	contingent on the revenues of:				
•	The organization?	5a		Х	
		5b		X	
J	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	30			
6					
٠	contingent on the net earnings of:				
а	The organization?	6a		Х	
	Any related organization?	6b		X	
	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	7		х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			-2	
3	1 1 1 1 1 1 D 1 1 1 D 1 1 1 D 1 1 1 D 1 1 1 D 1 1 1 D 1 1 1 D 1 1 1 D 1 1 I I I I	8		Х	
۵	Initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	ů		- 43	
9	Regulations section 53 4958-6/c)2	a			

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

Schedule J (Form 990) 2020

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-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(B)(I)-(U)	reported as deferred on prior Form 990
(1) IAN S. MERCIER	(i)	234,600.	0.	0.	47,154.	10,997.		0.
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.		0.
(2) MARTYN JONES	(i)	180,000.	0.	0.	11,700.	10,125.		0.
PACELINE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) TIM KEARNEY	(i)	159,650.	0.	0.	12,772.	10,507.		0.
C00	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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.
PART I, LINE 1A:
THE ORGANIZATION PAYS FOR THE PRESIDENT/CEO'S COUNTRY CLUB INITIATION FEES.
FORM 990, PART VII, LINE 1, PART IX LINE 5 AND 7
IAN S. MERCIER, PRESIDENT AND CEO, RECEIVED \$292,751 OF COMPENSATION
AND BENEFITS FROM AN UNRELATED ENTITY, THE STATE OF GEORGIA, FOR
SERVICES PROVIDED TO THE MEDICAL COLLEGE OF GEORGIA FOUNDATION. THE
FOUNDATION REIMBURSES THE STATE OF GEORGIA FOR 50% OF THESE EXPENSES.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

 Go to www.irs.gov/Form990 for instructions and the latest information. MEDICAL COLLEGE OF GEORGIA FOUNDATION,

Open to Public Inspection

Employer identification number

INCORPORATED 58-0706796 Part I Types of Property (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining applicable contributions or amounts reported on noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 14 1,377,040.FMV Securities - Publicly traded Х Securities - Closely held stock 10 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles 19 Food inventory Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 25 26 Other 27 Other Other 28 Number of Forms 8283 received by the organization during the tax year for contributions 0 for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33

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

Schedule M (Form 990) 2020

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describe in Part II.

MEDICAL COLLEGE OF GEORGIA FOUNDATION,

58-0706796 Schedule M (Form 990) 2020 INCORPORATED Page 2 **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete Part II this part for any additional information. SCHEDULE M, PART I, COLUMN (B): NUMBER OF CONTRIBUTORS. SCHEDULE M, LINE 32B: BROKERAGE FIRM SELLS DONATED STOCK.

Schedule M (Form 990) 2020

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

▶ Go to www.irs.gov/Form990 for the latest information. MEDICAL COLLEGE OF GEORGIA FOUNDATION,

Open to Public Inspection

OMB No. 1545-0047

Employer identification number 58-0706796

Name of the organization

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE MEDICAL COLLEGE OF GEORGIA FOUNDATION'S MOST SIGNIFICANT ACTIVITIES INVOLVE RECEIPTING, INVESTING AND DISTRIBUTING FUNDS FOR THE BENEFIT OF MEDICAL COLLEGE OF GEORGIA AND THE HEALTH SCIENCES AT AUGUSTA UNIVERSITY AND ITS RELATED TEACHING HOSPITAL. THE FOUNDATION WORKS WITH DONORS SEEKING TO MAKE CHARITABLE CONTRIBUTIONS FOR THE BENEFIT OF THE MEDICAL SCIENCES AT AUGUSTA UNIVERSITY. IT ALSO DISTRIBUTES MONIES TO THE MEDICAL SCIENCES AT AUGUSTA UNIVERSITY WHILE PROVIDING OVERSIGHT AND STEWARDSHIP OF THE CHARITABLE FUNDS ENTRUSTED TO IT.

FORM 990, PART VI, SECTION B, LINE 11B:

INCORPORATED

FORM 990 IS REVIEWED BY THE FULL BOARD FOR COMMENTS PRIOR TO FILING.

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

THE CONFLICT OF INTEREST POLICY IS REGULARLY AND CONSISTENTLY MONITORED BY REMINDING BOARD MEMBERS OF THE NEED TO DISCLOSE POTENTIAL CONFLICTS WHEN A CONFLICT COULD BE PRESENT. ALSO, AS A GENERAL OPERATING PRINCIPLE, FOUNDATION DOES NOT CONDUCT BUSINESS WITH BOARD MEMBERS OR MAKE LOANS TO THEM. IN THE RARE CASES THE FOUNDATION HAS DONE BUSINESS WITH BOARD MEMBERS' FIRMS, THE REASONS FOR USING THEIR FIRMS WERE CLEARLY DISCLOSED AND WERE LARGELY DUE TO A SPECIAL EXPERTISE.

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

THE COMPENSATION OF THE FOUNDATION'S CEO, CFO, COO, AND ALL OTHER EMPLOYEES IS DETERMINED BY THE FOUNDATION'S CHAIRMAN, TREASURER, AND SECRETARY. THE FOUNDATION'S CEO MAKES RECOMMENDATIONS CONCERNING THE OTHER EMPLOYEES AND

Name of the organization MEDICAL COLLEGE OF GEORGIA FOUNDATI INCORPORATED	ON,	Employer identification number 58-0706796
PROVIDES INFORMATION CONCERNING CEO COMPENSATION.	COMPARAB	ILITY DATA IS
REVIEWED FOR THE CEO AND CFO AND MINUTES RECORDED	OF THE M	EETING.
FORM 990, PART VI, SECTION C, LINE 19:		
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT	OF INTERE	ST POLICY, AND
FINANCIALS ARE AVAILABLE UPON REQUEST. WEBSITE H	AS AUDITE	D FINANCIAL
STATEMENT, 990, 1023 AND IRS DETERMINATION LETTER	AND FURT	HER INFORMATION
WILL BE GIVEN UPON WRITTEN REQUEST.		
FORM 990, PART XII, LINE 2C		
THE FINANCIAL STATEMENT OVERSIGHT PROCESS HAS NOT	CHANGED	FROM PRIOR
YEAR. THE AUDIT WAS CONDUCTED BY THE SAME AUDITO	RS AS IN	THE PRIOR
YEAR.		

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

Name of the organization MEDICAL COLLEGE OF GEORGIA FOUNDATION, INCORPORATED

Employer identification number 58-0706796

OMB No. 1545-0047

Open to Public Inspection

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

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
CENTRAL SQUARE, LLC - 58-0706796					
720 ST. SEBASTIAN WAY, SUITE 150					MEDICAL COLLEGE OF
AUGUSTA, GA 30901-1019	REAL ESTATE ACTIVITIES	GEORGIA	37,170.	911,883.	GEORGIA FOUNDATION, INC
RESURGENS PROPERTIES, LLC - 58-0706796					
720 ST. SEBASTIAN WAY, SUITE 150					MEDICAL COLLEGE OF
AUGUSTA, GA 30901-1019	REAL ESTATE ACTIVITIES	GEORGIA		14,827,847.	GEORGIA FOUNDATION, INC
PACELINE RIDE, LLC - 83-1600096					
720 ST. SEBASTIAN WAY, SUITE 150					MEDICAL COLLEGE OF
AUGUSTA, GA 30901-1019	FUNDRAISE ACTIVITIES	GEORGIA		48,064.	GEORGIA FOUNDATION, INC

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	(f) Direct controlling entity	Section 5 contr enti	olled
				501(c)(3))		Yes	No
		l		l			L

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

Page 2

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.

organization in section as a particular of the carried and carried											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year	1	ortionate itions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managir partner	Percentage ownership
		foreign country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes N	
											ļ
							<u> </u>				<u> </u>
											1

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	(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		tion b)(13) rolled tity?
		country)		,				Yes	No
-									
-									-
-									

Yes No

Schedule R (Form 990) 2020

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

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

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?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/			1a	
	The second secon				1b	
С	Gift, grant, or capital contribution from related organization(s)				1c	
	Loans or loan guarantees to or for related organization(s)				1d	
е	Loans or loan guarantees by related organization(s)				1e	
f	Dividends from related organization(s)				1f	
g	Sale of assets to related organization(s)				1g	
h	Purchase of assets from related organization(s)				1h	
i	Exchange of assets with related organization(s)				1i	
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	
- 1	Performance of services or membership or fundraising solicitations for related organ	nization(s)			11	
m	Performance of services or membership or fundraising solicitations by related organ	nization(s)			1m	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n	
0	Sharing of paid employees with related organization(s)				10	
р	Reimbursement paid to related organization(s) for expenses				1p	
q	Reimbursement paid by related organization(s) for expenses				1q	
r	Other transfer of cash or property to related organization(s)				1r	
s	Other transfer of cash or property from related organization(s)				1s	
2	If the answer to any of the above is "Yes," see the instructions for information on \boldsymbol{w}	ho must complete th	is line, including covered re	elationships and transaction thresholds.		
	(a) Name of related organization	(b)	(c)	(d)		
	Name of related organization	Transaction	Amount involved	Method of determining amount inv	olved	
		type (a-s)				
(1)						
(2)						
(3)						
(4)						
,_,						
(5)						
رم،						
(6)]			D /E	20) 0000
32163	10-28-20			Schedule	K (Form 99	JU) 2020

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)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprotion allocat	por- ate ions?	General manage partne	(k) Percentage ownership
			,	100 110					
									000) 0000

MEDICAL COLLEGE OF GEORGIA FOUNDATION,

Schedule R	(Form 990) 2020 INCORPORATED	58-0706796	Page 5
Part VII	(Form 990) 2020 INCORPORATED Supplemental Information		
	Provide additional information for responses to questions on Schedule R. See instructions.		

Schedule R (Form 990) 2020

RETAIL BUILDING RENT 1

Asset No.	Description	Date Acquired	Method	Life	C o Li	ine No. (Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
13	BUILDING	11/30/12	SL	39.00	MM1	61,	,042,413.				1,042,413.			26,729.	
	* TOTAL 990 RENTAL DEPR					1,	,042,413.				1,042,413.	202,695.		26,729.	229,424.

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2021

Name MEDICAL COLLEGE OF GEORGIA FOUNDATION, INCORPORATED	Employer Identifica	
Based on the information provided with this return, the following are possible carryover amounts to next year.		
FEDERAL POST-2017 NET OPERATING LOSS - HEDGE FUND INV	ESTMENT	1,596,856.
FEDERAL PRE-2018 NET OPERATING LOSS		433,960.
FEDERAL CONTRIBUTION - 50% CASH		156.
	_	
		·
	_	

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

Automa	atic 6-Month Extension of Time. Only sub	mit origina	al (no copies needed).							
All corpor	ations required to file an income tax return other than	Form 990-T	(including 1120-C filers), partnership	s, REMICs	s, and trusts					
must use	Form 7004 to request an extension of time to file inco	me tax retur	ns.							
Type or	Name of exempt organization or other filer, see inst			Taxpayer	identification r	number (TIN)				
print	MEDICAL COLLEGE OF GEORGIA INCORPORATED	FOUND	ATION,		58-0706	5796				
File by the due date for filing your return. See T 20 ST SEBASTIAN WAY, NO. 150										
instructions.	City, town or post office, state, and ZIP code. For a AUGUSTA, GA 30901		· 							
Enter the	Return Code for the return that this application is for (file a separat	te application for each return)			0 7				
Applicati	on	Return	Application			Return				
ls For		Code	Is For			Code				
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07				
Form 990	-BL	02	Form 1041-A			08				
Form 472	0 (individual)	03	Form 4720 (other than individual)			09				
Form 990	-PF	04	Form 5227			10				
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11				
Form 990	-T (trust other than above)	06	Form 8870 S. SEBASTIAN WAY, S			12				
Teleph If the c	ooks are in the care of ▶ AUGUSTA, GA 30 one No. ▶ $706-823-5500$ organization does not have an office or place of busines for a Group Return, enter the organization's four dig . If it is for part of the group, check this box ▶	ss in the Uni	Fax No. ▶ited States, check this box	If this is fo	r the whole gro	• •				
the ▶[▶[quest an automatic 6-month extension of time until organization named above. The extension is for the oral calendar year or tax year beginning JUL 1, 2020 ne tax year entered in line 1 is for less than 12 months, Change in accounting period	ganization's	return for: d ending _JUN 30 , 2021	e the exem	npt organization ·	n return for				
	nis application is for Forms 990-BL, 990-PF, 990-T, 472	0, or 6069, e	enter the tentative tax, less			0				
	nonrefundable credits. See instructions.			3a	\$	0.				
	nis application is for Forms 990-PF, 990-T, 4720, or 600	· ·			_	0				
	mated tax payments made. Include any prior year ove			3b	\$	0.				
	ance due. Subtract line 3b from line 3a. Include your ng EFTPS (Electronic Federal Tax Payment System). S			3c	\$					
						0.				

