** PUBLIC DISCLOSURE COPY **

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

OMB No. 1545-0047

A F	or the	= 2019 calendar year, or tax year beginning $=$ JUL $=$ 1	, 2019 and	lending J	<u>UN 30, 2020</u>						
B (heck if	C Name of organization			D Employer identifi	cation number					
	Addre		FOUNDATION,	•							
	Name chang	5			58-0706796						
	Initial return	Number and street (or P.O. box if mail is not delivered to	street address)	Room/suite	E Telephone number						
	Final return	720 ST. SEBASTIAN WAY	706-823-5506								
_	termin ated	, , , , , , , , , , , , , , , , , , , ,	G Gross receipts \$	193,200,600.							
	Ameno return Applic	AUGUSIA, GA 30901		D 14 D	H(a) Is this a group return						
	tion pendir	F Name and address of principal officer. O • DENO	for subordinates	—							
	I Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: ▶ WWW • MCGFOUNDATION • ORG H(c) Group exemption number ▶										
		organization: X Corporation Trust Association	Other >	I Year		M State of legal domicile: GA					
		Summary		E 1001	01 101111ation: = = 0 = 11	VI Otato or logar dominono,					
	1	Briefly describe the organization's mission or most significa	nt activities: SEE	SCHEDU	LE O						
Governance											
rna	2	Check this box if the organization discontinued i	ts operations or dispo	sed of more	than 25% of its net as						
ove	I	Number of voting members of the governing body (Part VI,			3	22					
		Number of independent voting members of the governing b				22					
Activities &		Total number of individuals employed in calendar year 2019				15					
Σį		Total number of volunteers (estimate if necessary)				22					
Act		Total unrelated business revenue from Part VIII, column (C)				-1,670,750.					
	l b	Net unrelated business taxable income from Form 990-T, lir	ne 39	·····							
	8	Contributions and grants (Part VIII, line 1h)			Prior Year 4,047,696.	Current Year 3,718,596.					
Jue	l	D ' (D +) (III I' 0)			0.	0.					
Revenue	I	Investment income (Part VIII, column (A), lines 3, 4, and 7d)				-14,180,077.					
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c			-843,962.						
	l	Total revenue - add lines 8 through 11 (must equal Part VIII)				-11,146,185.					
		Grants and similar amounts paid (Part IX, column (A), lines			6,520,435.	7,734,111.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.					
S	15	Salaries, other compensation, employee benefits (Part IX, c			1,119,309.	1,432,699.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.					
×	b	Total fundraising expenses (Part IX, column (D), line 25)			1 100 001	1 006 000					
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e			1,187,271.						
		Total expenses. Add lines 13-17 (must equal Part IX, colum			8,827,015. 53,440,161.						
_ <u>_</u> <u>v</u>	19	Revenue less expenses. Subtract line 18 from line 12			ginning of Current Year	-21,319,272. End of Year					
Net Assets or	20	Total assets (Part X, line 16)			74,437,551.	273,325,909.					
ASSE Bald	21	Total liabilities (Part X, line 16)			10,427,914.	12,512,954.					
Net	22	Net assets or fund balances. Subtract line 21 from line 20		2	64,009,637.	260,812,955.					
Pa	rt II	Signature Block		1	, ,	, , , , , , , , , , , , , , , , , , , ,					
Und	er pena	Ities of perjury, I declare that I have examined this return, including	accompanying schedule	s and stateme	ents, and to the best of m	y knowledge and belief, it is					
true	correc	t, and complete. Declaration of preparer (other than officer) is base	ed on all information of w	hich preparer	has any knowledge.						
		0: 1 (6)									
Sig	n	Signature of officer	~=~		Date						
Her	е	IAN S. MERCIER, PRESIDENT/C Type or print name and title	CEO								
				Гг	Date Check [PTIN					
Dair	ı		r's signature .TO AT.FYAND		5/11/21 of self-emplo						
Paid	arer					58-0692043					
-	Only	Firm's name MAULDIN & JENKINS, LI Firm's address 200 GALLERIA PKWY SE		FIIIII S EIN	30 0072043						
536	Jilly	ATLANTA, GA 30339-594			Phone no 77	0-955-8600					
May	X Yes No										

Form 990 (2019) INCORPORATED

Part III | Statement of Program Service Accomplishments

Pai	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 \$8,023,450. including grants of \$7,734,111.) (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 \$ including grants of \$) (Revenue \$)
	The during grants of \$\frac{1}{2} \tag{\text{Toverlide}} \tag{\text{Toverlide}}
4d	Other program services (Describe on Schedule O.)
-r u	
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 8,023,450.

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Form 990 (2019) INCORPORATED
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
Ü	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	۰		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	Х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	L	Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		† <u></u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
- 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	domoctio government on traitive, column (vy, interior in research) research services (in research)	41	- 43	<u> </u>

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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	<u> </u>
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			
	Schedule K. If "No," go to line 25a	24a		X
b		24b		<u> </u>
С	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		<u> </u>
	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			37
	"Yes," complete Schedule L, Part IV	28c	77	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			7.7
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		37	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
р	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		x
07	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0.7		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_^
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	х	
Par	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
· ui	Check if Schedule O contains a response or note to any line in this Part V			
	Oneon il Conduile O contains a response oi note to any ille in this Fart v			LLL NIC
4 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
_				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С		4.	Х	
	(gambling) winnings to prize winners?	1c	77	

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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 d If "Yes," indicate the number of Forms 8282 filed during the year 7d 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 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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 Х 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.

500	tion A. Governing Rody and Management			Δ				
Sec	tion A. Governing Body and Management			l				
			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							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		X				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			x				
	of officers, directors, trustees, or key employees to a management company or other person?							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Did the organization have members or stockholders?	6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Х					
b	Each committee with authority to act on behalf of the governing body?	8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a	X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	in Schedule O how this was done	12c	Х					
13	Did the organization have a written whistleblower policy?	13	Х					
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?							
а	The organization's CEO, Executive Director, or top management official	15a	X					
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)	s only)	availa	ble				
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	cial					
	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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Form 990 (2019) 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.

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

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	(C)				рсп	out	(D)	(E)	(F)		
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated		
	hours per week		box, unless person is both an officer and a director/trustee)					compensation	compensation	amount of other		
	l (list any	tor						from the	from related organizations	compensation		
	hours for	r direc	n)			ted		organization	(W-2/1099-MISC)	from the		
	related	stee o	truste		æ	pensa		(W-2/1099-MISC)		organization		
	organizations below	ual tru	ional 1		ploye	t com				and related organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
(1) IAN S. MERCIER	40.00											
PRESIDENT/CEO				Х				234,600.	0.	57,902.		
(2) MARTYN JONES	40.00											
PACELINE PRESIDENT				Х				189,888.	0.	15,173.		
(3) TIM KEARNEY	40.00											
<u>coo</u>				Х				149,010.	0.	23,405.		
(4) ANGELA REES	40.00							110 110		4 40=		
CFO	0.00			Х				119,440.	0.	4,497.		
(5) J. BENJAMIN DEAL, D.M.D.	0.30								•			
CHAIRMAN	0 20	Х		Х				0.	0.	0.		
(6) PAUL G. TURK, M.D.	0.30			7.7					0	0		
1ST VICE CHAIR	0 20	Х		Х				0.	0.	0.		
(7) CHARLES G. GREEN, JR. M.D. 2ND VICE CHAIR	0.30	Х						0.	0.	0		
(8) LOYD B. SCHNUCK JR., M.D.	0.30	Λ						0.	0.	0.		
SECRETARY/TREASURER	0.30	Х		Х				0.	0.	0.		
(9) CHRISTOPHER J. MANN, M.D.	0.30	Λ		Λ				0.	0.	<u></u>		
DIRECTOR	0.30	Х						0.	0.	0.		
(10) RICHARD M. FRANZA, PHD	0.30							0.	0.	<u></u>		
DIRECTOR	0.30	х						0.	0.	0.		
(11) HARVEY L. SIMPSON, M.D.	0.30											
DIRECTOR		Х						0.	0.	0.		
(12) JAMES M. HULL, LHD	0.30							-	-			
DIRECTOR		Х						0.	0.	0.		
(13) JUDITH V. HODNETT, RN, MSN	0.30											
DIRECTOR		Х						0.	0.	0.		
(14) RON SPEARMAN, M.D.	0.30											
DIRECTOR		Х						0.	0.	0.		
(15) SANDRA N. FREEDMAN, M.D.	0.30											
DIRECTOR		Х						0.	0.	0.		
(16) SYLVESTER MCRAE, M.D.	0.30											
DIRECTOR		Х						0.	0.	0.		
(17) CAROLE M HANES, DMD	0.30	_						_	_	_		
DIRECTOR		Х						0.	0.	0.		