.HA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

EXTENDED TO MAY 16, 2022 **Exempt Organization Business Income Tax Return** Form 990-T OMB No. 1545-0047 (and proxy tax under section 6033(e)) For calendar year 2020 or other tax year beginning JUL~1, 2020 and ending JUN~30, 2021► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service Check box if Name of organization (Check box if name changed and see instructions.) address changed. MEDICAL COLLEGE OF GEORGIA FOUNDATION, **B** Exempt under section Print INCORPORATED 58-0706796 EGroup exemption number (see instructions) X 501(c)(3 or Number, street, and room or suite no. If a P.O. box, see instructions. Type 220(e) 720 ST. SEBASTIAN WAY, NO. 150 408(e) 408A]530(a) City or town, state or province, country, and ZIP or foreign postal code]529(a) [30901 AUGUSTA, GA 529S Check box if 081,028. C Book value of all assets at end of year ... an amended return. Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust Applicable reinsurance entity Claim credit from Form 8941 Claim a refund shown on Form 2439 Check if filing only to Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation Enter the number of attached Schedules A (Form 990-T) During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes If "Yes," enter the name and identifying number of the parent corporation. The books are in care of ► ANGELA REES Telephone number ► 706-823-5500 **Total Unrelated Business Taxable Income** Total of unrelated business taxable income computed from all unrelated trades or businesses (see -85,728. 1 instructions) 2 Reserved 2 -85,728.3 3 Add lines 1 and 2 0. 4 Charitable contributions (see instructions for limitation rules) 4 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 5 5 6 0. Deduction for net operating loss. See instructions 6 Total of unrelated business taxable income before specific deduction and section 199A deduction. 7 <u>-85,72</u>8. 7 Subtract line 6 from line 5 1,000. Specific deduction (generally \$1,000, but see instructions for exceptions) 8 8 Trusts. Section 199A deduction. See instructions 9 9 1,000. 10 Total deductions. Add lines 8 and 9 10 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, 11 enter zero **Tax Computation** Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) 1 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Schedule D (Form 1041) Tax rate schedule or Part I line 11 from: 2 Proxy tax. See instructions 3 3 Other tax amounts. See instructions 4 4 Alternative minimum tax (trusts only) 5 5

6

Form 990-T (2020)

6

LHA

Tax on noncompliant facility income. See instructions

Total. Add lines 3 through 6 to line 1 or 2, whichever applies

For Paperwork Reduction Act Notice, see instructions.

orm 9	90-T (2	020)					Page :
Part		Гах and Payments					
1a		gn tax credit (corporations attach Form 11	18; trusts attach Form 1116)	1a			
b			, , , , , , , , , , , , , , , , , , , ,				
c		ral business credit. Attach Form 3800 (see					
d		for prior year minimum tax (attach Form					
e		credits. Add lines 1a through 1d				1e	
2						I I	0.
3		taxes. Check if from: Form 42			orm 8866	-	
•			ttach statement)			3	
4	Total	tax. Add lines 2 and 3 (see instructions).					
•			oncor ii included tax pro		arraor	4	0.
5		net 965 tax liability paid from Form 965-A				_	0.
6a		ents: A 2019 overpayment credited to 20		1			
b		estimated tax payments. Check if section		6b		\neg	
c			P			\dashv	
d		gn organizations: Tax paid or withheld at s				\dashv	
e		up withholding (see instructions)				\dashv	
f		t for small employer health insurance prer				\dashv	
g		credits, adjustments, and payments:				\dashv	
9		Form 4136	Other Total	_{6q}			
7		payments. Add lines 6a through 6g		<u> </u>		7	
8		ated tax penalty (see instructions). Check				7 8 8	
9		ue. If line 7 is smaller than the total of line	4.5 10 1		_	9	
10		payment. If line 7 is larger than the total of				10	
11		the amount of line 10 you want: Credited			Refunded >		
Part		Statements Regarding Certain A					
1		time during the 2020 calendar year, did		· · · · · · · · · · · · · · · · · · ·	•	v	Yes No
-		a financial account (bank, securities, or otl					
		N Form 114, Report of Foreign Bank and	•	-	-		
	here				, ,		х
2		g the tax year, did the organization receive	e a distribution from, or was it the gr	antor of, or transf	eror to. a		
		n trust?					х
		s," see instructions for other forms the org					
3		the amount of tax-exempt interest receive	•		▶ \$		
4a		e organization change its method of acco					x
b		s "Yes," has the organization described th	, , , , , , , , , , , , , , , , , , , ,				
		n in Part V		,	, , , , , , , , , , , , , , , , , , ,		
Part		Supplemental Information					
Provide	the ex	xplanation required by Part IV, line 4b. Als	o, provide any other additional infor	mation. See instru	ıctions.		
		•	•				
		nder penalties of perjury, I declare that I have examined trrect, and complete. Declaration of preparer (other than				ledge and belief, i	it is true,
Sign		rect, and complete. Declaration of preparer (other than		parci nas any knowicag	jo. [May the IRS disc	uss this return with
Here				DENT/CEO		the preparer show	
		Signature of officer	Date Title			instructions)?	X Yes No
		Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN	
Paid					self- employe		
Prepa	rer	MARY JO ALEXANDER	MARY JO ALEXANDER	02/18/22			002534
Use C		Firm's name ► MAULDIN & JEI			Firm's EIN	▶ 58-0	0692043
	·,		IA PKWY SE STE 1700	0			
		Firm's address > ATLANTA, G	A 30339-5946		Phone no.	770-955	5-8600

Phone no. 770-955-8600 Form **990-T** (2020)

1

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2020

pen to Public Inspection fo

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Name of the organization MEDICAL COLLEGE OF GEORGIA FOUNDATION,

INCORPORATED

| Solicicity Six Humbers on this form as it may be made public if your organization is a 30 f(c)(3) Organizations Only
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| Solicicity Six Humbers on this form as it may be made public if your organizat

<u>C</u> Unrelated business activity code (see instructions) ▶ 900099 **D** Sequence: <u>E</u> Describe the unrelated trade or business ▶HEDGE FUND INVESTMENTS Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 1a Gross receipts or sales **b** Less returns and allowances Cost of goods sold (Part III, line 8) 2 2 Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Sch D (Form 1041 or Form 62,655. 62,655. 1120)) (see instructions) 4a Net gain (loss) (Form 4797) (attach Form 4797) (see instructions) 4b Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 1 -148,999. -148,999. 5 Rent income (Part IV) 6 Unrelated debt-financed income (Part V) 7 7 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 8 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) Exploited exempt activity income (Part VIII) 10 10 Advertising income (Part IX) 11 11 616. Other income (see instructions; attach statement) STMT 2 12 12

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

13

-85,728

1	Compensation of officers, directors, and trustees (Part X)	1	
2	Salaries and wages	2	
3	Repairs and maintenance	3	
4	Bad debts	4	
5	Interest (attach statement) (see instructions)	5	
6	Taxes and licenses	6	
7	Depreciation (attach Form 4562) (see instructions) Less depreciation claimed in Part III and elsewhere on return 8a		
8	Less depreciation claimed in Part III and elsewhere on return	8b	
9	Depletion	9	
10	Contributions to deferred compensation plans	10	
11	Employee benefit programs		
12	Excess exempt expenses (Part VIII)	12	
13	Excess readership costs (Part IX)	13	
14	Other deductions (attach statement)	14	
15	Total deductions. Add lines 1 through 14	15	0.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,		
	column (C)	16	-85,728.
17	Deduction for net operating loss (see instructions)	17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16		-85,728.
		<u>.</u>	/F

LHA For Paperwork Reduction Act Notice, see instructions.

Total. Combine lines 3 through 12

Schedule A (Form 990-T) 2020

Part	III Cost of Goods Sold Fnter meth	nod of inventory valua	tion		Page Z
1	Inventory at beginning of year	•		1	
2	Purchases			_	
3	Cost of labor				_
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter h				
9	Do the rules of section 263A (with respect to property p	produced or acquired	for resale) apply to the	e organization?	Yes No
Part	IV Rent Income (From Real Property and	Personal Prope	rty Leased with I	Real Property)	
1	Description of property (property street address, city, s	tate, ZIP code). Chec	k if a dual-use (see inst	tructions)	
	A				
	В				
	c				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
4 5	in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En	ter here and on Part I	, line 6, column (B)	>	0.
Part	V Unrelated Debt-Financed Income (se	ee instructions)			
1	Description of debt-financed property (street address, of	ity, state, ZIP code).	Check if a dual-use (se	e instructions)	
	A				
	В				
	c <u> </u>				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	9/	9	6 %	<u>%</u>
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D).	Enter here and on Pa	art I, line 7, column (A)	>	0.
_	Allegation designation at the Property of the		T	1	
9	Allocable deductions. Multiply line 3c by line 6	anala D. Eutenbern	al an Dank I Bros Zon I	(D)	0.
10	Total allocable deductions. Add line 9, columns A thr Total dividends-received deductions included in line		iu on Part I, line /, col	uiiii (B)	<u> </u>
11					

Sched	ule A (Form 990-T) 2020 VI Interest, Annu	iities R	nvalties and Re	ents from	n Control	led Or	nanizatione	\$ /00:	o inetruct	ione)		Page 3
rait	micrest, Ami	aidos, m	Janus, and Ne		55111101		Exempt Contro		e instruct			
	Name of controlled organization		2. Employer identification number	3. Net unrelated 4. Total		al of specified nents made	al of specified 5. Part of colu		umn 4 6. d in the ganiza-		connected with income in column 5	
(1)								1.0	9.0000			
(2)												
(3)												
(4)												
		1	No	· · ·	Controlled O		ions					
7	. Taxable Income	ir	Net unrelated ncome (loss) e instructions)		Fotal of specified ayments made		that is included in the controlling organization's gross income		n the ation's	11. Deductions din connected with income in column		nected with
(1)												
(2)												
(3)												
(4)												
							Add colum Enter here line 8, c		Part I, (A)	Ente	er her	umns 6 and 11. re and on Part I, s, column (B)
Totals Part	VII Investment		of a Cootion EO	4/0\/7\ //	0\ ~~ (47\	<u></u> ▶			0.			0.
rait		cription of	of a Section 50	1(0)(7), (_			ee instri T			<u></u>	. Total deductions
	I, Desi	Enplion of	income		2. Amou incor		3. Deduction directly connected (attach states	ected (4. Set- (attach st		nt)	and set-asides (add cols 3 and 4)
(1)												
(2)												
(3)											_	
(4)					Add amo	unto in						Add amounts in
Totals					column 2 here and o line 9, colu	. Enter n Part I,						column 5. Enter here and on Part I, line 9, column (B)
Part	VIII Exploited E	xempt A	Activity Income,	Other T	Than Adve	ertising	g Income	see inst	tructions)			
1	Description of exploite	ed activity:										
2	Gross unrelated busin	ess incom	e from trade or busir	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2		
3	Expenses directly con											
	line 10, column (B)									3		
4	Net income (loss) from						•					
_										4		
5	Gross income from ac									5 6		
6 7	Expenses attributable Excess exempt expen									0		
'	4 Enter here and on F			, but uo ni	or enrei mor	c u an u	io amount off f	II 16		7		

Schedule A (Form 990-T) 2020

	lule A (Form 990-T) 2020				Page 4
Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporti	ng two or more periodicals o	n a consolidated basi	S.	
	A				
	В 🔙				
	c 🗀				
	D				
Enter	amounts for each periodical listed above in the	corresponding column.			
		Α	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and or	Part I, line 11, column (A)		>	0.
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and or	n Part I, line 11, column (B)		>	0.
4	Advertising gain (loss). Subtract line 3 from li	ne			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column i	n			
	line 4 showing a loss or zero, do not complet				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is le				
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain	on			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the g	·	s total or zero here an	nd on	•
	Part II, line 13				0.
Part	X Compensation of Officers, Di	rectors, and Trustees	(see instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Title	Э	of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
Tota	I. Enter here and on Part II, line 1				0.
Part		ee instructions)		, .	
		,			

G REALTY FUND IX LP - ORDINARY BUSINESS INCOME (LOSS) -60,045 GG REALTY FUND IX LP - NET RENTAL REAL ESTATE INCOME 2,391 GR REALTY FUND IX LP - OTHER INCOME (LOSS) -6 REENSPRING GLOBAL PARTNERS VI-B, LP - ORDINARY BUSINESS INCOME (LOSS) -77 REENSPRING GLOBAL PARTNERS VII-B, LP - INTEREST INCOME 50 REENSPRING GLOBAL PARTNERS VII-B, LP - OTHER INCOME 1008 REENSPRING GLOBAL PARTNERS VII-B, LP - OTHER INCOME 7 REENSPRING GLOBAL PARTNERS VII-B, LP - OTHER INCOME 7 REENSPRING GLOBAL PARTNERS VII-B, LP - OTHER INCOME 7 REENSPRING GLOBAL PARTNERS VII-B, LP - OTHER INCOME 7 REENSPRING GLOBAL PARTNERS VII-B, LP - OTHER INCOME 7 REENSPRING GLOBAL PARTNERS VII-B, LP - OTHER INCOME 7 REENSPRING GLOBAL PARTNERS VII-B, LP - OTHER INCOME 8 REENSPRING GLOBAL PARTNERS VII-B, LP - OTHER INCOME 8 REENSPRING GLOBAL PARTNERS VII-B, LP - OTHER INCOME 8 REENSPRING GLOBAL PARTNERS VII-B, LP - OTHER INCOME 8 REENSPRING GLOBAL PARTNERS VII-B, LP - OTHER INCOME 8 LOSS) ANDMARK EQUITY PARTNERS XIII, LP - ORDINARY BUSINESS 7 ROOME (LOSS) ANDMARK EQUITY PARTNERS XIV, LP - ORDINARY BUSINESS 8 ROOME (LOSS) ANDMARK EQUITY PARTNERS XIV, LP - OTHER NET RENTAL INCOME 8 LOSS) ANDMARK EQUITY PARTNERS XIV, LP - OTHER NET RENTAL INCOME 9 LOSS) ANDMARK EQUITY PARTNERS XIV, LP - OTHER INCOME (LOSS) 8 REENSPRING REAL REAL RESTATE 8 LOSS) ANDMARK EQUITY PARTNERS XV, LP - OTHER NET RENTAL INCOME 9 LOSS) ANDMARK EQUITY PARTNERS XV, LP - OTHER NET RENTAL INCOME 9 LOSS) ANDMARK EQUITY PARTNERS XV, LP - OTHER NET RENTAL INCOME 9 LOSS) ANDMARK EQUITY PARTNERS XV, LP - OTHER NET RENTAL INCOME 9 LOSS) ANDMARK EQUITY PARTNERS XV, LP - OTHER NET RENTAL INCOME 9 LOSS) ANDMARK EQUITY PARTNERS XV, LP - OTHER NET RENTAL INCOME 9 LOSS) ANDMARK EQUITY PARTNERS XV, LP - OTHER NET RENTAL INCOME 9 LOSS) ANDMARK EQUITY PARTNERS XV, LP - OTHER NET RENTAL INCOME 9 LOSS) ANDMARK EQUITY PARTNERS XV, LP - OTHER NET RENTAL INCOME 9 LOSS) ANDMARK EQUITY PARTNERS XV, LP - OTHER NET RENTAL INCOME 9 LOSS) ANDMARK EQUITY PARTNERS XV, LP - OTHER NET RENTAL INCOME 9 LOSS) ANDMARK EQUITY	FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
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GREALTY FUND IX LP - OTHER INCOME (LOSS) REENSPRING GLOBAL PARTNERS VII-B, LP - ORDINARY BUSINESS NCOME (LOSS) REENSPRING GLOBAL PARTNERS VII-B, LP - INTEREST INCOME REENSPRING GLOBAL PARTNERS VII-B, LP - DIVIDEND INCOME LOSS) ANDMARK EQUITY PARTNERS XIII, LP - ORDINARY BUSINESS NCOME (LOSS) ANDMARK EQUITY PARTNERS XIII, LP - INTEREST INCOME ANDMARK EQUITY PARTNERS XIII, LP - OTHER INCOME (LOSS) ANDMARK EQUITY PARTNERS XIII, LP - OTHER INCOME (LOSS) ANDMARK EQUITY PARTNERS XIV, LP - OTHER INCOME (LOSS) ANDMARK EQUITY PARTNERS XIV, LP - OTHER INCOME (LOSS) ANDMARK EQUITY PARTNERS XIV, LP - OTHER NET RENTAL INCOME ANDMARK EQUITY PARTNERS XIV, LP - OTHER NET RENTAL INCOME ANDMARK EQUITY PARTNERS XIV, LP - OTHER PORTFOLIO INCOME LOSS) ANDMARK EQUITY PARTNERS XIV, LP - OTHER PORTFOLIO INCOME LOSS) ANDMARK EQUITY PARTNERS XIV, LP - OTHER INCOME (LOSS) -5. ANDMARK EQUITY PARTNERS XIV, LP - OTHER INCOME (LOSS) -5. ANDMARK EQUITY PARTNERS XIV, LP - OTHER INCOME (LOSS) -5. ANDMARK EQUITY PARTNERS XIV, LP - OTHER NET RENTAL INCOME LOSS) ANDMARK EQUITY PARTNERS XV, LP - OTHER NET RENTAL INCOME LOSS) -5. ANDMARK EQUITY PARTNERS XV, LP - OTHER NET RENTAL INCOME LOSS) -6. ANDMARK EQUITY PARTNERS XV, LP - OTHER NET RENTAL INCOME LOSS) -6. ANDMARK EQUITY PARTNERS XV, LP - OTHER NET RENTAL INCOME LOSS) -7. ANDMARK EQUITY PARTNERS XV, LP - OTHER NET RENTAL INCOME LOSS) -7. ANDMARK EQUITY PARTNERS XV, LP - OTHER NET RENTAL INCOME LOSS) ANDMARK EQUITY PARTNERS XV, LP - OTHER NET RENTAL INCOME LOSS) ANDMARK EQUITY PARTNERS XV, LP - OTHER NET RENTAL INCOME LOSS) ANDMARK EQUITY PARTNERS XV, LP - OTHER NET RENTAL INCOME LOSS) ANDMARK EQUITY PARTNERS XV, LP - OTHER NET RENTAL INCOME LOSS) ANDMARK EQUITY PARTNERS XV, LP - OTHER NET RENTAL INCOME LOSS) ANDMARK EQUITY PARTNERS XV, LP - OTHER NET RENTAL INCOME LOSS) ANDM	AG REALTY FUND IX LP - ORDINARY BUSINESS INCOME (LOSS)	-60,045.
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NCOME LOSS -77	AG REALTY FUND IX LP - OTHER INCOME (LOSS)	-6.
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ANDMARK EQUITY PARTNERS XIII, LP - ORDINARY BUSINESS -596		8.
ANDMARK EQUITY PARTNERS XIII, LP - ORDINARY BUSINESS INCOME (LOSS) ANDMARK EQUITY PARTNERS XIII, LP - INTEREST INCOME ANDMARK EQUITY PARTNERS XIII, LP - OTHER INCOME (LOSS) ANDMARK EQUITY PARTNERS XIII, LP - OTHER INCOME (LOSS) ANDMARK EQUITY PARTNERS XIII, LP - OTHER INCOME (LOSS) ANDMARK EQUITY PARTNERS XIV, LP - OTHER NET RENTAL INCOME ANDMARK EQUITY PARTNERS XIV, LP - OTHER NET RENTAL INCOME LOSS) ANDMARK EQUITY PARTNERS XIV, LP - OTHER NET RENTAL INCOME LOSS) ANDMARK EQUITY PARTNERS XIV, LP - OTHER INCOME (LOSS) ANDMARK EQUITY PARTNERS XIV, LP - OTHER INCOME (LOSS) ANDMARK EQUITY PARTNERS XV, LP - OTHER INCOME (LOSS) ANDMARK EQUITY PARTNERS XV, LP - OTHER NET RENTAL INCOME LOSS) ANDMARK EQUITY PARTNERS XV, LP - OTHER NET RENTAL INCOME LOSS) ANDMARK EQUITY PARTNERS XV, LP - OTHER NET RENTAL INCOME LOSS) ANDMARK EQUITY PARTNERS XV, LP - OTHER NET RENTAL INCOME LOSS) ANDMARK EQUITY PARTNERS XV, LP - OTHER NET RENTAL INCOME LOSS) ANDMARK EQUITY PARTNERS XV, LP - OTHER NET RENTAL INCOME LOSS) ANDMARK EQUITY PARTNERS XV, LP - OTHER NET RENTAL INCOME LOSS) ANDMARK EQUITY PARTNERS XV, LP - OTHER NET RENTAL INCOME LOSS) ANDMARK EQUITY PARTNERS XV, LP - OTHER PORTFOLIO INCOME LOSS) ANDMARK EQUITY PARTNERS XV, LP - OTHER PORTFOLIO INCOME LOSS) ANDMARK EQUITY PARTNERS XV, LP - OTHER NET RENTAL REAL ESTATE NCOME ANDMARK EQUITY PARTNERS XV, LP - OTHER NET RENTAL INCOME LOSS) ANDMARK EQUITY PARTNERS XVI, LP - OTHER NET RENTAL INCOME LOSS) ANDMARK EQUITY PARTNERS XVI, LP - OTHER NET RENTAL INCOME LOSS) ANDMARK EQUITY PARTNERS XVI, LP - OTHER NET RENTAL INCOME LOSS) ANDMARK EQUITY PARTNERS XVI, LP - OTHER NET RENTAL INCOME ANDMARK EQUITY PARTNERS XVI, LP - OTHER NET RENTAL INCOME ANDMARK EQUITY PARTNERS XVI, LP - OTHER NET RENTAL INCOME ANDMARK EQUITY PARTNERS XVI, LP - OTHER PORTFOLIO INCOME ANDMARK EQUITY PARTNERS XVI, LP - OTHER PORTFOLIO INCOME ANDMARK EQUITY PARTNERS XVI, LP - OTHER PORTFOLIO INCOME ANDMARK EQUITY PARTNERS XVI, LP - OTHER PORTFOLIO INCOME ANDMARK EQUI		2.44
NCOME (LOSS) -596		-341.
ANDMARK EQUITY PARTNERS XIII, LP - INTEREST INCOME 2,408 ANDMARK EQUITY PARTNERS XIII, LP - ROYALTIES 2,408 ANDMARK EQUITY PARTNERS XIII, LP - OTHER INCOME (LOSS) -1,565 ANDMARK EQUITY PARTNERS XIV, LP - ORDINARY BUSINESS -8,334 ANDMARK EQUITY PARTNERS XIV, LP - NET RENTAL REAL ESTATE NCOME (LOSS) ANDMARK EQUITY PARTNERS XIV, LP - OTHER NET RENTAL INCOME LOSS) ANDMARK EQUITY PARTNERS XIV, LP - OTHER NET RENTAL INCOME LOSS) ANDMARK EQUITY PARTNERS XIV, LP - OTHER PORTFOLIO INCOME LOSS) ANDMARK EQUITY PARTNERS XIV, LP - OTHER INCOME (LOSS) ANDMARK EQUITY PARTNERS XIV, LP - OTHER INCOME (LOSS) ANDMARK EQUITY PARTNERS XV, LP - OTHER RENTAL INCOME LOSS) ANDMARK EQUITY PARTNERS XV, LP - NET RENTAL REAL ESTATE NCOME ANDMARK EQUITY PARTNERS XV, LP - OTHER NET RENTAL INCOME LOSS) ANDMARK EQUITY PARTNERS XV, LP - OTHER NET RENTAL INCOME LOSS) ANDMARK EQUITY PARTNERS XV, LP - OTHER NET RENTAL INCOME ANDMARK EQUITY PARTNERS XV, LP - FOYALTIES ANDMARK EQUITY PARTNERS XV, LP - FOYALTIES ANDMARK EQUITY PARTNERS XV, LP - FOYALTIES ANDMARK EQUITY PARTNERS XV, LP - OTHER PORTFOLIO INCOME LOSS) ANDMARK EQUITY PARTNERS XV, LP - OTHER PORTFOLIO INCOME LOSS) ANDMARK EQUITY PARTNERS XV, LP - OTHER INCOME (LOSS) ANDMARK EQUITY PARTNERS XV, LP - OTHER PORTFOLIO INCOME LOSS) ANDMARK EQUITY PARTNERS XV, LP - OTHER NET RENTAL ESTATE NCOME ANDMARK EQUITY PARTNERS XV, LP - OTHER NET RENTAL INCOME LOSS) ANDMARK EQUITY PARTNERS XVI, LP - OTHER NET RENTAL INCOME LOSS) ANDMARK EQUITY PARTNERS XVI, LP - OTHER NET RENTAL INCOME LOSS) ANDMARK EQUITY PARTNERS XVI, LP - OTHER NET RENTAL INCOME LOSS) ANDMARK EQUITY PARTNERS XVI, LP - OTHER NET RENTAL INCOME LOSS) ANDMARK EQUITY PARTNERS XVI, LP - OTHER NET RENTAL INCOME LOSS) ANDMARK EQUITY PARTNERS XVI, LP - OTHER PORTFOLIO INCOME LOSS) ANDMARK EQUITY PARTNERS XVI, LP - OTHER PORTFOLIO INCOME LOSS) ANDMARK EQUITY PARTNERS XVI, LP - OTHER PORTFOLIO INCOME LOSS) ANDMARK EQUITY PARTNERS XVI, LP - OTHER PORTFOLIO INCOME LOSS) ANDMARK EQUITY PARTNERS XVI, LP - OTHER PORTFOLIO INCOME LOSS) ANDMARK EQUITY		F.0.C
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191	·	-0,554.