Page 8

Section A. Officers, Directors, Trust		oloy	ees,			ghes	st C		,	1
(A)	(B)							(D)	(E)	(F)
Name and title	Average Position (do not check more than one						one	Reportable	Reportable	Estimated
	hours per	box, unless person is both an officer and a director/trustee)				s both	n an	compensation	compensation	amount of
	week (list any				10010	1	100)	from	from related	other
	(list any hours for related organizations below line)				L		the organization	organizations (W-2/1099-MISC)	compensation from the	
	related	e or (stee			satec		(W-2/1099-MISC)	(***2/1099*****100)	organization
	organizations	truste	al trus		/ee	m per		(11 2) 1000 111100)		and related
	below	dualt	utions	_	Key employee	st co	ы			organizations
	line)	Indivi	Institutional t	Officer	Key e	Highest compensated employee	Former			
(18) DON GRANTHAM	0.30									
DIRECTOR		Х						0.	0.	0.
(19) TAT THOMPSON	0.30									
DIRECTOR		Х						0.	0.	0.
(20) JOSHUA A. LANE	0.30									
DIRECTOR		Х						0.	0.	0.
(21) ELLEN GOODRICH, BSN, MN	0.30							-	-	
DIRECTOR		х						0.	0.	0.
(22) MURRAY A. FREEDMAN	0.30									
DIRECTOR		х						0.	0.	0.
(23) BENJAMIN H. CHEEK M.D.	0.30							1	•	''
DIRECTOR	0.50	х						0.	0.	0.
(24) BUFFI G. BOYD, M.D.	0.30	- 22						0.	<u> </u>	· ·
DIRECTOR	0.30	Х						0.	0.	0.
(25) SAM W. RICHWINE JR., MD	0.30	Δ						0.	0.	1 0.
•	0.30	v		.					0	
PAST CHAIRMAN	0 20	Х		Х				0.	0.	0.
(26) BROOKS KEEL, PH.D.	0.30	3,7							0	
EX OFFICIO		X					L	0.	0.	
1b Subtotal								692,938.	0.	100,977.
c Total from continuation sheets to Part VII								0.	0.	
d Total (add lines 1b and 1c)							<u> </u>	692,938.	0.	100,977.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	
compensation from the organization										4
										Yes No
3 Did the organization list any former officer,	director, trust	ee, k	ey e	emplo	oye	e, or	hig	hest compensated empl	oyee on	
line 1a? If "Yes," complete Schedule J for so	uch individual									3 X
4 For any individual listed on line 1a, is the su	•								•	
and related organizations greater than \$150	,000? If "Yes,	" co	mple	ete S	Sche	edule	Jf	for such individual		4 X
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 p	ers	on .				5 X
Section B. Independent Contractors										
1 Complete this table for your five highest cor	mpensated inc	lepe	nder	nt co	ntra	acto	rs th	nat received more than \$	100,000 of compens	ation from
the organization. Report compensation for t	he calendar ye	ear e	endir	ng wi	ith c	or wi	thiņ	the organization's tax ye	ear.	
(A)								(B)		(C)
Name and business	address	NC	ONE	3				Description of s	ervices	Compensation
2 Total number of independent contractors (ir	ncludina but n	ot lin	nited	to t	hos	se lis	ted	above) who received mo	ore than	
\$100,000 of compensation from the organiz					C)		,		
\$ 100,000 of compondation from the organiz					•					Carres 990 (0010)

Part VIII Statement of Revenue

		Check if Schedule O contains a respon	se or note to any line	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ស ស	1 8	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b					
ନ୍ଦ୍ର ପ		c Fundraising events 1c	40,700.				
ifts IrA		d Related organizations 1d	, i				
nis,		e Government grants (contributions) 1e					
Sir		f All other contributions, gifts, grants, and					
ber her		similar amounts not included above 1f	3,677,896.				
혍		g Noncash contributions included in lines 1a-1f	1,190,022.				
Sor		h Total. Add lines 1a-1f		3,718,596.			
<u> </u>			Business Code	· · ·			
ø	2 8	a					
ķ		<u> </u>					
Program Service Revenue							
an Sve		d					
gra Re		<u></u>					
Pro	1	All other program service revenue					
		g Total. Add lines 2a-2f					
	3	Investment income (including dividends, int					
		other similar amounts)		2,008,945.		-1,387,869.	3,396,814.
	4	Income from investment of tax-exempt bon	I				
	5	Royalties	· .				
		(i) Real	(ii) Personal				
	6 a	a Gross rents 6a 37,17	70.				
	ŀ	b Less: rental expenses 6b 789,44	12.				
		Rental income or (loss) 6c -752,27	72.				
		d Net rental income or (loss)		-752,272.		-282,881.	-469,391.
		a Gross amount from sales of (i) Securities	es (ii) Other				
		assets other than inventory 7a 187, 142, 76	52.				
	ŀ	b Less: cost or other basis					
e		and sales expenses 7b 203,331,78	34.				
ther Revenue		Gain or (loss) 7c -16,189,02	22.				
Re		d Net gain or (loss)		-16,189,022.			-16,189,022.
ē		a Gross income from fundraising events (not					
₹		including \$ 40,700. of					
		contributions reported on line 1c). See					
		Part IV, line 18	8a 15,300.				
	ŀ		8b 225,559.				
	(Net income or (loss) from fundraising event	s	-210,259.			-210,259.
	9 a	a Gross income from gaming activities. See					
		Part IV, line 19	9a				
	ŀ	b Less: direct expenses	9b				
	(Net income or (loss) from gaming activities	>				
	10 a	a Gross sales of inventory, less returns					
		and allowances	10a				
	ŀ	b Less: cost of goods sold	10b				
	(Net income or (loss) from sales of inventory	· ▶				
S			Business Code				
Miscellaneous Revenue	11 a	REFUNDS, SETTLEMENT, ETC.	900099	277,827.			277,827.
ane	ŀ	b	_				
cell eve	(·	_				
Mis	(d All other revenue					
		Total. Add lines 11a-11d		277,827.			
	12	Total revenue. See instructions	▶	-11,146,185.	0.	ı -1 670 750.	-13,194,031.

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).

0000	Check if Schedule O contains a response or note to any line in this Part IX									
		se or note to any line in (A)	this Part IX(B)	(C)	(D)					
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundraising					
7b,	8b, 9b, and 10b of Part VIII.	'	expenses	general expenses	expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21	7,734,111.	7,734,111.							
2	Grants and other assistance to domestic	-								
_										
2										
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees	846,275.		586,971.	259,304.					
6	Compensation not included above to disqualified			-						
•	persons (as defined under section 4958(f)(1)) and									
_	persons described in section 4958(c)(3)(B)	470 E74		222 252	220 221					
7	Other salaries and wages	472,574.		233,353.	239,221.					
8	Pension plan accruals and contributions (include	40			<u> </u>					
	section 401(k) and 403(b) employer contributions)	10,587.		843.	9,744.					
9	Other employee benefits	30,043.		23,999.	6,044.					
10	Payroll taxes	73,220.		41,830.	9,744. 6,044. 31,390.					
11	Fees for services (nonemployees):	-		-						
	Management									
		5,409.		5,409.						
	Legal	35,990.		35,990.						
	Accounting	33,330.		33,330.						
	Lobbying									
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25,									
	column (A) amount, list line 11g expenses on Sch O.)	2,480.		1,396.	1,084.					
12	Advertising and promotion	2,480. 66,218.		3,852.	1,084. 62,366.					
13	Office expenses	73,651.		45,441.	28,210.					
		166,535.		145,793.	20,742.					
14	Information technology	100,333.		143,733.	20,742.					
15	Royalties	101 040		CE 721	25 211					
16	Occupancy	101,042.		65,731.	35,311.					
17	Travel	25,434.		21,402.	4,032.					
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	70,022.		35,688.	34,334.					
20	Interest	,		,	•					
21	Payments to affiliates									
	Depreciation, depletion, and amortization	200,244.	200,244.		-					
22		61,013.	400,444.	60,041.	972.					
23	Insurance	01,013.		00,041.	914.					
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If									
	line 24e amount exceeds 10% of line 25, column (A)									
	amount, list line 24e expenses on Schedule O.)									
а	LIFE INCOME TO BENEFICI	89,095.	89,095.							
b	SUPPLIES & EQUIPMENT	47,548.			47,548.					
c.	MEMBERSHIP DUES AND SUB	47,088.		47,088.	•					
d	MISCELLANEOUS	14,508.		14,508.						
		14,500		14,500						
	All other expenses Add lines 1 through 94s	10,173,087.	8,023,450.	1,369,335.	780,302.					
<u>25</u>	Total functional expenses. Add lines 1 through 24e	10,113,001.	0,043,450.	1,303,333.	100,304.					
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)									
					000					

Form 990 (2019)
Part X Balance Sheet

Га	IL A	Dalatice Stieet					
		Check if Schedule O contains a response or not	e to any	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,035,932.	1	1,098,274.
	2	Savings and temporary cash investments			5,157,469.	2	2,489,637.
	3	Pledges and grants receivable, net			1,602,932.	3	1,467,081.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ons		5	
	6	Loans and other receivables from other disqualif	ied per	sons (as defined			
		under section 4958(f)(1)), and persons described	in sect	tion 4958(c)(3)(B)		6	
ध	7	Notes and loans receivable, net			16,588.	7	16,588.
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	16,229,566.			
	b	Less: accumulated depreciation		471,490.	14,719,740.	10c	
	11	Investments - publicly traded securities		58,437,219.	11	2,939,338.	
	12	Investments - other securities. See Part IV, line 1	192,687,019.	12	248,339,168.		
	13	Investments - program-related. See Part IV, line	539,686.	13	1,013,700.		
	14	Intangible assets	10,500.	14	0.		
	15	Other assets. See Part IV, line 11	230,466.	15	204,047.		
	16	Total assets. Add lines 1 through 15 (must equa			274,437,551.	16	273,325,909.
	17	Accounts payable and accrued expenses			136,552.	17	778,613.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
jab		controlled entity or family member of any of thes			0 470 670	22	10 720 606
_	23	Secured mortgages and notes payable to unrela			9,472,672.	23	10,739,606.
	24	Unsecured notes and loans payable to unrelated				24	180,335.
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X	818,690.	0.5	814,400.
	06	of Schedule D			10,427,914.		12,512,954.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che			10,427,914.	26	12,312,334.
S		and complete lines 27, 28, 32, and 33.	ck nere				
nce	27	Net assets without donor restrictions			40,295,545.	27	38,655,744.
ala	27 28				223,714,092.	28	222,157,211.
В	20	Net assets with donor restrictions Organizations that do not follow FASB ASC 98			223,714,002.	20	222,137,211.
필		and complete lines 29 through 33.	Jo, Cile	ck liefe			
P	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or eq				30	
\ss(31	Retained earnings, endowment, accumulated inc		31			
Net Assets or Fund Balances	32	Total net assets or fund balances			264,009,637.	32	260,812,955.
Ž	33				274,437,551.	33	273,325,909.
	J	Total liabilities and tiet assets/fully balances			<u> </u>	აა	Farm 990 (0010)

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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		,14		
2	Total expenses (must equal Part IX, column (A), line 25)	2	10	,17	3,0	<u>87.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		,31		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	264	,00	9,6	<u>37.</u>
5	Net unrealized gains (losses) on investments	5	18	,12	2,5	<u>90.</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,					
	column (B))	10	260	,81	2,9	<u>55.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					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 Audi	t			
	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				
	er gudite, evaluis why an Cabadula O and deparibe any stone taken to undergo such gudite			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