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ANDMARK EQUITY PARTNERS XV, LP - NET RENTAL REAL ESTATE NCOME ANDMARK EQUITY PARTNERS XV, LP - OTHER NET RENTAL INCOME LOSS) ANDMARK EQUITY PARTNERS XV, LP - INTEREST INCOME ANDMARK EQUITY PARTNERS XV, LP - DIVIDEND INCOME ANDMARK EQUITY PARTNERS XV, LP - OTHER PORTFOLIO INCOME LOSS) ANDMARK EQUITY PARTNERS XV, LP - OTHER INCOME (LOSS) ANDMARK EQUITY PARTNERS XV, LP - OTHER INCOME (LOSS) ANDMARK EQUITY PARTNERS XVI, LP - ORDINARY BUSINESS NCOME (LOSS) ANDMARK EQUITY PARTNERS XVI, LP - NET RENTAL REAL ESTATE NCOME LOSS) ANDMARK EQUITY PARTNERS XVI, LP - OTHER NET RENTAL INCOME LOSS) ANDMARK EQUITY PARTNERS XVI, LP - OTHER NET RENTAL INCOME LOSS) ANDMARK EQUITY PARTNERS XVI, LP - INTEREST INCOME ANDMARK EQUITY PARTNERS XVI, LP - DIVIDEND INCOME ANDMARK EQUITY PARTNERS XVI, LP - DIVIDEND INCOME ANDMARK EQUITY PARTNERS XVI, LP - ROYALTIES ANDMARK EQUITY PARTNERS XVI, LP - OTHER PORTFOLIO INCOME LOSS) ANDMARK EQUITY PARTNERS XVI, LP - OTHER PORTFOLIO INCOME LOSS) ANDMARK EQUITY PARTNERS XVI, LP - OTHER PORTFOLIO INCOME LOSS) ANDMARK EQUITY PARTNERS XVI, LP - OTHER PORTFOLIO INCOME LOSS) ANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS) -1,089 ETROPOLITAN REAL ESTATE PARTNERS GLOBAL IV, LP - ORDINARY BUSINESS INCOME (400	LANDMARK EQUITY PARTNERS XV, LP - ORDINARY BUSINESS INCOME	
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ANDMARK EQUITY PARTNERS XV, LP - INTEREST INCOME 20 ANDMARK EQUITY PARTNERS XV, LP - DIVIDEND INCOME 20 ANDMARK EQUITY PARTNERS XV, LP - ROYALTIES 18 ANDMARK EQUITY PARTNERS XV, LP - OTHER PORTFOLIO INCOME 18 ANDMARK EQUITY PARTNERS XV, LP - OTHER INCOME (LOSS) -8,178 ANDMARK EQUITY PARTNERS XVI, LP - ORDINARY BUSINESS -9,958 ANDMARK EQUITY PARTNERS XVI, LP - NET RENTAL REAL ESTATE 18 ANDMARK EQUITY PARTNERS XVI, LP - NET RENTAL REAL ESTATE 18 ANDMARK EQUITY PARTNERS XVI, LP - OTHER NET RENTAL INCOME 19 ANDMARK EQUITY PARTNERS XVI, LP - INTEREST INCOME 143 ANDMARK EQUITY PARTNERS XVI, LP - DIVIDEND INCOME 59 ANDMARK EQUITY PARTNERS XVI, LP - ROYALTIES 31 ANDMARK EQUITY PARTNERS XVI, LP - OTHER PORTFOLIO INCOME 59 ANDMARK EQUITY PARTNERS XVI, LP - OTHER PORTFOLIO INCOME 143 ANDMARK EQUITY PARTNERS XVI, LP - OTHER PORTFOLIO INCOME 143 ANDMARK EQUITY PARTNERS XVI, LP - OTHER PORTFOLIO INCOME 143 ANDMARK EQUITY PARTNERS XVI, LP - OTHER PORTFOLIO INCOME 143 ANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS) -1,089 ANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS) -1,089 ANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS) -1,089 ANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS) -1,089 ANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS) -1,089 ANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS) -1,089 ANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS) -1,089 ANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS) -1,089 ANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS) -1,089 ANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS) -1,089 ANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS) -1,089		
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ANDMARK EQUITY PARTNERS XV, LP - OTHER INCOME (LOSS) -8,178 ANDMARK EQUITY PARTNERS XVI, LP - ORDINARY BUSINESS INCOME (LOSS) -9,958 ANDMARK EQUITY PARTNERS XVI, LP - NET RENTAL REAL ESTATE INCOME -33 ANDMARK EQUITY PARTNERS XVI, LP - OTHER NET RENTAL INCOME LOSS) -331 ANDMARK EQUITY PARTNERS XVI, LP - INTEREST INCOME 143 ANDMARK EQUITY PARTNERS XVI, LP - DIVIDEND INCOME 59 ANDMARK EQUITY PARTNERS XVI, LP - ROYALTIES 31 ANDMARK EQUITY PARTNERS XVI, LP - OTHER PORTFOLIO INCOME -41 ANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS) -1,089 METROPOLITAN REAL ESTATE PARTNERS GLOBAL IV, LP - ORDINARY BUSINESS INCOME (400		1.2
ANDMARK EQUITY PARTNERS XVI, LP - ORDINARY BUSINESS INCOME (LOSS) ANDMARK EQUITY PARTNERS XVI, LP - NET RENTAL REAL ESTATE INCOME ANDMARK EQUITY PARTNERS XVI, LP - OTHER NET RENTAL INCOME LOSS) ANDMARK EQUITY PARTNERS XVI, LP - INTEREST INCOME ANDMARK EQUITY PARTNERS XVI, LP - DIVIDEND INCOME ANDMARK EQUITY PARTNERS XVI, LP - ROYALTIES ANDMARK EQUITY PARTNERS XVI, LP - OTHER PORTFOLIO INCOME LOSS) ANDMARK EQUITY PARTNERS XVI, LP - OTHER PORTFOLIO INCOME LOSS) ANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS) -41 ANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS) -1,089 METROPOLITAN REAL ESTATE PARTNERS GLOBAL IV, LP - ORDINARY BUSINESS INCOME (
INCOME (LOSS) JANDMARK EQUITY PARTNERS XVI, LP - NET RENTAL REAL ESTATE INCOME JANDMARK EQUITY PARTNERS XVI, LP - OTHER NET RENTAL INCOME JANDMARK EQUITY PARTNERS XVI, LP - INTEREST INCOME JANDMARK EQUITY PARTNERS XVI, LP - DIVIDEND INCOME JANDMARK EQUITY PARTNERS XVI, LP - DIVIDEND INCOME JANDMARK EQUITY PARTNERS XVI, LP - ROYALTIES JANDMARK EQUITY PARTNERS XVI, LP - OTHER PORTFOLIO INCOME LOSS) JANDMARK EQUITY PARTNERS XVI, LP - OTHER PORTFOLIO INCOME LOSS) JANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS) JANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS) JANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS) JANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS) JANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS) JANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS) JANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS) JANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS) JANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS) JANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS) JANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS) JANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS)		-0,170.
LANDMARK EQUITY PARTNERS XVI, LP - NET RENTAL REAL ESTATE INCOME LANDMARK EQUITY PARTNERS XVI, LP - OTHER NET RENTAL INCOME LOSS) LANDMARK EQUITY PARTNERS XVI, LP - INTEREST INCOME LANDMARK EQUITY PARTNERS XVI, LP - DIVIDEND INCOME LANDMARK EQUITY PARTNERS XVI, LP - ROYALTIES LANDMARK EQUITY PARTNERS XVI, LP - OTHER PORTFOLIO INCOME LOSS) LANDMARK EQUITY PARTNERS XVI, LP - OTHER PORTFOLIO INCOME LOSS) LANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS) -41 LANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS) -1,089 METROPOLITAN REAL ESTATE PARTNERS GLOBAL IV, LP - ORDINARY BUSINESS INCOME (_0 058
ANDMARK EQUITY PARTNERS XVI, LP - OTHER NET RENTAL INCOME LOSS) ANDMARK EQUITY PARTNERS XVI, LP - INTEREST INCOME ANDMARK EQUITY PARTNERS XVI, LP - DIVIDEND INCOME ANDMARK EQUITY PARTNERS XVI, LP - ROYALTIES ANDMARK EQUITY PARTNERS XVI, LP - OTHER PORTFOLIO INCOME LOSS) ANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS) ANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS) ANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS) ANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS) AUSINESS INCOME (-9,950.
ANDMARK EQUITY PARTNERS XVI, LP - OTHER NET RENTAL INCOME LOSS) ANDMARK EQUITY PARTNERS XVI, LP - INTEREST INCOME ANDMARK EQUITY PARTNERS XVI, LP - DIVIDEND INCOME ANDMARK EQUITY PARTNERS XVI, LP - ROYALTIES ANDMARK EQUITY PARTNERS XVI, LP - OTHER PORTFOLIO INCOME LOSS) ANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS) ANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS) ANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS) ANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS) AUSINESS INCOME (· · · · · · · · · · · · · · · · · · ·	-33.
LOSS) JANDMARK EQUITY PARTNERS XVI, LP - INTEREST INCOME JANDMARK EQUITY PARTNERS XVI, LP - DIVIDEND INCOME JANDMARK EQUITY PARTNERS XVI, LP - ROYALTIES JANDMARK EQUITY PARTNERS XVI, LP - OTHER PORTFOLIO INCOME LOSS) JANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS) JANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS) JANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS) JANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS) JANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS) JANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS) JANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS) JANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS) JANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS) JANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS) JANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS) JANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS) JANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS) JANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS) JANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS) JANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS)		33.
ANDMARK EQUITY PARTNERS XVI, LP - INTEREST INCOME 59 ANDMARK EQUITY PARTNERS XVI, LP - DIVIDEND INCOME 59 ANDMARK EQUITY PARTNERS XVI, LP - ROYALTIES 31 ANDMARK EQUITY PARTNERS XVI, LP - OTHER PORTFOLIO INCOME LOSS) -41 ANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS) -1,089 METROPOLITAN REAL ESTATE PARTNERS GLOBAL IV, LP - ORDINARY BUSINESS INCOME (400		331.
ANDMARK EQUITY PARTNERS XVI, LP - DIVIDEND INCOME ANDMARK EQUITY PARTNERS XVI, LP - ROYALTIES ANDMARK EQUITY PARTNERS XVI, LP - OTHER PORTFOLIO INCOME LOSS) ANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS) ANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS) ATTROPOLITAN REAL ESTATE PARTNERS GLOBAL IV, LP - ORDINARY BUSINESS INCOME (400		143.
JANDMARK EQUITY PARTNERS XVI, LP - ROYALTIES JANDMARK EQUITY PARTNERS XVI, LP - OTHER PORTFOLIO INCOME JLOSS) JANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS) JETROPOLITAN REAL ESTATE PARTNERS GLOBAL IV, LP - ORDINARY JUSINESS INCOME (400		59 .
LANDMARK EQUITY PARTNERS XVI, LP - OTHER PORTFOLIO INCOME LOSS) LANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS) METROPOLITAN REAL ESTATE PARTNERS GLOBAL IV, LP - ORDINARY BUSINESS INCOME (400	LANDMARK EQUITY PARTNERS XVI, LP - ROYALTIES	31.
LOSS) -41 LANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS) -1,089 METROPOLITAN REAL ESTATE PARTNERS GLOBAL IV, LP - ORDINARY BUSINESS INCOME (400	LANDMARK EQUITY PARTNERS XVI, LP - OTHER PORTFOLIO INCOME	
LANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS) -1,089 METROPOLITAN REAL ESTATE PARTNERS GLOBAL IV, LP - ORDINARY BUSINESS INCOME (400	(LOSS)	-41.
METROPOLITAN REAL ESTATE PARTNERS GLOBAL IV, LP - ORDINARY BUSINESS INCOME (400	LANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS)	-1,089.
·	METROPOLITAN REAL ESTATE PARTNERS GLOBAL IV, LP - ORDINARY	-
IETROPOLITAN REAL ESTATE PARTNERS GLOBAL IV, LP - NET	BUSINESS INCOME (400.
	METROPOLITAN REAL ESTATE PARTNERS GLOBAL IV, LP - NET	
ENTAL REAL ESTATE INC -179	RENTAL REAL ESTATE INC	-179.

MEDICAL COLLEGE OF GEORGIA FOUNDATION, I	58-0706796
PARK STREET CAPITAL NATURAL RESOURCE FUND III, LP -	
ORDINARY BUSINESS INCOME PARK STREET CAPITAL NATURAL RESOURCE FUND III, LP - OTHER	2,477.
PORTFOLIO INCOME (79.
PARK STREET CAPITAL NATURAL RESOURCE FUND III, LP - OTHER	504
INCOME (LOSS) PARK STREET CAPITAL NATURAL RESOURCE FUND V, LP - ORDINARY	-724.
BUSINESS INCOME (5,308.
PARK STREET CAPITAL NATURAL RESOURCE FUND V, LP - NET	4
RENTAL REAL ESTATE INC PARK STREET CAPITAL NATURAL RESOURCE FUND V, LP - INTEREST	1.
INCOME	13.
PARK STREET CAPITAL NATURAL RESOURCE FUND V, LP -	4
ROYALTIES PARK STREET CAPITAL NATURAL RESOURCE FUND V, LP - OTHER	177.
PORTFOLIO INCOME (LO	78.
PARK STREET CAPITAL NATURAL RESOURCE FUND V, LP - OTHER	
INCOME (LOSS)	-3,443.
RCP FUND VIII, LP - ORDINARY BUSINESS INCOME (LOSS) TIFF PRIVATE EQUITY PARTNERS 2011, LLC - ORDINARY BUSINESS	26,020.
INCOME (LOSS)	1,144.
TIFF PRIVATE EQUITY PARTNERS 2011, LLC - INTEREST INCOME	33.
TIFF PRIVATE EQUITY PARTNERS 2011, LLC - ROYALTIES TIFF PRIVATE EQUITY PARTNERS 2011, LLC - OTHER INCOME	3.
(LOSS)	-4,509.
TIFF REALTY & RESOURCES II - ORDINARY BUSINESS INCOME	·
(LOSS)	1,203.
TIFF REALTY & RESOURCES II - NET RENTAL REAL ESTATE INCOME TIFF REALTY & RESOURCES II - OTHER NET RENTAL INCOME	-599.
(LOSS)	5.
TIFF REALTY & RESOURCES II - INTEREST INCOME	3.
TIFF REALTY & RESOURCES II - ROYALTIES	38.
TIFF REALTY & RESOURCES II - OTHER INCOME (LOSS) TIFF REALTY & RESOURCES 2008, LLC - ORDINARY BUSINESS	-847.
INCOME (LOSS)	5,996.
TIFF REALTY & RESOURCES 2008, LLC - NET RENTAL REAL ESTATE	•
INCOME	2.
TIFF REALTY & RESOURCES 2008, LLC - OTHER NET RENTAL INCOME (LOSS)	3.
TIFF REALTY & RESOURCES 2008, LLC - INTEREST INCOME	210.
TIFF REALTY & RESOURCES 2008, LLC - ROYALTIES	259.
TIFF REALTY & RESOURCES 2008, LLC - OTHER INCOME (LOSS) VIA ENERGY III, LP - ORDINARY BUSINESS INCOME (LOSS)	-1,201. 33,814.
VIA ENERGY III, LP - ORDINARI BUSINESS INCOME (LOSS) VIA ENERGY III, LP - NET RENTAL REAL ESTATE INCOME	2.
VIA ENERGY III, LP - INTEREST INCOME	59.
VIA ENERGY III, LP - DIVIDEND INCOME	11.
VIA ENERGY III, LP - ROYALTIES VIA ENERGY III, LP - OTHER PORTFOLIO INCOME (LOSS)	343. 1.
VIA ENERGY III, LP - OTHER INCOME (LOSS)	-67,167.
GEM REALTY FUND VI, LP - ORDINARY BUSINESS INCOME (LOSS)	-122.
SIGULER GUFF DISTRESSED OPPORTUNITIES FUND III, LP - OTHER	•
INCOME (LOSS) GREENSPRING GLOBAL PARTNERS VIII-B, LP - ORDINARY BUSINESS	-2.
INCOME (LOSS)	-3,398.
GREENSPRING GLOBAL PARTNERS VIII-B, LP - OTHER INCOME	
(LOSS) ENERGY TRUST PARTNERS V, LP - ORDINARY BUSINESS INCOME	-473.
(LOSS)	204,301.
	•

MEDICAL COLLEGE OF GEORGIA FOUNDATION, I	58-0706796
ENERGY TRUST PARTNERS V, LP - ROYALTIES	1,083.
ENERGY TRUST PARTNERS V, LP - OTHER INCOME (LOSS) DRUM SPECIAL SITUATION PARTNERS IV LP - ORDINARY BUSINESS	-217,729.
INCOME (LOSS)	-31,863.
DRUM SPECIAL SITUATION PARTNERS IV LP - NET RENTAL REAL	·
ESTATE INCOME DRUM SPECIAL SITUATION PARTNERS IV LP - OTHER NET RENTAL	52.
INCOME (LOSS)	300.
DRUM SPECIAL SITUATION PARTNERS IV LP - INTEREST INCOME	9,926.
DRUM SPECIAL SITUATION PARTNERS IV LP - DIVIDEND INCOME	9,525.
DRUM SPECIAL SITUATION PARTNERS IV LP - ROYALTIES DRUM SPECIAL SITUATION PARTNERS IV LP - OTHER PORTFOLIO	106.
INCOME (LOSS)	-521.
DRUM SPECIAL SITUATION PARTNERS IV LP - OTHER INCOME	321.
(LOSS)	-28,906.
CCAP FUND 8-2019, LP - ORDINARY BUSINESS INCOME (LOSS)	-18,097.
CCAP FUND 8-2019, LP - INTEREST INCOME CCAP FUND 8-2019, LP - OTHER INCOME (LOSS)	6,443. -4,781.
MARBLEGATE PARTNERS ONSHORE FUND I, LP - ORDINARY BUSINESS	-4,701.
INCOME (LOSS)	-5,711.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-148,999.
FORM 990-T (A) OTHER INCOME	STATEMENT 2
DESCRIPTION	AMOUNT
CANCELLATION OF DEBT - LANDMARK EQUITY PARTNERS XIV, LP	2.
CANCELLATION OF DEBT - LANDMARK EQUITY PARTNERS XV, LP	528.
CANCELLATION OF DEBT - TIFF REALTY & RESOURCES 2008, LLC	59.
CANCELLATION OF DEBT - DRUM SPECIAL SITUATION PARTNERS IV LP	27.
TOTAL TO SCHEDULE A, PART I, LINE 12	616.
	010.

A DEBT

1

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-RIC, 1120-SF, or certain Forms 990-T.
■ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Name

Employer identification number

INCORPORATED	58-0706796
Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?	▶ Yes X No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or lo	OSS.
Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less	S

MEDICAL COLLEGE OF GEORGIA FOUNDATION,

Tarti Short-Term Capital dai	110 ana 200000 7100	oto mora omo moar	J. 2000		
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column	(g)	result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					-2,868
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7		4	
5 Short-term capital gain or (loss) from like-kind				5	
6 Unused capital loss carryover (attach computa				6	(
7 Net short-term capital gain or (loss). Combine	e lines 1a through 6 in columr	ı h		7	-2,868.
Part II Long-Term Capital Gai	ns and Losses - Ass	ets Held More Tha	n One Year		
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the
round off cents to whole dollars.	((6. 5.1.6. 2.26.6)		(3)	result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked					18,081
				11	47,442
12 Long-term capital gain from installment sales				12	
13 Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824			13	
14 Capital gain distributions				14	
Part III Summary of Parts I and	e lines 8a through 14 in colum	n h		15	65,523
16 Enter excess of net short-term capital gain (lir		al loce (line 15)		16	
17 Net capital gain. Enter excess of net long-term				17	62,655
18 Add lines 16 and 17. Enter here and on Form			·	18	62,655
TO ADDITION TO ADDITION OF THE PROPERTY OF THE	TIZU. DAUE I. HHE O. UI THE AD	DIIVADIE IIIIE OII OUIEI TEUUTI	5	10	1 04,000

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Form **8949**

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2020 Attachment Sequence No. 12A

OMB No. 1545-0074

Name(s) shown on return

MEDICAL COLLEGE OF GEORGIA FOUNDATION, INCORPORATED

Social security number or taxpayer identification no.