Open to Public Inspection

Employer identification number

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	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	3289858.	4395075.	3949680.	4047696.	3718596.	19400905.		
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	3289858.	4395075.	3949680.	4047696.	3718596.	19400905.		
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)						2548239.		
6	Public support. Subtract line 5 from line 4.						16852666.		
Sec	tion B. Total Support								
Cale	ndar year (or fiscal year beginning in) ► 📗	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
7	Amounts from line 4	3289858.	4395075.	3949680.	4047696.	3718596.	19400905.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	3386778.	3610782.	3750350.	955,418.	2046115.	13749443.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)	91,204.	245,711.	293,280.	284,947.	277,827.	1192969.		
11	Total support. Add lines 7 through 10						34343317.		
12	Gross receipts from related activities,	etc. (see instructio	ns)			12			
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)			
_	organization, check this box and stop	here					>		
	tion C. Computation of Publi								
	Public support percentage for 2019 (li					14	49.07 %		
	Public support percentage from 2018					15	48.49 %		
16a	33 1/3% support test - 2019. If the o	-			14 is 33 1/3% or m	ore, check this bo			
	stop here. The organization qualifies	. ,	J						
b	33 1/3% support test - 2018. If the o								
	and stop here. The organization quali								
17a	10% -facts-and-circumstances test								
	and if the organization meets the "fact								
_	meets the "facts-and-circumstances" t								
b	10% -facts-and-circumstances test	_							
	more, and if the organization meets th		•				e		
	organization meets the "facts-and-circ			•	,				
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u> </u>		

Schedule A (Form 990 or 990-EZ) 2019

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 by Section A. Public Support	elow, please comp	plete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 bus- iness under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5				 		
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	(4) 23 :3	(2) 20:0	(5) = 5	(4,) = 0.10	(0) = 0 . 0	(1) 1010.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	r the organization'	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiza	ation,
check this box and stop here						
Section C. Computation of Publ	ic Support Per	rcentage				
15 Public support percentage for 2019 (line 8, column (f), a	divided by line 13,	column (f))		15	%
16 Public support percentage from 2018					16	%
Section D. Computation of Inve						
17 Investment income percentage for 2	019 (line 10c, colu	mn (f), divided by l	ine 13, column (f))		17	%
18 Investment income percentage from						%
19a 33 1/3% support tests - 2019. If the						
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2018. If the	e organization did ı	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	nd
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	<u>on ala not check a</u>	box on line 14, 19	a, or 19b, check th	iis box and see in:	structions	P

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 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		
	2		
	3a		
	3b		
	OD		
	3с		
	4a		
	4-		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	OL-		
	9b		
	9с		
	10a		
	10b		
n 9	90 or 99	W-EZ)	2019

	t IV Supporting Organizations (continued)	00,5	•	age o
	Continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
2	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a	2		
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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)) <u> </u>		
a	The organization satisfied the Activities Test. Complete line 2 below.	-		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insi	ructions)_	
2	Activities Test. Answer (a) and (b) below.	, , , ,	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2019 INCORPORATED

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on I	Nov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must of	complete Sec	ctions A through E.	·
Sect	ion 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	ion 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 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	t V │ Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _(continued)	
Secti	on D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	3		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
ее	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2019 distributable amount			
<u>i</u>	Carryover from 2014 not applied (see instructions)			
_ <u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2019 distributable amount			
<u>C</u>	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
<u>b</u>	Excess from 2016			
c	Excess from 2017			
	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

58-070<u>6796 Page 8</u> Schedule A (Form 990 or 990-EZ) 2019 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

Organization type (check one):

Schedule of Contributors

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

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

OMB No. 1545-0047

2019

Name of the organization

MEDICAL COLLEGE OF GEORGIA FOUNDATION,

INCORPORATED

Employer identification number

58-0706796

Filers of:		Section:
Form 990	or 990-EZ	X 501(c)(3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 990-	PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
		covered by the General Rule or a Special Rule . (a), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General F	lule	
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or ne contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special R	ules	
s	ections 509(a)(1) ar ny one contributor,	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 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; line 1. Complete Parts I and II.
У	ear, total contributi	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ons of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the or children or animals. Complete Parts I, II, and III.
y is F	ear, contributions es checked, enter he ourpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box are the total contributions that were received during the year for an exclusively religious, charitable, etc., plete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year
but it mus	t answer "No" on F	t 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

LHA 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) (2019)

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 add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$ 234,876.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	* \$ 100,000.	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
		\$	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 Par	rt 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
	STOCK		
_1			
		\$\$	07/18/19
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
art I	STOCK	(Coo mondonono.)	
2	STOCK		
		 \$\$234,876.	06/09/20
\longrightarrow			
(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)		(c)	
No. from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
		\ \$	
(a)		(c)	
No. from	(b)	FMV (or estimate)	(d)
Part I	Description of noncash property given	(See instructions.)	Date received

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2019) 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 Part I

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

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

MEDICAL COLLEGE OF GEORGIA FOUNDATION, INCORPORATED

Employer identification number 58-0706796

Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	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 w	vriting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's e	_	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreat	ion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed 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	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structu	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it $% \frac{\partial f}{\partial x} = \frac{\partial f}{\partial x} + \frac{\partial f}{\partial x} = \frac{\partial f}{$	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cons	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handle	ling 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 footne	•	ents that describes the
Da	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Aut Historical Transcures or Of	ther Cimiler Assets
Pai			ther Sillilar Assets.
	Complete if the organization answered "Yes" on Form		
па	If the organization elected, as permitted under FASB ASC 958	•	
	of art, historical treasures, or other similar assets held for pub		
	service, provide in Part XIII the text of the footnote to its finan-		
b	If the organization elected, as permitted under FASB ASC 958	•	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	herance of public service,
	provide the following amounts relating to these items:		• •
	(i) Revenue included on Form 990, Part VIII, line 1		
_			'
2	If the organization received or held works of art, historical trea		ai gain, provide
	the following amounts required to be reported under FASB AS	_	• •
a	Revenue included on Form 990, Part VIII, line 1		
a	Assets included in Form 990, Part X		🕨 \$

Schedule D (Form 990) 2019 INCORPORATED 58-0706796 Page 2

Par	t III Organizations Maintaining Co	ollections of Art	t, Historical Tre	asures, 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 exch	nange progra	am		
b	Scholarly research	е	Other				
С	Preservation for future generations						
4	Provide a description of the organization's co	llections and explain	how they further th	e organizatio	n's exemp	ot purpose in	Part XIII.
5	During the year, did the organization solicit or						
	to be sold to raise funds rather than to be ma	intained as part of th	ne organization's col	lection?			Yes No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the organization	n answered '	"Yes" on F	orm 990, Pa	rt 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 contributions	or other ass	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	
	Additions during the year					1d	
	Distributions during the year					1e	
f	Ending balance					1f	
2a	Did the organization include an amount on Fo						Yes No
	If "Yes," explain the arrangement in Part XIII.				-		
Par	- 17						
	·	(a) Current year	(b) Prior year	(c) Two yea		d) Three years	back (e) Four years back
1a	Beginning of year balance	242,888,400.	238,566,789.	206,82		192,592,	
b	Contributions	3,104,301.	3,283,268.		5,565.	1,988,	
c	Net investment earnings, gains, and losses	4,008,796.	11,806,118.		7,048.	26,473,	
d	Grants or scholarships	, ,	, ,	,		, ,	
	Other expenditures for facilities						
·		11,719,019.	10,767,775.			14,229,	865. 5,288,949.
f	Administrative expenses	,,					
		238,282,478.	242,888,400.	238 56	5 789	206,824,	176. 192,592,596.
g 2	End of year balance [Provide the estimated percentage of the curre				,		
2	Board designated or quasi-endowment	13.00	%	i lielu as.			
a	Permanent endowment > 57.00	%					
b		⁷⁰					
C	Term endowment ► 30.00 g	-					
2-	, ,		tion that are hold an	d administa	ad for the	organization	
Sa	Are there endowment funds not in the posses	ssion of the organiza	tion that are new an	a administer	ed for the	organization	
	by:						3a(i) X
	(i) Unrelated organizations						······
	(ii) Related organizations						·····
	If "Yes" on line 3a(ii), are the related organizate						3b
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipment		wment funds.				
ı aı			Doubly line 11 - C	F 000	Dart V III	10	
	Complete if the organization answered						T (ND)
	Description of property	(a) Cost or of				cumulated	(d) Book value
		basis (investr	<u> </u>	· · · · · · · · · · · · · · · · · · ·	uepr	eciation	12 401 200
	Land			1,290.	0.	17 722	13,481,290.
b	Buildings		2,47	5,421.	∠.	17,733	2,257,688.
С	Leasehold improvements		0.5	2 0 5 5		<u> </u>	10.000
d	Equipment	I	27	2,855.	2.	53,757	19,098.
	Other						15 550 056
Total	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Part	X. column (B). line 10	Oc.))	15,758,076.

Schedule D (Form 990) 2019

58-070<u>6796 Page **3**</u>

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests	231,920,666.	END-OF-YEAR MARKET	VALUE
(3) Other			
(A) REAL ASSETS	15,729,502.	END-OF-YEAR MARKET	VALUE
(B) LAND HELD FOR SALE	689,000.	COST	
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	040 220 160		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	248,339,168.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	1-of-year market value
<u>(1)</u>			
(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 990 Part IV line 1	11d See Form 990 Part X line 15	
	Description	11d. 666 1 6111 666, 1 dr 27, iiile 16.	(b) Book value
(1)	1		(1)
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	e 15.)	>	
Part X Other Liabilities.	,		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11e 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			814,400.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)	>	814,400.
 I de l'Originalité de la company de la compan		the executation's financial statements th	

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

Sche	edule D (Form 990) 2019 INCORPORATED		56-0706796	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ments With Reveni	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
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	2b		
С	Recoveries of prior year grants			
d				
е			2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With Exper	nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b				
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	The second secon		5	
Pa	rt XIII Supplemental Information.			
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b;	Part V, line 4; Part X, line 2; Part እ	(I,
ines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information.		

PART V, LINE 4:

THE FOUNDATION'S INVESTMENT COMMITTEE OF THE BOARD OF DIRECTORS (THE "COMMITTEE") DETERMINES THE METHOD TO BE USED TO APPROPRIATE ENDOWMENT FUNDS FOR EXPENDITURE. THE FOUNDATION HAS A SPENDING POLICY WHEREBY 4% OF A ROLLING AVERAGE OF ENDOWMENT NET ASSETS USING THE PRIOR THREE CALENDAR YEARS ENDED DECEMBER 31, 2019, 2018, AND 2017 FOR SCHOLARSHIPS AND 3.5% FOR ALL OTHER FUNDS MAY BE DISTRIBUTED FOR PURPOSES OF SUPPORTING UNRESTRICTED AND TEMPORARILY RESTRICTED ACTIVITIES.

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 DISTRIBUTIONS THEY DEEM TO BE PRUDENT.

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 2019 OR 2018. 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 G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

MEDICAL COLLEGE OF GEORGIA FOUNDATION,

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

Schedule G (Form 990 or 990-EZ) 2019

INCORPO	RATED				58-0706	796	
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
Indicate whether the organization rais	e Solicitat f Solicitat g Special or oral agreement with any individual cart VII) or entity in connection with prividuals or entities (fundraisers) pursua	tion of tion of fundra (includerofessi	non-g gover aising ding of onal fo	overnment grants nment grants events fficers, directors, trus undraising services?	stees, or Yes		
(i) Name and address of individual or entity (fundraiser)			Did raiser sustody ntrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No				
Total			•				
List all states in which the organization or licensing.	on is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exempt from re	gistration	

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

58-0706796 Page 2

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through PACELINE col. (c)) (event type) (event type) (total number) 56,000. 56,000. Gross receipts 40,700. 40,700. 2 Less: Contributions 3 Gross income (line 1 minus line 2) 15,300. 15,300. 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 22,694. 22,694. 770. 770. 7 Food and beverages 4,000. 4,000. 8 Entertainment 198,095. 198,095. Other direct expenses 225,559. 10 Direct expense summary. Add lines 4 through 9 in column (d) -210,259. 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sch	ledule G (Form 990 or 990-EZ) 2019 INCORPORATED 5	8-0	<u> 70679</u>	6 Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No No
40			10.	
	Indicate the percentage of gaming activity conducted in:	1	ا م	0.4
	The organization's facility		13a	<u>%</u>
	o An outside facility		13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Address ▶			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	s No
k	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amour	nt		
	of gaming revenue retained by the third party \$			
,	If "Yes," enter name and address of the third party:			
•	2 in Tes, entermanne and address of the unit party.			
	Name			
	Address >			
16	Gaming manager information:			
10	Garning manager information.			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	No
ŀ	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	he		
`	organization's own exempt activities during the tax year > \$	10		
Pa	irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); are	ad Dort	ا معمدا الل) Ob 10b
		iu Part	III, IIIIes s	9, 90, 100,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
_				

Schedule G	G (Form 990 or 990-EZ)	INCORPORATED		58-0706796	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation (continued)	 		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

MEDICAL COLLEGE OF GEORGIA FOUNDATION,

2019

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

INCORPORA	TED						58-0706796
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	on
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to	Domestic Organia	zations and Domestic	C Governments. C	omplete if the org	anization answered "Y	′es" on Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000. Part II can	be duplicated if additi	ional space is need	ed.			
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AUGUSTA UNIVERSITY							
1120 15TH STREET							
AUGUSTA, GA 30912			7,734,111.	0.			INSTITUTIONAL SUPPORT
2 Enter total number of section 501(c)(3) a	nd government org	I ganizations listed in th	e line 1 table	<u> </u>	<u> </u>		
3 Enter total number of other organization	s listed in the line	1 table					> 0.

INCORPORATED Schedule I (Form 990) (2019)

58-0706796 Page 2 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (c) Amount of (a) Type of grant or assistance (b) Number of (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: ASSISTANCE IS MADE ON A REIMBURSEMENT BASIS IN AGREEMENT WITH DONOR INTENT.

Schedule I (Form 990) (2019)

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.

2019

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

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

MEDICAL COLLEGE OF GEORGIA FOUNDATION,

INCORPORATED

Employer identification number 58-0706796

			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			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments 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		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
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			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		<u> </u>
b	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	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958.6(c)?	۱۵		

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

Schedule J (Form 990) 2019

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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denemis	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) IAN S. MERCIER	(i)	234,600.	0.	0.	0.	57,902.	292,502.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARTYN JONES	(i)	189,888.	0.	0.	5,850.	9,323.		0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(3) TIM KEARNEY	(i)	149,010.	0.	0.	5,917.	17,488.	172,415.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
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	ii)							
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	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 7:
MARTYN JONES RECEIVED A BONUS IN THE AMOUNT OF \$32,500
FORM 990, PART VII, LINE 1, PART IX LINE 5 AND 7
IAN S. MERCIER, PRESIDENT AND CEO, RECEIVED \$292,502 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

Open to Public Inspection

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, INCORPORATED

Employer identification number 58-0706796

Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or litems contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermin	_	s
1	Art - Works of art		Items contributed	r om ood, r are viii, iii o rg				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	10	1,190,022.	FM7			
10	Securities - Closely held stock		10	1,150,022.	1 11 V			
11	Securities - Closely field stock Securities - Partnership, LLC, or							
•••								
12								
13	Securities - Miscellaneous Qualified conservation contribution -							
13								
14	Historic structures Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19								
20	Food inventory Drugs and medical supplies							
21								
22	Taxidermy Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	<u>.</u>							
26	Other () Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organization	zation during	the tax year for e	ontributions				
29	for which the organization completed Form 82	-	•				0	
	for which the organization completed form ozi	00,1 alt 10, 1	Jonee Acknowledg	gernent <u>23 </u>			Yes	No
302	During the year, did the organization receive by	v contributio	n any property rep	orted in Part I lines 1 throug	h 28 that it		162	NO
Jua	must hold for at least three years from the date							
	exempt purposes for the entire holding period?	•	,	•		30a		х
h	If "Yes," describe the arrangement in Part II.	•				Jua		
31	Does the organization have a gift acceptance	nolicy that re	auires the review (of any nonstandard contribut	ions?	31	х	
	Does the organization hire or use third parties							
JZd			•			32a	х	1
h	contributions? If "Yes," describe in Part II.					0Za	-2	
33	If the organization didn't report an amount in c	olumn (c) for	r a type of property	for which column (a) is choo	rkad			
-	describe in Part II.	.c.uiiii (c) 101	a type of property	, ioi willon column (a) is chec	nou,			

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

Schedule M (Form 990) 2019

LHA

MEDICAL COLLEGE OF GEORGIA FOUNDATION,

58-0706796 Schedule M (Form 990) 2019 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 O

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

MEDICAL COLLEGE OF GEORGIA FOUNDATION, INCORPORATED

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 58-0706796

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:

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization MEDICAL COLLEGE OF GEORGIA FOUNDATION, INCORPORATED	Employer identification number 58-0706796
PROVIDES INFORMATION CONCERNING CEO COMPENSATION. COMPARAE	BILITY DATA IS
REVIEWED FOR THE CEO AND CFO AND MINUTES RECORDED OF THE M	MEETING.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTERE	EST POLICY, AND
FINANCIALS ARE AVAILABLE UPON REQUEST. WEBSITE HAS 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 AUDITORS AS IN	THE PRIOR
YEAR.	

SCHEDULE R (Form 990)

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

Department of the Treasury Internal Revenue Service

MEDICAL COLLEGE OF GEORGIA FOUNDATION, INCORPORATED

Employer identification number 58-0706796

OMB No. 1545-0047

Open to Public Inspection

(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.	1,019,402.	GEORGIA FOUNDATION, IN
RESURGENS PROPERTIES, LLC - 58-0706796					
720 ST. SEBASTIAN WAY, SUITE 150					MEDICAL COLLEGE OF
AUGUSTA, GA 30901-1019	REAL ESTATE ACTIVITIES	GEORGIA		13,500,539.	GEORGIA FOUNDATION, IN
PACELINE RIDE, LLC - 83-1600096					
720 ST. SEBASTIAN WAY, SUITE 150					MEDICAL COLLEGE OF
AUGUSTA, GA 30901-1019	FUNDRAISE ACTIVITIES	GEORGIA	56,000.	33,647.	GEORGIA FOUNDATION, IN

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 Part II 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	contr	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No

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

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.

	enganization trained as a paramostrip during the tax year.													
(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	Disproportionate allocations?		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	(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	(h) Percentage ownership	Sec 512(t contr	tion b)(13) rolled tity?
		foreign country)		or trust)		assets			No
									_
								-	

Yes No

Schedule R (Form 990) 2019

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	
	Gift, grant, or capital contribution to related organization(s)				1b	
С	Gift, grant, or capital contribution from related organization(s)				1c	
	Loans or loan guarantees to or for related organization(s)				1d	
	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)				
	Performance of services or membership or fundraising solicitations by related organ					
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n	
0	Sharing of paid employees with related organization(s)				10	
	Reimbursement paid to related organization(s) for expenses				1 p	
q	Reimbursement paid by related organization(s) for expenses				1q	
	Other transfer of cash or property to related organization(s)				1r	
	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 w	ho must complete th	is line, including covered re	lationships and transaction thresholds.		
	(a) Name of related organization	(b)	(c)	(d)		
	Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount in	ivolved	
		type (a 3)				
1)						
٥,						
2)						
3)						
<u> </u>						
4)						
1)						
5)						
<u> </u>						
6)						
	3 09-10-19	ı	I I	Schedule	R (Form	990) 2019
				00.100.00		-,

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	Dispretion allocat	opor- ate tions?	General manage partne	(k) Percentage ownership
			,	100 110		100	110		
									000) 0040

MEDICAL COLLEGE OF GEORGIA FOUNDATION,

Schedule R	(Form 990) 2019 INCORPORATED	58-0706796	Page 5
Part VII	Supplemental Information		
	Provide additional information for responses to questions on Schedule R. See instructions.		

RETAIL BUILDING RENT 1

Asset No.	Description	Date Acquired	Method	Life	C o n v	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
13	BUILDING	11/30/12	SL	39.00	ММ	16:	.,042,413.				1,042,413.			26,729.	
	* 990 RENTAL TOTAL OTHER						.,042,413.				1,042,413.	175,966.		26,729.	202,695.