INCORPORATED 58 – 0706796

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your

broker and may even tell you which be Part I Short-Term. Transacti						\	
transactions see page 2							
Note: You may aggregate all codes are required. Enter the	totals directly on	Schedule D, line 1a	; you aren't required	d to report these trans	actions on F	Form 8949 (see instru	ctions).
You must check Box A, B, or C below. Of you have more short-term transactions than will							each applicable box.
(A) Short-term transactions rep							
(B) Short-term transactions rep	,	,	•	,	rtoto as	o v o,	
X (C) Short-term transactions no	•	,	O .	oported to the mo			
1 (a)				(0)	Adjustmer	nt, if any, to gain or	(h)
Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other	loss. If y	où enter an amount	Gain or (loss).
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the	in column	(g), enter a code in). See instructions.	Subtract column (e)
(Example: 100 SH: X12 CO.)	(IVIO., day, yr.)	(Mo., day, yr.)		Note below and	(f)		from column (d) &
		(*****, ===,, ,**,		see Column (e) in the instructions	Code(s)	(g) Amount of adjustment	combine the result with column (g)
LANDMARK EQUITY							
PARTNERS XIII, LP							<680.>
LANDMARK EQUITY							
PARTNERS XIV, LP							<1.>
LANDMARK EQUITY							
PARTNERS XV, LP							382.
LANDMARK EQUITY							
PARTNERS XVI, LP							50.
TIFF REALTY &							
RESOURCES 2008,							
LLC							1.
VIA ENERGY III, LP							<22.>
GREENSPRING GLOBAL							1== 17
PARTNERS VIII-B,							
LP							<9.>
DRUM SPECIAL							(3,0)
SITUATION PARTNERS							
IV LP							<2,589.>
<u> </u>							<u> </u>
				-			
				-			
				-			
2 Totals. Add the amounts in colun		. , .					
negative amounts). Enter each to		•					
Schedule D, line 1b (if Box A abo	ove is checked),	line 2 (if Box B					
above is checked), or line 3 (if Bo	ox C above is ch	necked)					<2,868.>

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (a) in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

58-0706796

MEDICAL COLLEGE OF GEORGIA FOUNDATION, INCORPORATED

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see Column (e) in the instructions	loss. If you	nt, if any, to gain or ou enter an amount (g), enter a code in b. See instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
GREENSPRING GLOBAL				the metractione		adjustment	With Column (g)
PARTNERS VII-B, LP							<418.>
LANDMARK EQUITY							\410./
PARTNERS XIII, LP							4.
LANDMARK EQUITY							4.
PARTNERS XIV, LP							139.
LANDMARK EQUITY							139.
PARTNERS XV, LP							6,826.
LANDMARK EQUITY							0,020.
PARTNERS XVI, LP							61.
PARK STREET							01.
CAPITAL NATURAL							
RESOURCE FUN							<4.>
TIFF PRIVATE							\ <u></u>
EQUITY PARTNERS							
2011, LLC							<124.>
TIFF REALTY &							<u> </u>
RESOURCES II							<1.>
TIFF REALTY &							\
RESOURCES 2008,							
LLC							<11.>
VIA ENERGY III, LP							<343.>
SIGULER GUFF							<u> </u>
DISTRESSED							
OPPORTUNITIES FU							50.
DRUM SPECIAL							30.
SITUATION PARTNERS							
IV LP							11,902.
<u> 1 V DI</u>							11,502.
-							
2 Totals. Add the amounts in colum	nns (d) (s) (g) s	nd (b) (subtract					
negative amounts). Enter each to	. ,, . ,,,						
Schedule D, line 8b (if Box D abo		,					
above is checked), or line 10 (if E	• •	•					18,081.
above is checked), or line to (ii E	DUX F ADOVE IS CI	ieckeu)		<u> </u>			10,001

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-RIC, 1120-SF, or certain Forms 990-T.
■ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Name

Employer identification number

INCORPORATED	58-0706796
Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?	▶ Yes X No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or lo	OSS.
Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less	S

MEDICAL COLLEGE OF GEORGIA FOUNDATION,

Tarti Short-Term Capital dai	110 ana 200000 7100	oto mora omo moar	J. 2000		
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column	(g)	result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					-2,868
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7		4	
5 Short-term capital gain or (loss) from like-kind				5	
6 Unused capital loss carryover (attach computa				6	(
7 Net short-term capital gain or (loss). Combine	e lines 1a through 6 in columr	ı h		7	-2,868.
Part II Long-Term Capital Gai	ns and Losses - Ass	ets Held More Tha	n One Year		
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the
round off cents to whole dollars.	((6. 5.1.6. 2.26.6)		(3)	result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked					18,081
				11	47,442
12 Long-term capital gain from installment sales				12	
13 Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824			13	
14 Capital gain distributions				14	
Part III Summary of Parts I and	e lines 8a through 14 in colum	n h		15	65,523
16 Enter excess of net short-term capital gain (lir		al loce (line 15)		16	
17 Net capital gain. Enter excess of net long-term				17	62,655
18 Add lines 16 and 17. Enter here and on Form			·	18	62,655
TO ADDITION TO ADDITION OF THE PROPERTY OF THE	TIZU. DAUE I. HHE O. UI THE AD	DIIVADIE IIIIE OII OUIEI TEUUTI	5	10	1 04,000

LHA

Form **8949**

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2020 Attachment Sequence No. 12A

OMB No. 1545-0074

Name(s) shown on return

MEDICAL COLLEGE OF GEORGIA FOUNDATION, INCORPORATED

Social security number or taxpayer identification no.

INCORPORATED 58 – 0706796

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your

broker and may even tell you which be Part I Short-Term. Transacti						\	
transactions see page 2							
Note: You may aggregate all codes are required. Enter the	totals directly on	Schedule D, line 1a	; you aren't required	d to report these trans	actions on F	Form 8949 (see instru	ctions).
You must check Box A, B, or C below. Of you have more short-term transactions than will							each applicable box.
(A) Short-term transactions rep							
(B) Short-term transactions rep	,	,	•	,	itoto as	o v o,	
X (C) Short-term transactions no	•	,	O .	oported to the mo			
1 (a)				(0)	Adjustmer	nt, if any, to gain or	(h)
Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other	loss. If y	où enter an amount	Gain or (loss).
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the	in column	(g), enter a code in). See instructions.	Subtract column (e)
(Example: 100 SH: X12 CO.)	(IVIO., day, yr.)	(Mo., day, yr.)		Note below and	(f)		from column (d) &
		(*****, ===,, ,**,		see Column (e) in the instructions	Code(s)	(g) Amount of adjustment	combine the result with column (g)
LANDMARK EQUITY							
PARTNERS XIII, LP							<680.>
LANDMARK EQUITY							
PARTNERS XIV, LP							<1.>
LANDMARK EQUITY							
PARTNERS XV, LP							382.
LANDMARK EQUITY							
PARTNERS XVI, LP							50.
TIFF REALTY &							
RESOURCES 2008,							
LLC							1.
VIA ENERGY III, LP							<22.>
GREENSPRING GLOBAL							1== 17
PARTNERS VIII-B,							
LP							<9.>
DRUM SPECIAL							(3,0)
SITUATION PARTNERS							
IV LP							<2,589.>
<u> 1 v 11 </u>							<u> </u>
				-			
				-			
				-			
2 Totals. Add the amounts in colun		. , .					
negative amounts). Enter each to		•					
Schedule D, line 1b (if Box A abo	ove is checked),	line 2 (if Box B					
above is checked), or line 3 (if Bo	ox C above is ch	necked)					<2,868.>

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (a) in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

58-0706796

MEDICAL COLLEGE OF GEORGIA FOUNDATION, INCORPORATED

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see Column (e) in the instructions	loss. If you	nt, if any, to gain or ou enter an amount (g), enter a code in b. See instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
GREENSPRING GLOBAL				the metractione		adjustment	With Column (g)
PARTNERS VII-B, LP							<418.>
LANDMARK EQUITY							/410./
PARTNERS XIII, LP							4.
LANDMARK EQUITY							4.
PARTNERS XIV, LP							139.
LANDMARK EQUITY							139.
PARTNERS XV, LP							6,826.
LANDMARK EQUITY							0,020.
PARTNERS XVI, LP							61.
PARK STREET							01.
CAPITAL NATURAL							
RESOURCE FUN							<4.>
TIFF PRIVATE							\ <u></u>
EQUITY PARTNERS							
2011, LLC							<124.>
TIFF REALTY &							<u> </u>
RESOURCES II							<1.>
TIFF REALTY &							\
RESOURCES 2008,							
LLC							<11.>
VIA ENERGY III, LP							<343.>
SIGULER GUFF							<u> </u>
DISTRESSED							
OPPORTUNITIES FU							50.
DRUM SPECIAL							30.
SITUATION PARTNERS							
IV LP							11,902.
<u> 1 V DI</u>							11,502.
-							
2 Totals. Add the amounts in colum	nns (d) (s) (g) s	nd (b) (subtract					
negative amounts). Enter each to	. ,, . ,,,						
Schedule D, line 8b (if Box D abo		,					
above is checked), or line 10 (if E	• •	•					18,081.
above is checked), or line to (ii E	DUX F ADOVE IS CI	ieckeu)		<u> </u>			10,001

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Department of the Treasury

7

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2)) Attach to your tax return.

OMB No. 1545-0184

► Go to www.irs.gov/Form4797 for instructions and the latest information. Name(s) shown on return MEDICAL COLLEGE OF GEORGIA FOUNDATION, INCORPORATED 58-0706796 1 Enter the gross proceeds from sales or exchanges reported to you for 2020 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions) (e) Depreciation (f) Cost or other (g) Gain or (loss) (a) Description (d) Gross sales (b) Date acquired (c) Date sold 2 allowed or basis, plus Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) allowable since improvements and sum of (d) and (e) acquisition expense of sale SEE STATEMENT 3 47,442 Gain, if any, from Form 4684, line 39 3 3 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 5 Gain, if any, from line 32, from other than casualty or theft 6 6

Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows 7 Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

Nonrecaptured net section 1231 losses from prior years. See instructions 8 8 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If

line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions

47,442.

9

47.442.

Part II Ordinary Gains and Losses (see instructions)

10	Ordinary gains and losses not include	d on lines 11 th	rough 16 (includ	de property held 1	year or less):				
11	Loss, if any, from line 7			•	•		11	()
12	Gain, if any, from line 7 or amount from	m line 8, if appl	cable				12		
13	Gain, if any, from line 31						13		
14	Net gain or (loss) from Form 4684, line						14		
15									
16	Ordinary gain or (loss) from like-kind e						16		
17	Combine lines 10 through 16						17		
18	For all except individual returns, enter								
	a and b below. For individual returns,	complete lines	a and b below.						
а	If the loss on line 11 includes a loss fro	m Form 4684,	ine 35, column	(b)(ii), enter that pa	art of the loss here.	Enter the			
	loss from income-producing property o	on Schedule A (Form 1040), line	16. (Do not includ	le any loss on prop	erty used			
	as an employee.) Identify as from "Form 4797, line 18a." See instructions						18a		
b	Redetermine the gain or (loss) on line 1								
	(Form 1040), Part I, line 4						18b		
					<u> </u>				(0000)

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2020)

Form 4797 (2020) INCORPORATED

(a) Description of section 1245, 1250, 1252, 1254, (or 1255	property:			(b) Date acqu (mo., day, y		(c) Date sold (mo., day, yr.)
4							
3							
These columns relate to the properties on							
lines 19A through 19D.	▶	Property A	Property	В	Property	С	Property D
Gross sales price (Note: See line 1 before completing.)	20						
Cost or other basis plus expense of sale	21						
Depreciation (or depletion) allowed or allowable	22						
Adjusted basis. Subtract line 22 from line 21	23						
Total gain. Subtract line 23 from line 20	24						
If section 1245 property:							
a Depreciation allowed or allowable from line 22	25a						
b Enter the smaller of line 24 or 25a	25b						
If section 1250 property: If straight line depreciation							
was used, enter -0- on line 26g, except for a corporation subject to section 291.							
a Additional depreciation after 1975. See instructions	26a						
b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b						
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
d Additional depreciation after 1969 and before 1976	26d						
e Enter the smaller of line 26c or 26d	26e						
f Section 291 amount (corporations only)	26f						
g Add lines 26b, 26e, and 26f	26g						
If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.							
a Soil, water, and land clearing expenses	27a						
b Line 27a multiplied by applicable percentage	27b						
c Enter the smaller of line 24 or 27b	27c						
If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a						
b Enter the smaller of line 24 or 28a	28b						
If section 1255 property: a Applicable percentage of payments excluded from income under section 126. See instructions	29a						
b Enter the smaller of line 24 or 29a. See instructions	29b						
	•						
ımmary of Part III Gains. Complete property o	olumns	A through D through	line 29b before	going	to line 30.		
Total gains for all properties. Add property columns	Δ throu	ah D. line 24				30	
Total gains for all properties. Add property columns	A 11100	gir D, iiile 24				30	
Add property columns A through D, lines 25b, 26g,	27c 28	h and 29h. Enter he	e and on line 13			31	
Add property columns A through D, lines 25b, 26g, Subtract line 31 from line 30. Enter the portion from					oortion	-	
from other than casualty or theft on Form 4797, line		., 5 5 6 6 40	.5 1,10 00. E110			32	
art IV Recapture Amounts Under Section (see instructions)	ns 179	9 and 280F(b)(2)	When Busin	ess l	Jse Drops to	50% c	or Less
(5555. 55.55)					(a) Sectio 179	n	(b) Section 280F(b)(2)
Section 179 expense deduction or depreciation allo	wahla ir	n prior vears		33			
D						+	
Recomputed depreciation. See instructions	ba in			34			