EXTENDED TO MAY 17, 2021

Form	990- I		exempt Organ					Keturn		OMB No.	1545-0047
			-	nd proxy tax unde				20 000	_	20	140
		For cal	lendar year 2019 or other tax yea			•			0 .	ZU	119
Departr Internal	nent of the Treasury Revenue Service	•	► Go to www Do not enter SSN numbe	irs.gov/Form990T for in: rs on this form as it may						Open to Publ 501(c)(3) Orga	ic Inspection for anizations Only
Α	Check box if address changed		Name of organization ([MEDICAL COL:		•		,		Emp	oyer identifica loyees' trust, uctions.)	tion number see
B Ex	empt under section	Print	INCORPORATE							8-070	
X	501(c)(3)	Or	Number, street, and room		-					lated business instructions.)	activity code
	408(e) 220(e)	Туре	720 ST. SEB								
	408A530(a)		City or town, state or pro		foreigr	n postal code			F 2 1	100	
	529(a)		AUGUSTA, GA						D 3 I	120	
at er	273 321 8	16.	F Group exemption numb G Check organization type	501(c) corn	oration	501(c) tr	ruet	401(a)	trust		Other trust
			tion's unrelated trades or b		2			only (or first) un			Other trust
		-	NTAL PROPERT	· —		If only		,			
	•		ce at the end of the previou								
	iness, then complete l	-	•								
			oration a subsidiary in an a		ıt-subsi	diary controlled gro	up?		Ye	es X	No
			tifying number of the paren	t corporation.							
			ANGELA REES de or Business Inc				elephone	number ► 7		1	
Par			de or business inc	ome		(A) Income		(B) Expenses		(0	S) Net
	Gross receipts or sale			a Dalamaa							
	Less returns and allow		A line 7)	c Balance ▶	1c 2						
			A, line 7)om line 1c		3						
			h Schedule D)		4a						
			art II, line 17) (attach Form		4b						
			sts		4c						
			ship or an S corporation (at		5						
	Rent income (Schedu			·	6						
	•		ne (Schedule E)		7			282,8	81.	-28	2,881.
			nd rents from a controlled of		8						
9	Investment income of	a sectio	on 501(c)(7), (9), or (17) or	rganization (Schedule G)	9						
10 I	Exploited exempt activ	vity inco	me (Schedule I)		10						
			; J)		11						
12	Other income (See ins	struction	ns; attach schedule)		12						0 001
	Total. Combine lines		3·· · =		13		0.	282,8	81.	-28	2,881.
Par			ot Taken Elsewher be directly connected wi	,			ns.)				
14	Compensation of offi	icers, di	rectors, and trustees (Sche	dule K)					14		
15									15		
16									16		
17	Bad debts								17		
18			ee instructions)						18		
19	Taxes and licenses							06 500	19		
20			562)					<u>26,729.</u>			0
21			n Schedule A and elsewher					26,729.			0.
22	Depletion								22		
23			mpensation plans						23		
24 25			chedule I)						24		
26	Excess readership or	osts (Scl	hedule J)						26		
27			nedule)						27		
28	Total deductions. A	dd lines	14 through 27						28		0.
29	Unrelated business t	axable ir	ncome before net operating	loss deduction. Subtract	line 28	from line 13			29	-28	2,881.
30	Deduction for net op	erating I	oss arising in tax years be	ginning on or after Januar	ry 1, 20	18					
	(see instructions)					SEE ST	CATEN	MENT 1	30		0.
31	Unrelated business to	axable ir	ncome. Subtract line 30 fro	m line 29	<u></u>	<u></u>	<u> </u>	<u></u>	31	-28	2,881.

Form 9	90-T (201	9) MEDICAL	COLLEGE	OF	GEORGIA	FOUNDATION,	INCORPORATED			
Part III Total Unrelated Business Taxable Income										
32	32 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)									

Part	t III	Total Unrelated Business Taxab	le Income							
32		unrelated business taxable income computed				/	32	 		0.
33		ts paid for disallowed fringes					33	<u> </u>		
34		ble contributions (see instructions for limitation					34			0.
35		nrelated business taxable income before pre-20					35			
36	Deduct	ion for net operating loss arising in tax years be	eginning before January 1, 2	2018 (see instr	ructions)	STMT 2	36			0.
37	Total of	unrelated business taxable income before spe	cific deduction. Subtract line	e 36 from line	35		37			
38		c deduction (Generally \$1,000, but see line 38 i					38		1,00	00.
39	Unrela	ted business taxable income. Subtract line 38	from line 37. If line 38 is gr							
	enter th	ne smaller of zero or line 37					39			0.
Part	l IV	Tax Computation								
40	Organi	zations Taxable as Corporations. Multiply line	39 by 21% (0.21)				40			0.
41		Taxable at Trust Rates. See instructions for ta								
	T	ax rate schedule or Schedule D (Form	1041)			>	41			
42	Proxy t	ax. See instructions					42			
43		tive minimum tax (trusts only)					43			
44	Tax on	Noncompliant Facility Income. See instructio	ns				44			
45	Total.	Add lines 42, 43, and 44 to line 40 or 41, which	ever applies				45			0.
Part	l V	Tax and Payments						•		
46 a	Foreign	tax credit (corporations attach Form 1118; tru	sts attach Form 1116)		46a					
b										
C	Genera									
d	Credit f	or prior year minimum tax (attach Form 8801 o								
е		redits. Add lines 46a through 46d					46e			
47		ct line 46e from line 45					47			0.
48	Other to	exes. Check if from: Form 4255	Form 8611 Form 869	7 Form	8866	Other (attach schedule)	48			
49	Total ta	x. Add lines 47 and 48 (see instructions)					49			0.
50	2019 n	et 965 tax liability paid from Form 965-A or For	m 965-B. Part II. column (k), line 3			50			0.
51 a		nts: A 2018 overpayment credited to 2019								
		stimated tax payments								
		posited with Form 8868								
d	Foreign	organizations: Tax paid or withheld at source (see instructions)		51d					
			, , , , , , , , , , , , , , , , , , , ,							
		or small employer health insurance premiums	(attach Form 8941)		51f					
		redits, adjustments, and payments: Fo								
·			her	Total	▶ 51g					
52		ayments. Add lines 51a through 51g					52			
53	Estimat	ed tax penalty (see instructions). Check if Form	2220 is attached				53			
54		e. If line 52 is less than the total of lines 49, 50					54			
55		yment. If line 52 is larger than the total of lines					55			
56	Enter th	ne amount of line 55 you want: Credited to 202	0 estimated tax			Refunded	56			
Part	t VI	Statements Regarding Certain <i>i</i>	Activities and Othe	r Informa	tion (see	instructions)				
57	At any	time during the 2019 calendar year, did the org	anization have an interest in	or a signature	e or other au	thority			Yes	No
	over a 1	inancial account (bank, securities, or other) in	a foreign country? If "Yes," t	the organizatio	n may have	to file				
	FinCEN	Form 114, Report of Foreign Bank and Financi	al Accounts. If "Yes," enter ti	he name of the	e foreign cou	ıntry				
	here	>								X
58	During	the tax year, did the organization receive a dist	ribution from, or was it the q	grantor of, or t	transferor to	, a foreign trust?				X
	If "Yes,	see instructions for other forms the organizati	on may have to file.							
59		ne amount of tax-exempt interest received or ac	• •	▶ \$						
Sian		nder penalties of perjury, I declare that I have examined a prect, and complete. Declaration of preparer (other than					edge and	belief, it is true	t ,	
Sign Here					-		May the IF	RS discuss this	return w	vith
пеге		Signature of officer	Data	PRESI	DENT/C	CEO	the prepar	rer shown belov	w (see	
		Signature of officer	Date	Title			instruction	ns)? X Ye	:S	No
		Print/Type preparer's name	Preparer's signature		Date	Check	if PT	IN		
Paid	t				05/44	self- employed			F 2 4	
Pre	parer		MARY JO ALEXA	ANDER	05/11,	<u> </u>		00002		
Use	Only	Firm's name ► MAULDIN & JEI	-	nn 1500		Firm's EIN	<u> </u>	8-069	<u> 204</u> .	<u>პ</u>
		l .	IA PKWY SE ST	re 1700)		77^	055 0	<i></i>	
		Firm's address > ATLANTA, G	A 3U339-5946			Phone no.	//U-	955-8		
923711	01-27-20							Form 99	⊅U-I ((2019)

MEDICAL COLLEGE OF GEORGIA FOUNDATION,

Form 990-T (2019) INCORPORATED 58-0706796

Schedule A - Cost of Goods So	ld. Fnter	method of invent	orv va	aluation N/A					
1 Inventory at beginning of year	1		_	Inventory at end of year			6		
2 Purchases	2			Cost of goods sold. Su					
3 Cost of labor	3		•	from line 5. Enter here					
4a Additional section 263A costs				line 2		· '	7		
(attach schedule)	4a		8	Do the rules of section	263A (\	with respect to		Yes	No
b Other costs (attach schedule)	4b		•	property produced or a		•			
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (Fro	m Real F	Property and	Pers	sonal Property L	ease	d With Real Prope	rty)		
(see instructions)									
1. Description of property									
(1)									
(2)									
(3)									
(4)									
2.		ed or accrued				3(a) Deductions directly co	onnected with the	income in	
` rent for personal property is more than \ rent for personal of rent for personal property is more than \ rent fo				onal property (if the percentag property exceeds 50% or if ed on profit or income)	je	columns 2(a) and	2(b) (attach sched	ule)	
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns 2(a) a	and 2(b). Ent	ter			_	(b) Total deductions. Enter here and on page 1,			_
here and on page 1, Part I, line 6, column (A)	nanaad	>			0.	Part I, line 6, column (B)	<u> </u>		0.
Schedule E - Unrelated Debt-Fi	nanced	income (see ii	nstru	ctions)		0			
			2	. Gross income from		Deductions directly conne to debt-finance		ble	
1. Description of debt-financed	property			or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)		s
					S	TATEMENT 3	STATEM	ENT	4
(1) RETAIL BUILDINGS 15	29 WA	LTON WAY				26,729.	25	6,1	52.
(2)									
(3)									
(4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-finar	adjusted basis llocable to nced property schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocabl (column 6 x t 3(a) a		
(1) 1,038,663.		933,270.		100.00%			28	32,8	81.
(2)				%					
(3)				%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A).	Enter here an Part I, line 7,		
Totals						0.		32,8	
Total dividends-received deductions include	d in column	8				<u> </u>		_, _	0.