FORM 4797	PRO	PERTY HELD	MORE THAN	ONE YEAR	ST.	ATEMENT 3
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
AG REALTY FUND IX						50,665.
LANDMARK EQUITY PARTNERS XIII, LP						-151.
LANDMARK EQUITY PARTNERS XIV, LP						-636.
LANDMARK EQUITY PARTNERS XV, LP						-67.
LANDMARK EQUITY PARTNERS XVI, LP METROPOLITAN REAL						-411.
ESTATE PARTNERS GLOBAL PARK STREET						51.
CAPITAL NATURAL RESOURCE FUN PARK STREET						137.
CAPITAL NATURAL RESOURCE FUN TIFF PRIVATE						53.
EQUITY PARTNERS 2011, LLC						2,610.
TIFF REALTY & RESOURCES II TIFF REALTY &						370.
RESOURCES 2008, LLC						-4,662.
VIA ENERGY III, LP						-53.
ENERGY TRUST PARTNERS V, LP DRUM SPECIAL						-1,374.
SITUATION PARTNERS IV LP						910.
TOTAL TO 4797, PA	RT I, LINE	2				47,442.

Form **4797**

Department of the Treasury Internal Revenue Service

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return.

OMB No. 1545-0184

Attachment 27

► Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return

MEDICAL COLLEGE OF GEORGIA FOUNDATION,

INCORPORATED

1 Enter the gross proceeds from sales or exchanges reported to you for 2020 on Form(s) 1099-B or 1099-S

(or substitute statement) that you are including on line 2, 10, or 20

1 Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(C) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or basis, plu improvement expense of	s and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
3	Gain, if any, from Form 4684, line 39						3	
4	Section 1231 gain from installment						4	
5	Section 1231 gain or (loss) from like						5	
6	Gain, if any, from line 32, from other						6	47 440
7	Combine lines 2 through 6. Enter th						7	47,442.
	Partnerships and S corporations. line 10, or Form 1120-S, Schedule k			-	or Form 1065, Sch	iedule K,		
	Individuals, partners, S corporation from line 7 on line 11 below and ski 1231 losses, or they were recapture the Schedule D filed with your return	p lines 8 and 9. If ed in an earlier yea	line 7 is a gain a ar, enter the gair	and you didn't have n from line 7 as a lo	e any prior year se	ction		
8	Nonrecaptured net section 1231 los	sees from prior ve	are See instruc	tions			8	
9	Subtract line 8 from line 7. If zero or				ine 7 on line 12 he		-	
•	line 9 is more than zero, enter the a			-				
	capital gain on the Schedule D filed			· ·		ū	9	47,442.
Da	rt II Ordinary Gains and							•
1 4	Ordinary dams and	LOSSES (See III:	Structions)					
10	Ordinary gains and losses not include	ded on lines 11 th	rough 16 (includ	de property held 1	year or less):			
11							11	(
12	Gain, if any, from line 7 or amount for						12	
13	Gain, if any, from line 31						13	
14	Net gain or (loss) from Form 4684, li						14	
14 15	Ordinary gain from installment sales	from Form 6252	, line 25 or 36				15	
14 15 16	Ordinary gain from installment sales Ordinary gain or (loss) from like-kind	from Form 6252	, line 25 or 36				15 16	
14 15 16 17	Ordinary gain from installment sales Ordinary gain or (loss) from like-kind Combine lines 10 through 16	from Form 6252 exchanges from	, line 25 or 36 Form 8824				15	
14	Ordinary gain from installment sales Ordinary gain or (loss) from like-kind Combine lines 10 through 16 For all except individual returns, ent	from Form 6252 exchanges from er the amount fro	, line 25 or 36 Form 8824 om line 17 on the				15 16	
14 15 16 17 18	Ordinary gain from installment sales Ordinary gain or (loss) from like-kind Combine lines 10 through 16 For all except individual returns, ent a and b below. For individual returns	from Form 6252 l exchanges from er the amount from s, complete lines	, line 25 or 36 Form 8824 om line 17 on the a and b below.	e appropriate line c	of your return and s	skip lines	15 16	
14 15 16 17 18	Ordinary gain from installment sales Ordinary gain or (loss) from like-kind Combine lines 10 through 16 For all except individual returns, ent a and b below. For individual return If the loss on line 11 includes a loss of	from Form 6252 l exchanges from ter the amount from s, complete lines from Form 4684,	, line 25 or 36 Form 8824 om line 17 on the a and b below. line 35, column	e appropriate line c	of your return and s	Skip lines	15 16	
14 15 16 17 18	Ordinary gain from installment sales Ordinary gain or (loss) from like-kind Combine lines 10 through 16 For all except individual returns, ent a and b below. For individual return If the loss on line 11 includes a loss to loss from income-producing property	from Form 6252 l exchanges from ter the amount from s, complete lines from Form 4684, ly on Schedule A (le	, line 25 or 36 Form 8824 om line 17 on the a and b below. line 35, column Form 1040), line	e appropriate line on the control of	of your return and s rt of the loss here. e any loss on prop	Skip lines Enter the erty used	15 16 17	
14 15 16 17 18 a	Ordinary gain from installment sales Ordinary gain or (loss) from like-kind Combine lines 10 through 16 For all except individual returns, ent a and b below. For individual return If the loss on line 11 includes a loss of	from Form 6252 l exchanges from er the amount from s, complete lines from Form 4684, l on Schedule A (l orm 4797, line 188	, line 25 or 36 Form 8824 om line 17 on the a and b below. line 35, column Form 1040), line a See instruction	e appropriate line of (b)(ii), enter that pa 16. (Do not includ	of your return and s rt of the loss here. e any loss on prop	Skip lines Enter the erty used	15 16	

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2020)

Form 4797 (2020) INCORPORATED

(a) Description of section 1245, 1250, 1252, 1254, (or 1255	property:			(b) Date acqu (mo., day, y		(c) Date sold (mo., day, yr.)
4							
3							
These columns relate to the properties on							
lines 19A through 19D.	▶	Property A	Property	В	Property	С	Property D
Gross sales price (Note: See line 1 before completing.)	20						
Cost or other basis plus expense of sale	21						
Depreciation (or depletion) allowed or allowable	22						
Adjusted basis. Subtract line 22 from line 21	23						
Total gain. Subtract line 23 from line 20	24						
If section 1245 property:							
a Depreciation allowed or allowable from line 22	25a						
b Enter the smaller of line 24 or 25a	25b						
If section 1250 property: If straight line depreciation							
was used, enter -0- on line 26g, except for a corporation subject to section 291.							
a Additional depreciation after 1975. See instructions	26a						
b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b						
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
d Additional depreciation after 1969 and before 1976	26d						
e Enter the smaller of line 26c or 26d	26e						
f Section 291 amount (corporations only)	26f						
g Add lines 26b, 26e, and 26f	26g						
If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.							
a Soil, water, and land clearing expenses	27a						
b Line 27a multiplied by applicable percentage	27b						
c Enter the smaller of line 24 or 27b	27c						
If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a						
b Enter the smaller of line 24 or 28a	28b						
If section 1255 property: a Applicable percentage of payments excluded from income under section 126. See instructions	29a						
b Enter the smaller of line 24 or 29a. See instructions	29b						
	•						
ımmary of Part III Gains. Complete property o	olumns	A through D through	line 29b before	going	to line 30.		
Total gains for all properties. Add property columns	Δ throu	ah D. line 24				30	
Total gains for all properties. Add property columns	A 11100	gir D, iiile 24				30	
Add property columns A through D, lines 25b, 26g,	27c 28	h and 29h. Enter he	e and on line 13			31	
Add property columns A through D, lines 25b, 26g, Subtract line 31 from line 30. Enter the portion from					oortion	-	
from other than casualty or theft on Form 4797, line		., 5 5 6 6	.5 1,10 00. E110			32	
art IV Recapture Amounts Under Section (see instructions)	ns 179	9 and 280F(b)(2)	When Busin	ess l	Jse Drops to	50% c	or Less
(5555. 55.55)					(a) Sectio 179	n	(b) Section 280F(b)(2)
Section 179 expense deduction or depreciation allo	wahla ir	n prior vears		33			
D						+	
Recomputed depreciation. See instructions	ba in			34			

Return of U.S. Persons With Respect to Certain Foreign Partnerships Attach to your tax return. Go to www.irs.gov/Form8865 for instructions and the latest information.

OMB No. 1545-1668

Department of the Treasury Internal Revenue Service

Information furnished for the foreign partnership's tax year <u>JA</u>N 1

beginning

, 2020, and ending $\,$ DEC $\,$ 31 , 2020 Attachment Sequence No. **865**

Name of person filing this return				Filer	's identifica	tion numbe	ī
MEDICAL COLLEGE OF INCORPORATED	GEORGIA FOUNDATIO	N,		5	8-070	6796	
Filer's address (if you aren't filing this form w	ith your tax return)	A Category o	of filer (see Categor	ies of Filers in the	e instructions	and check app	olicable box(es)):
		1 [2 [3	X	4	
		B Filer's tax y	year JUL	1 ,202		ling JUN	30,2021
C Filer's share of liabilities: Nonrecourse \$	Qualified noni	ecourse financii	ng \$	·	Other	 r \$	
D If filer is a member of a consolidated group	b but not the parent, enter the following	information abo	out the parent:				
Name				EIN			
Address							
E Check if any excepted specified foreign final	ancial assets are reported on this form.	See instructions	3				
F Information about certain other partners (s	see instructions)				_		
(4) Nove -	(O) A dele		(0) 1-11151		(4)	Check applica	able box(es)
(1) Name	(2) Address		(3) Identificat	ion number	Category 1	Category 2	Constructive owner
G1 Name and address of foreign partnership					2(a) EIN	,	
GREENSPRING GLOBAL PA	ARTNERS VIII-B, LE)				<u>-1335</u>	
					2(b) Refe	erence ID nu	ımber
100 PAINTERS MILL RO							
OWINGS MILL, MD 211:	17				1		se laws organized
Date of Principal place	Principal business	- Principal bus	rinece	Func	CAYMA tional	N ISL	
Date of organization 5 of business 11/04/2016 OTHER COUN	6 Principal business activity code number 523900	7 activity INVESTM		8a curre	ency	8b (see in	ange rate nstructions)
H Provide the following information for the f	oreign partnership's tax year:						
1 Name, address, and identification number	of agent (if any) in the United States	Service Ce E-FI		Form 88 m 1065 is filed	04 X	Form 106	
3 Name and address of foreign partnership's MAPLES CORPORATE SER'S PO BOX 309, UGLAND HO, GRAND CAYMAN CAYMAN	VICES LIMITED DUSE N ISLANDS KY1-110	GREENS 100 PA OWINGS	ddress of person(s and the location of PRING A INTERS MILL,	SSOCIA MILL R MD 21	TES,	d records of the fferent INC • SUITE	
5 During the tax year, did the foreign partr aren't allowed a deduction under section If "Yes," enter the total amount of the dis	267A? See instructions					☐ Yes	No
6 Is the partnership a section 721(c) partn						Yes	□ No
7 Were any special allocations made by th		= .(0) .(0)				Yes	X No
8 Enter the number of Forms 8858, Inform							
(FDEs) and Foreign Branches (FBs), atta			-		•		
9 How is this partnership classified under						TED L	P
10 a Does the filer have an interest in the fore							
separate unit under Reg. 1.1503(d)-1(b)	•	under Reg. 1.15	503(d)-1(b)(4)(i	i)? If "No,"	•	Yes	□ No
b If "Yes," does the separate unit or combi							
Reg. 1.1503(d)-1(b)(5)(ii)?	·				>	Yes	☐ No
11 Does this partnership meet both of the f							
 The partnership's total receipts for th The value of the partnership's total as 	• • •	than ¢1 million	\		_		□ Na
If "Yes." don't complete Schedules L. M-	•	uiaii φ i iiiiiiiUII	•			Yes	L No