Form **990-T** (2019)

Page 3

Form 990-T (2019) INCORPORATED

Schedule F - Interest, /	Annuitie	s, Royalt	ies, an	d Rents	From Co	ntrolle	d Organiza	tions	(see ins	struction	าร)	
·			-	1	Controlled O				-			
1. Name of controlled organizat	tion	2. Em identific num	cation		related income e instructions)		al of specified ments made	includ	t of column 4 ed in the contr ation's gross i	rolling	Deductions directly connected with income in column 5	
(2)												
(3)												
(4)												
Nonexempt Controlled Organi	zations									•		
7. Taxable Income		nrelated incom see instructions		9. Total	of specified payr made	nents	10. Part of column the controllingross	mn 9 that ing organ s income	ization's	11 . De wit	eductions directly connected h income in column 10	
(1)												
(2)												
(3)												
(4)												
				•			Add colun Enter here and line 8, 0		1, Part I, \).		dd columns 6 and 11. here and on page 1, Part I, line 8, column (B).	
Totals									0.		0.	
Schedule G - Investme		ne of a S	ection	501(c)(7	7), (9), or (17) Org	ganization					
(see inst	ructions)	me			2. Amount of	income	3. Deductio directly conne (attach sched	ected	4. Set-	asides schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)	
(1)							(**************************************	,				
(2)												
(3)												
(4)												
					Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B).	
Totals				>		0.					0.	
Schedule I - Exploited (see instru	_	Activity	Incom	e, Other	Than Adv	ertisin	g Income					
1. Description of exploited activity	unrelated incom	Gross business e from business	directly of with proof unit	penses connected oduction related is income	4. Net incon from unrelated business (co minus colum gain, comput through	I trade or olumn 2 n 3). If a e cols. 5	5. Gross incofrom activity to is not unrelate business inco	that ted	6. Exp attribut colui	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)												
(2)												
(3)												
(4)	Enter her	re and on	Enter he	re and on							Enter here and	
Tatala		, Part I,	page 1	1, Part I, , col. (B).							on page 1, Part II, line 25.	
Schedule J - Advertisi	na Incor		nstruction								0.	
Part I Income From					solidated	Basis						
									-		1	
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	or (loss) (c col. 3). If a g	tising gain ol. 2 minus ain, comput nrough 7.	5. Circulate income		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)												
(2)	_											
(3)			\bot									
(4)												
Totals (carry to Part II, line (5))	▶	().	0							0.	
											Form 990-T (2019)	

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total . Enter here and on page 1, Part II, line 14		•	0.

Form **990-T** (2019)

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	160,525.	0.	160,525.	160,525.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	160,525.	160,525.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/09	35,930.	35,930.	0.	0.
06/30/10	24,930.	3,565.	21,365.	21,365.
06/30/11	4,719.	0.	4,719.	4,719.
06/30/13	17,949.	0.	17,949.	17,949.
06/30/14	4,695.	0.	4,695.	4,695.
06/30/15	38,432.	0.	38,432.	38,432.
06/30/16	118,188.	0.	118,188.	118,188.
06/30/17	77,364.	0.	77,364.	77,364.
06/30/18	151,248.	0.	151,248.	151,248.
NOL CARRYOV	VER AVAILABLE THIS	YEAR	433,960.	433,960.

FORM 990-T	SCHEDULE E - DEPRECIA	TION DEDUCT	NOI	STATEMENT 3
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION	- SUBTOTAL -	1	26,729.	26,729.
TOTAL OF FORM 9	990-T, SCHEDULE E, COLUMN	3(A)		26,729.

FORM 990-T	SCHEDULE E - OTHER	DEDUCTIONS		STATEMENT 4
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
INSURANCE INTEREST EXPENSE PROPERTY TAXES UTILITIES BANK FEES	- SUBTOTAL -	1	181. 228,546. 11,476. 415. 15,534.	256,152.
	- SUBTOTAL -	1		256,152.
TOTAL OF FORM 990-T,	SCHEDULE E, COLUMN	3(B)		256,152.

1

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

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

OMB No. 1545-0047

For calendar year 2019 or other tax year beginning JUL 1, 2019 and ending JUN 30, 2020

► Go to www.irs.gov/Form990T for instructions and the latest information.

501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service Name of the organization

MEDICAL COLLEGE OF GEORGIA FOUNDATION, INCORPORATED

Employer identification number 58-0706796

900099 Unrelated Business Activity Code (see instructions) ► HEDGE FUND INVESTMENTS Describe the unrelated trade or business **Unrelated Trade or Business Income** (B) Expenses (C) Net (A) Income 1a Gross receipts or sales **b** Less returns and allowances c Balance ▶ 1c Cost of goods sold (Schedule A, line 7) 2 2 Gross profit. Subtract line 2 from line 1c 3 38,278. 38,278. 4a Capital gain net income (attach Schedule D) 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach 5 statement) STATEMENT 5 -1,426,147.-1,426,147.5 Rent income (Schedule C) 6 6 Unrelated debt-financed income (Schedule E) 7 7 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Exploited exempt activity income (Schedule I) 10 10 Advertising income (Schedule J) 11 11 12 Other income (See instructions; attach schedule) 12 -1,387,869. -1,387,869. 13 Total. Combine lines 3 through 12 13

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

14	Compensation of officers, directors, and trustees (Schedule K)		14	
15	Salaries and wages		15	
16	Repairs and maintenance		16	
17	Bad debts		17	
18	Interest (attach schedule) (see instructions)		18	
19	Taxes and licenses		19	
20	Depreciation (attach Form 4562)			
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	1	21b	
22	Depletion		22	
23	Contributions to deferred compensation plans		23	
24	Employee benefit programs		24	
25	Excess exempt expenses (Schedule I)		25	
26	Excess readership costs (Schedule J)		26	
27	Other deductions (attach schedule)		27	
28	Total deductions. Add lines 14 through 27		28	0.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 f	rom line 13	29	-1,387,869.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018	(see		
	instructions)	STMT 6	30	0.
31	Unrelated business taxable income. Subtract line 30 from line 29		31	-1,387,869.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

FORM 990-T (M) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 5
DESCRIPTION	NET INCOME OR (LOSS)
AG REALTY FUND IX LP - ORDINARY BUSINESS INCOME (LOSS)	-24,630.
AG REALTY FUND IX LP - NET RENTAL REAL ESTATE INCOME GREENSPRING GLOBAL PARTNERS VI-B, LP - ORDINARY BUSINESS	-23,132.
INCOME (LOSS) GREENSPRING GLOBAL PARTNERS VII-B, LP - ORDINARY BUSINESS	-83.
INCOME (LOSS)	2.
GREENSPRING GLOBAL PARTNERS VII-B, LP - INTEREST INCOME GREENSPRING GLOBAL PARTNERS VII-B, LP - OTHER PORTFOLIO	36.
INCOME (LOSS)	-98.
LANDMARK EQUITY PARTNERS XIII, LP - ORDINARY BUSINESS	
INCOME (LOSS)	-969 .
LANDMARK EQUITY PARTNERS XIII, LP - OTHER NET RENTAL INCOME (LOSS)	1.
LANDMARK EQUITY PARTNERS XIII, LP - INTEREST INCOME	258
LANDMARK EQUITY PARTNERS XIII, LP - ROYALTIES	22,077.
LANDMARK EQUITY PARTNERS XIII, LP - OTHER INCOME (LOSS)	-14,289.
LANDMARK EQUITY PARTNERS XIV, LP - ORDINARY BUSINESS	,
INCOME (LOSS)	4,243.
LANDMARK EQUITY PARTNERS XIV, LP - NET RENTAL REAL ESTATE	
INCOME	-40
LANDMARK EQUITY PARTNERS XIV, LP - INTEREST INCOME	59
LANDMARK EQUITY PARTNERS XIV, LP - OTHER PORTFOLIO INCOME	
(LOSS)	20
LANDMARK EQUITY PARTNERS XIV, LP - OTHER INCOME (LOSS)	-9,240
LANDMARK EQUITY PARTNERS XV, LP - ORDINARY BUSINESS INCOME	0 001
(LOSS)	9,881
LANDMARK EQUITY PARTNERS XV, LP - NET RENTAL REAL ESTATE	-90
INCOME LANDMARK EQUITY PARTNERS XV, LP - OTHER NET RENTAL INCOME	-90
LANDMARK EQUITY PARTNERS XV, LP - OTHER NET RENTAL INCOME (LOSS)	-2
LANDMARK EQUITY PARTNERS XV, LP - INTEREST INCOME	311
LANDMARK EQUITY PARTNERS XV, LP - DIVIDEND INCOME	12.
LANDMARK EQUITY PARTNERS XV, LP - ROYALTIES	54.
LANDMARK EQUITY PARTNERS XV, LP - OTHER PORTFOLIO INCOME	54
(LOSS)	9.
LANDMARK EQUITY PARTNERS XV, LP - OTHER INCOME (LOSS)	-5,724
LANDMARK EQUITY PARTNERS XVI, LP - ORDINARY BUSINESS	•
INCOME (LOSS)	8,387
LANDMARK EQUITY PARTNERS XVI, LP - NET RENTAL REAL ESTATE	
INCOME	-3
LANDMARK EQUITY PARTNERS XVI, LP - OTHER NET RENTAL INCOME	
(LOSS)	207
LANDMARK EQUITY PARTNERS XVI, LP - INTEREST INCOME	67
LANDMARK EQUITY PARTNERS XVI, LP - DIVIDEND INCOME	38
LANDMARK EQUITY PARTNERS XVI, LP - ROYALTIES	4.
LANDMARK EQUITY PARTNERS XVI, LP - OTHER PORTFOLIO INCOME	_
(LOSS)	-6.
LANDMARK EQUITY PARTNERS XVI, LP - OTHER INCOME (LOSS)	-21,644
METROPOLITAN REAL ESTATE PARTNERS GLOBAL IV, LP - ORDINARY	1.4.0
BUSINESS INCOME (146.
METROPOLITAN REAL ESTATE PARTNERS GLOBAL IV, LP - NET RENTAL REAL ESTATE INC	-31.
VENIUN VEWN EDINIE INC	-31.