Form 88	65 (20	J20)	MEDICAL COLLEGE (OF GI	CORGIA FOU	NDF	ATION, .	L		58	3 – U	7067	96	Page 2
12 a			this Form 8865 claiming a foreign-de		-	•								7
										🕨	• <u> </u>	Yes		∟ No
b			the amount of gross income derived		· · · · · · · · · · · · · · · · · · ·		-	•	•					
			ions with or by the foreign partnershi				-							
			ne (FDDEI)							🕨	_			
C		•	the amount of gross income derived			•	• .	•						
										•	_			
d			the amount of gross income derived							_				
40			s computation of FDDEI							•	_			
13			nber of foreign partners subject to sec		. , . ,		-							
4.4			ip or of receiving a distribution from t								_			
14		•	uring the tax year were any transfers			•	•					Yes		No
15 a			of Regulations section 1.707-8? ny transfers of property or money with		ar pariod batwoon the							_ 168		_ NU
Ισα			quire disclosure under Regs. 1.707-3	-	•			-						
			lue of each transfer, and an explanation									Yes		No
b			ership assume a liability or receive pr				-					_ 103		_ 140
			od of transferring the property to the p				-	-	-					
	-	•	r value of each transfer, the debt assu		•					., •	•	Yes		No
Sign Here	Only	Under pe	nalties of perjury, I declare that I have exami	ned this ret	urn, including accompanyi	ng sch	edules and statem	ents, and to t	he best of my			belief, it		
if You're F This Form		correct, a	and complete. Declaration of preparer (other	man genera	i partner or limited liability	compa	any member) is ba	sed on all info	ormation of wi	nich prep	oarer na	s any kno	wieage.	
Separately Not With \														
Tax Returi		Sig	gnature of general partner or limited liability	company m	ember								ate	
Paid		Print/Type	e preparer's name	Prepar	er's signature			Date	Chec	:k] if P	TIN		
. a.a. Prepa	rer								self-	employe	d			
Use		Firm's n	ame 🕨						Firm's E	N ►				
Only		Firm's a	ddress ▶						Phone n	0.				
Sche	dule	Α	Constructive Ownership		-						-			
			box b , enter the name, add			iden	tification nui	mber (if a	ny) of the	e pers	son(s)	whos	е	
			interest you constructively	own. S	ee instructions.	_	_							
			a X Owns a direct interest			b L	Owns a c	onstructive	interest				Check if	Charle is
			Name		Addre	ss			Identification	on numb	er (if an		foreign	Check if direct
												\rightarrow	person	partner
												\rightarrow		
Sche	حابية	Λ_1	Certain Partners of Foreign	ın Dartı	nershin (see ins	truct	tions)							
Scrie	uuie	Α- Ι	Oer tall Farthers of Foreig	Jii F ai t	nership (see ins	liuci	.10113)							Check if
			Name		Addre	SS			Identi	fication i	number	(if any)		foreign person
														person
Sche	dule	A-2	Foreign Partners of Section	on 721(c) Partnership	see	instructions)						
Name o					Country of	(000	U.S. taxpa	ayer	Check if rel	ated to		Percenta	age intere	st
	rtner	9.,	Address		organization (if any)		identification (if any)		U.S. trans		Ca	apital	Р	rofits
							, , , ,	<u>'</u>		1		9	<u>/</u>	%
										it		9	_	%
Does the	partr	nership h	ave any other foreign person as a dir	ect partne	er?				· -	<u> </u>	Ye			No
Sche			Affiliation Schedule. List			r do	mestic) in w	hich the	foreign p	artne				
			a direct interest or indirectly	•			,		5 1					
									EIN			Total ord	dinarv	Check
			Name		Addre	SS			(if any)			income o		foreign partner ship
GREE	NSI	PRIN	G GLOBAL PARTNER	100	PAINTERS M	IL	L RD	81	L-4458	3274	1			
					GS MILL M		21117				1			

Form **8865** (2020)

SCHEDULE O (Form 8865)

Transfer of Property to a Foreign Partnership (Under Section 6038B)

(Rev. December 2018)

Department of the Treasury

➤ Attach to Form 8865. See the Instructions for Form 8865.

➤ Go to www.irs.gov/Form8865 for instructions and the latest information.

OMB No. 1545-1668

Internal Revenue Service Name of transferor Filer's identifying number MEDICAL COLLEGE OF GEORGIA FOUNDATION, INCORPORATED 58-0706796 Reference ID number (see instr) Name of foreign partnership GREENSPRING GLOBAL PARTNERS VIII-EIN (if any) 98-1335583 1a Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-1T(b)(14))? See instructions No b If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? No Yes Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes Nο Transfers Reportable Under Section 6038B Part I (b) (d) (e) (f) (g) Date of Description Fair market value Cost or other Recovery period Section 704(c) Gain recognized Type of property transfer of property on date of transfer basis allocation method on transfer 400,000. Cash Stock, notes receivable and payable, and other securities Inventory Tangible property used in trade or business Intangible property described in section 197(f)(9) Intangible property, other than intangible property described in section 197(f)(9) Other property Totals 400,000. Enter the transferor's percentage interest in the partnership; (a) Before the transfer .3870 % (b) After the transfer .3970 Supplemental Information Required To Be Reported (see instructions): Dispositions Reportable Under Section 6038B Part II (f) Depreciation (b) (d) (g) Type of Date of Date of Manner of Gain Gain allocated Depreciation recapture recognized by partnership recognized by partnership property original disposition disposition to partner recapture allocated transfer to partner

Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)?

Georgia Form 600-T (Rev. 08/18/20)
Exempt Organization
Unrelated Business Income Tax Return



Mailing Address: Georgia Department of Revenue Processing Center PO Box 740397 Atlanta, Georgia 30374-0397

Page 1

Amended	Amended due to IRS Audit	Address Chan	ge UET Annualization Ex	xception :	attached					
For the taxable	year beginning	07	7/01/2020 and endir	ng 06	5/30/2	021				
Name of Organi		Name of Fiduciar	ry	Fed	leral Emplo	yer ID No. (in case i section 401 (a) and nsert the trust's ident	of employees'			
MEDICAL (COLLEGE OF GEORGI			sect	ion 501 (a), i	nsert the trust's ident	ification number.)			
INCORPORA	ATED			58	58-0706796					
Number and Str	reet	Number and Stre	eet							
720 Cm (TEDACETANI WAY NO.					Ta	lino i			
	SEBASTIAN WAY, NO	O't			CS Code	Date of current exemption letter.	IRS code section for			
City or Town AUGUSTA		City or Town					which you are exempt.			
State	ZIP Code	State	ZIP Code				a. c champs			
GA	30901	State	ZIF Code							
D21	Georgia Unrelated Bus	iness Taxable I	ncome			SCHEDULE 1	1			
	deel gla elinelatea Bae	mioco Taxabio I								
1. Unrelated b	usiness taxable income from Fede	eral Form 990-T (at	tach copy)	1.			0			
		(177							
2. Additions				2.						
3. Total (add L	ine 1 and Line 2)			. 3.						
4 Cubtraction	•									
4. Subtraction	S			. 4.						
5 Adjusted un	related business taxable income ((Line 3 less Line 4)	1	5.						
, rajastou arr		(0								
6. Income allo	cated everywhere			6.						
7. Unrelated b	usiness taxable income subject to	apportionment (L	ine 5 less Line 6)	7.						
							1.000000			
8. Apportionm	ent ratio (Attach Computation Sch	nedule)		. 8.			1.000000			
9 Georgia apr	portioned unrelated business taxal	ble income (Line 7	x Line 8)	9.			0.			
o. acorgia app	or tiorioa armolatea baoinese taxal	bie income (Eme 7	X Line 0)							
10. Income allo	cated to Georgia (Attach Schedule	e)		10.						
	5 (,								
11. Total of Line	es 9 and 10			. 11.						
	operating loss deduction (Attach	, , ,								
80% limitation	on)			. 12.						
13. Georgia unr	elated business taxable income (L	ine 11 less Line 12	2)	13.						

■ Georgia Form 600-T Page 2



COMPUTATION OF GEORGIA UNRELATED BUSINESS INCOME TA	x	SCHEDULE 2
1. Line 13, Schedule 1 multiplied by 5.75%	1	
2. Less: Credits used from Schedule 3, do not enter more than Line 1 of Schedu	ıle 2	
3. Less: Payments	3	
4. Withholding Credits (G2-A, G2-LP and/or G2-RP)	4.	
Schedule 3B Refundable tax credits	5.	
6. Balance of tax due OR overpayment	6.	
7. Interest due (See Instructions)	7.	
8. Underestimated tax penalty	8.	
Other penalties due (See Instructions)	9.	
10. Balance of tax, interest and penalties due with return	1(0.
11. If Line 6 is an overpayment, amount after any penalties and interest to be creon on	edited	
Estimated Tax ▶ Refunded ▶		
A COPY OF THE FEDERAL 990-T AND SUPPORTING SCHEDULES (AND ANY DECLARATION: I/We declare under penalty of perjury that I/we have examined the to the best of my/our knowledge and belief, it is true, correct, and complete. If pre on all information of which the preparer has knowledge. Georgia Public Revenue of the United States, free of any expense to the State of Georgia.	is return (including ace	companying schedules and statements) and ner than the taxpayer, this declaration is based
	MARY JO ALE Signature of Individua	XANDER I or Firm Preparing Return

P00002534

Employee ID or Social Security Number

02/18/22

Date

PRESIDENT/CEO Title

Georgia Form 600-T Page 3



Name INCORPORATED FEIN 58-0706796

CREDIT USAGE AND CARRYOVER (ROUND TO NEAREST DOLLAR) SCHEDULE 3

- 1. Complete a separate schedule for each Credit Code.
- 2. Total the amounts on Line 11 of each schedule and enter the total on the credit line of the return.
- 3. If there is a credit eligible for carryover, please complete a schedule even if the credit is not used for this tax year.
- 4. Enter credits which are attributable to unrelated trade or business income from Georgia sources. See Form 600 for the credit codes that may apply (note not all credits apply to 600-T).
- 5. See the relevant forms, statutes, and regulations to determine how the credit is allocated to the owners, to determine when carryovers expire, and to see if the credit is limited to a certain percentage of tax.
- 6. If the credit for a particular credit code originated with more than one person or company, enter separate information on Lines 3 through 9 below.
- 7. The credit certificate number is issued by the Department of Revenue for credits that are preapproved. If applicable, please enter the Department of Revenue credit certificate number where indicated.
- 8. Before the Line 12 carryover is applied to the next year, the amount must be reduced by any carryovers that have expired.

For the credit generated this year, list the Company Name, ID number, Credit Certificate number, if applicable, and % of credit (purchased credits should also be included). If the credit originated with this taxpayer, enter this taxpayer's name and ID# below and 100% for the percentage.

1. Credit Code		
2. Credit remaining from previous years		
3. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated this tax year
4. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated this tax year
5. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated this tax year
6. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated this tax year
7. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated this tax year
8. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated this tax year
9. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated this tax year
10. Total available credit for this tax year (sum of Lines 2 through 9) 10.		
11. Credit Used this tax year 11.		
12. Potential carryover to next tax year (Line 10 less Line 11) 12.		