MEDICAL COLLEGE OF GEORGIA FOUNDATION, I	58-0706796
METROPOLITAN REAL ESTATE PARTNERS GLOBAL IV, LP - OTHER INCOME (LOSS)	-2.
PARK STREET CAPITAL NATURAL RESOURCE FUND III, LP -	
ORDINARY BUSINESS INCOME	11,346.
PARK STREET CAPITAL NATURAL RESOURCE FUND III, LP - OTHER INCOME (LOSS)	-1.
PARK STREET CAPITAL NATURAL RESOURCE FUND V, LP - ORDINARY	1.
BUSINESS INCOME (4,128.
PARK STREET CAPITAL NATURAL RESOURCE FUND V, LP - NET RENTAL REAL ESTATE INC	1.
PARK STREET CAPITAL NATURAL RESOURCE FUND V, LP - INTEREST	τ.
INCOME	7.
PARK STREET CAPITAL NATURAL RESOURCE FUND V, LP - ROYALTIES	128.
PARK STREET CAPITAL NATURAL RESOURCE FUND V, LP - OTHER	120.
INCOME (LOSS)	-26,997.
RCP FUND VIII, LP - ORDINARY BUSINESS INCOME (LOSS)	47,123.
TIFF PRIVATE EQUITY PARTNERS 2011, LLC - ORDINARY BUSINESS INCOME (LOSS)	17,480.
TIFF PRIVATE EQUITY PARTNERS 2011, LLC - INTEREST INCOME	37.
TIFF PRIVATE EQUITY PARTNERS 2011, LLC - DIVIDEND INCOME	59.
TIFF PRIVATE EQUITY PARTNERS 2011, LLC - OTHER INCOME	
(LOSS) TIFF REALTY & RESOURCES II - ORDINARY BUSINESS INCOME	-9,768.
(LOSS)	577.
TIFF REALTY & RESOURCES II - INTEREST INCOME	1.
TIFF REALTY & RESOURCES II - ROYALTIES	37.
TIFF REALTY & RESOURCES II - OTHER INCOME (LOSS)	-1,093.
TIFF REALTY & RESOURCES 2008, LLC - ORDINARY BUSINESS INCOME (LOSS)	-451.
TIFF REALTY & RESOURCES 2008, LLC - NET RENTAL REAL ESTATE	431 •
INCOME	1.
TIFF REALTY & RESOURCES 2008, LLC - INTEREST INCOME	231.
TIFF REALTY & RESOURCES 2008, LLC - ROYALTIES	230.
TIFF REALTY & RESOURCES 2008, LLC - OTHER INCOME (LOSS) VIA ENERGY III, LP - ORDINARY BUSINESS INCOME (LOSS)	294. 24,649.
VIA ENERGY III, LP - NET RENTAL REAL ESTATE INCOME	24,049.
VIA ENERGY III, LP - INTEREST INCOME	65.
VIA ENERGY III, LP - ROYALTIES	742.
VIA ENERGY III, LP - OTHER PORTFOLIO INCOME (LOSS)	7.
VIA ENERGY III, LP - OTHER INCOME (LOSS)	-78,501.
GEM REALTY FUND VI, LP - ORDINARY BUSINESS INCOME (LOSS) SIGULER GUFF DISTRESSED OPPORTUNITIES FUND III, LP -	-351.
ORDINARY BUSINESS INCOM	-3.
SIGULER GUFF DISTRESSED OPPORTUNITIES FUND III, LP -	5.
DIVIDEND INCOME	2.
SIGULER GUFF DISTRESSED OPPORTUNITIES FUND III, LP - OTHER	_
INCOME (LOSS)	-3 .
CCAP FUND 8-2018, LP - NET RENTAL REAL ESTATE INCOME CCAP FUND 8-2018, LP - INTEREST INCOME	-1,578. 28.
CCAP FUND 8-2018, LP - INTEREST INCOME CCAP FUND 8-2018, LP - OTHER INCOME (LOSS)	-3,357 .
CCAP FUND GE, LP - ORDINARY BUSINESS INCOME (LOSS)	4,687.
CCAP FUND GE, LP - NET RENTAL REAL ESTATE INCOME	1.
CCAP FUND GE, LP - INTEREST INCOME	9.
CCAP FUND GE, LP - DIVIDEND INCOME	91.
CCAP FUND GE, LP - OTHER PORTFOLIO INCOME (LOSS) CCAP FUND GE, LP - OTHER INCOME (LOSS)	-15. 1 990
CCAL LOND GE' TE - OTUEY THOOME (FOSS)	1,889.

MEDICAL COLLEGE OF GEORGIA FOUNDATION, I	58-0706796
GREENSPRING GLOBAL PARTNERS VIII-B, LP - ORDINARY BUSINESS	
INCOME (LOSS)	-638.
GREENSPRING GLOBAL PARTNERS VIII-B, LP - INTEREST INCOME	1.
GREENSPRING GLOBAL PARTNERS VIII-B, LP - OTHER INCOME	
(LOSS)	-52.
ENERGY TRUST PARTNERS V, LP - ORDINARY BUSINESS INCOME	
(LOSS)	201,531.
ENERGY TRUST PARTNERS V, LP - OTHER INCOME (LOSS)	-1,434,067.
CCAP FUND 6-2018, LP - INTEREST INCOME	153.
DRUM SPECIAL SITUATION PARTNERS IV LP - ORDINARY BUSINESS	00.006
INCOME (LOSS)	-22,986.
DRUM SPECIAL SITUATION PARTNERS IV LP - NET RENTAL REAL	171
ESTATE INCOME	171.
DRUM SPECIAL SITUATION PARTNERS IV LP - OTHER NET RENTAL INCOME (LOSS)	230.
DRUM SPECIAL SITUATION PARTNERS IV LP - INTEREST INCOME	5,992.
DRUM SPECIAL SITUATION PARTNERS IV LP - INTEREST INCOME DRUM SPECIAL SITUATION PARTNERS IV LP - DIVIDEND INCOME	1,658.
DRUM SPECIAL SITUATION PARTNERS IV LP - ROYALTIES	196.
DRUM SPECIAL SITUATION PARTNERS IV LP - OTHER PORTFOLIO	150.
INCOME (LOSS)	5,533.
DRUM SPECIAL SITUATION PARTNERS IV LP - OTHER INCOME	3,333.
(LOSS)	-48,895.
CCAP FUND 6-2019, LP - ORDINARY BUSINESS INCOME (LOSS)	-22,913.
CCAP FUND 6-2019, LP - INTEREST INCOME	416.
CCAP FUND 6-2019, LP - OTHER PORTFOLIO INCOME (LOSS)	-5.
CCAP FUND 6-2019, LP - OTHER INCOME (LOSS)	-21,224.
CCAP FUND 8-2019, LP - NET RENTAL REAL ESTATE INCOME	-29,604.
CCAP FUND 8-2019, LP - INTEREST INCOME	63.
CCAP FUND 8-2019, LP - OTHER INCOME (LOSS)	727.
TOTAL INCLUDED ON SCHEDULE M, PART I, LINE 5	-1,426,147.

SCHEDULE M	NET	OPERATING LOSS	DEDUCTION	STATEMENT 6
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	123,259.		123,259.	123,259.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	123,259.	123,259.

RETAIL BUILDINGS 1529 WALTON WAY

Asset No.	Description	Date Acquired	Method	Life	Conv	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
11	BUILDING	11/30/12	SL	39.00	MM1	.6 :	,042,413.				1,042,413.			26,729.	202,695.
	* TOTAL 990-T SCH E DEPR					1	,042,413.				1,042,413.	175,966.		26,729.	202,695.

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

MEDICAL COLLEGE OF GEORGIA FOUNDATION, INCORPORATED

58-0706796

Did the corporation dispose of any investme	nt(s) in a qualified opportuni	ity fund during the tax ye	ar?		. ▶ Yes X No							
If "Yes," attach Form 8949 and see its instru	ictions for additional require	ments for reporting your	gain or loss.									
Part I Short-Term Capital Gains and Losses (See instructions.)												
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gair or loss from Form(s) 894	า 9.	(h) Gain or (loss). Subtract column (e) from column (d) and							
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)	combine the 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												
4 Short-term capital gain from installment sales	s from Form 6252, line 26 or 37	,		4								
5 Short-term capital gain or (loss) from like-kin				5								
6 Unused capital loss carryover (attach comput				6	()							
7 Net short-term capital gain or (loss). Combir				7								
Part II Long-Term Capital Gai					•							
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e) Cost	(q) Adjustments to gain	n	(h) Gain or (loss). Subtract							
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	(g) Adjustments to gair or loss from Form(s) 894 Part II, line 2, column (g	Form(s) 8949, 2, column (g) column (e) from column combine the result with co								
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												
11 Enter gain from Form 4797, line 7 or 9				11								
12 Long-term capital gain from installment sales	s from Form 6252, line 26 or 37	,		12								
13 Long-term capital gain or (loss) from like-kin	id exchanges from Form 8824			13								
14 Capital gain distributions	-			14								
15 Net long-term capital gain or (loss). Combin	15											
Part III Summary of Parts I and												
16 Enter excess of net short-term capital gain (li		loss (line 15)		16								
17 Net capital gain. Enter excess of net long-terr				17								
18 Add lines 16 and 17. Enter here and on Form				18	0.							
Note: If losses exceed gains, see Capital Los					•							

LHA

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

MEDICAL COLLEGE OF GEORGIA FOUNDATION, INCORPORATED

58-0706796

Did the corporation dispose of any investme	nt(s) in a qualified opportun	ity fund during the tax ye	ear?		► Yes X No					
If "Yes," attach Form 8949 and see its instru	ctions for additional require	ements for reporting your	gain or loss.							
Part I Short-Term Capital Ga	ins and Losses (See	instructions.)								
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gair or loss from Form(s) 894	n 9.	(h) Gain or (loss). Subtract column (e) from column (d) and					
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) '	combine the result with column (g)					
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					1,684.					
4 Short-term capital gain from installment sales				4						
5 Short-term capital gain or (loss) from like-kin	d exchanges from Form 8824			5						
6 Unused capital loss carryover (attach comput	ation)			6	(
7 Net short-term capital gain or (loss). Combin				7	1,684.					
Part II Long-Term Capital Gai	ns and Losses (See i	nstructions.)								
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gair or loss from Form(s) 894	n	(h) Gain or (loss). Subtract					
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 894 Part II, line 2, column (g	9,) 	column (e) from column (d) and combine the 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					11,799.					
				11	24,795.					
12 Long-term capital gain from installment sales				12						
13 Long-term capital gain or (loss) from like-kin	d exchanges from Form 8824			13						
				14						
15 Net long-term capital gain or (loss). Combin		15	36,594.							
Part III Summary of Parts I and					1 604					
16 Enter excess of net short-term capital gain (li				16 17	1,684. 36,594.					
	17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)									
18 Add lines 16 and 17. Enter here and on Form		oper line on other returns		18	38,278.					
Note: If losses exceed gains, see Capital Los	sses in the instructions.									

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.

2019
Attachment 124

OMB No. 1545-0074

Name(s) shown on return

MEDICAL COLLEGE OF GEORGIA FOUNDATION, INCORPORATED

Social security number or taxpayer identification no.

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
proker and may even tell you which box to check.
Port Short-Term T

· I erm. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2. Note: You may aggregate all short-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 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-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 (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS X (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or 1 (a) (c) (d) (h) (e) loss. If you enter an amount Proceeds Description of property Date acquired Date sold or Cost or other Gain or (loss). in column (g), enter a code in (sales price) Subtract column (e) basis. See the (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. Note below and from column (d) & (Mo., day, yr.) (g) Amount of adjustment combine the result see Column (e) ir Code(s) with column (g) the instructions LANDMARK EQUITY PARTNERS XIII, LP LANDMARK EQUITY PARTNERS XIV, LP <8. LANDMARK EQUITY PARTNERS XV, LP LANDMARK EQUITY PARTNERS XVI, LP VIA ENERGY III, LP 2. CCAP FUND GE, LP 1,452. DRUM SPECIAL SITUATION PARTNERS IV LP 225. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B 1,684. above is checked), or line 3 (if Box C above is checked)

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* (g) 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

MEDICAL COLLEGE OF GEORGIA FOUNDATION, INCORPORATED

Social security number or taxpayer identification no. 58-0706796

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 Police 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 Police You may aggregate all long-term transactions on Form 8949 (see instructions). 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 Adjustment, if any, to gain or (س)

1 (a)	(b)	(c)	(d) Proceeds	(e)		it, if any, to gain or ou enter an amount	(h)
Description of property (Example: 100 sh. XYZ Co.)	Date acquired	Date sold or disposed of	(sales price)	Cost or other basis. See the	in column	(g), enter a code in	Gain or (loss). Subtract column (e)
(Example: 100 sn. X12 Co.)	(Mo., day, yr.)	(Mo., day, yr.)		Note below and). See instructions.	from column (d) &
		(1410., day, yr.)		see Column (e) in	(f) Code(s)	(g) Amount of	combine the result
				the instructions	0000(3)	adjustment	with column (g)
LANDMARK EQUITY							004
PARTNERS XIII, LP							834.
LANDMARK EQUITY							400
PARTNERS XIV, LP							487.
LANDMARK EQUITY							
PARTNERS XV, LP							1,554.
LANDMARK EQUITY							
PARTNERS XVI, LP							913.
PARK STREET							
CAPITAL NATURAL							
RESOURCE FUN							37.
TIFF PRIVATE							
EQUITY PARTNERS							
2011, LLC							7,171.
TIFF REALTY &							
RESOURCES II							12.
TIFF REALTY &							
RESOURCES 2008,							
LLC							74.
VIA ENERGY III, LE							<19.>
CCAP FUND GE, LP							715.
DRUM SPECIAL							
SITUATION PARTNERS	5						
IV LP							21.
2 Totals. Add the amounts in colu	ımns (d), (e), (a), a	nd (h) (subtract					
negative amounts). Enter each t		. , .					
Schedule D, line 8b (if Box D at		•					
alassa is alassa and a North State 40 (16							11 700

above is checked), or line 10 (if Box F above is checked)

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

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. MEDICAL COLLEGE OF GEORGIA FOUNDATION, INCORPORATED 58-0706796 1 Enter the gross proceeds from sales or exchanges reported to you for 2019 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 Part I 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 (b) Date acquired (c) Date sold (d) Gross sales 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 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 24,795. 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 24,795. capital gain on the Schedule D filed with your return. See instructions Part II Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): Loss, if any, from line 7 11 11 Gain, if any, from line 7 or amount from line 8, if applicable 12 12 13 Gain, if any, from line 31 13 Net gain or (loss) from Form 4684, lines 31 and 38a 14 14 Ordinary gain from installment sales from Form 6252, line 25 or 36 15 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 16 Combine lines 10 through 16 17 17 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines 18 a and b below. For individual returns, complete lines a and b below. If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the

loss from income-producing property on Schedule A (Form 1040 or Form 1040-SR), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1

LHA For Paperwork Reduction Act Notice, see separate instructions.

(Form 1040 or Form 1040-SR), Part I, line 4

Form **4797** (2019)

18a

18b

Form 4797 (2019) INCORPORATED

Pa	rt III Gain From Disposition of Propert	y Und	er Sections 124	5, 1250, 1252	, 125	54, and 1255	(see in	structions)
19	(a) Description of section 1245, 1250, 1252, 1254, o	or 1255	property:			(b) Date acquir (mo., day, yr.		(c) Date sold (mo., day, yr.)
Α								
В								
С								
D								
	These columns relate to the properties on							
	lines 19A through 19D.	>	Property A	Property	В	Property	С	Property D
0	Gross sales price (Note: See line 1 before completing.)	20						
1	Cost or other basis plus expense of sale	21						
2	Depreciation (or depletion) allowed or allowable	22						
3	Adjusted basis. Subtract line 22 from line 21	23						
4	Total gain. Subtract line 23 from line 20	24						
	If section 1245 property:	24						
	Depreciation allowed or allowable from line 22	25a						
	Enter the smaller of line 24 or 25a	25b					$-\!\!+\!\!$	
:6	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.							
	Additional depreciation after 1975. See instructions	26a						
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b					\rightarrow	
С	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						
е	Enter the smaller of line 26c or 26d	26e						
	Section 291 amount (corporations only)	26f						
	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.							
	Soil, water, and land clearing expenses	27a						
b	Line 27a multiplied by applicable percentage	27b						
С	Enter the smaller of line 24 or 27b	27c						
8 a	If section 1254 property: 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						
29	If section 1255 property: Applicable percentage of payments excluded from income under section 126. See instructions	29a						
h	Enter the smaller of line 24 or 29a. See instructions	29b						
						I		
iuc	mmary of Part III Gains. Complete property of	olumns	A through D through	line 29b before	going	to line 30.		
_	Total gains for all proporties. Add green sets as because	Λ +Ι	ach D. line 04			I		
0	Total gains for all properties. Add property columns	A throu	Ign D, line 24				30	
1	Add property columns A through D, lines 25b, 26g,	,	,				31	
2	Subtract line 31 from line 30. Enter the portion from		ty or theft on Form 46	84, line 33. Ente	r the p	portion		
_	from other than casualty or theft on Form 4797, line	6	1 000=(1)(2)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<u></u>		32	
Pa	rt IV Recapture Amounts Under Section	ns 179	9 and 280F(b)(2)	When Busine	ess l	Jse Drops to	50% C	or Less
	(see instructions)							
						(a) Section 179		(b) Section 280F(b)(2)
2	Section 170 expense deducation or depresent and	wahla !-	nrior voore	ſ	22		-+	
	Section 179 expense deduction or depreciation allo				33		-+	
				I I	34		\longrightarrow	
5	Recapture amount, Subtract line 34 from line 33, Se	ee the in	structions for where	to report	35	I		

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 JAN 1

beginning

, 2019, and ending DEC 31 , 2019 Attachment Sequence No. 118

Name of person filing this return		Filer's identification number											
	MEDICAL COLLEGE OF GEORGIA FOUNDAT							58-0706796					
Filer's address (if you aren't filing this form w	rith your tax return)	1	A Category of filer (see Categories of Filers in the instructions and check appli										
· ·	,		1 F	\neg	2		3	X	4				
		E	Filer's tax y	/ear	JUL	1	201		ing JUI	1 30	2020		
C Filer's share of liabilities; Nonrecourse \$	1,711. Qualified r	nonrecoi		na \$				Other			,		
D If filer is a member of a consolidated grou					e parent			0 11101	Ψ				
Name	p zat not ino pareing enter the rener	gc		,	o parorra	F	IN						
Address													
E Check if any excepted specified foreign fin	ancial assets are reported on this fo	rm. See	instructions	3									
F Information about certain other partners (s	•												
	1							(4)	Check applic	able box(es)		
(1) Name			(3	Identifica	tion numb	er	Category 1	Category 2	Constri	uctive owner			
G1 Name and address of foreign partnership								2(a) EIN	(if any)				
GREENSPRING GLOBAL P.	P						98	-1240	539				
								2(b) Refe	rence ID n	umber			
100 PAINTERS MILL RO	100 PAINTERS MILL ROAD, SUITE 700												
OWINGS MILL, MD 211	17							3 Country	under wh	ose laws	organized		
								CAYMA					
Date of organization 5 of business 03/30/2015 CAYMAN ISL	6 Principal business activity code numb	per 7 a	Principal bus activity VESTM			8a	Funct	tional ncy LLAR	8b Exch (see	ange rat instructi	e ons)		
H Provide the following information for the f	•	111	VESIM	1714 1		05		ппик					
1 Name, address, and identification number GREENSPRING ASSOCIAT 100 PAINTERS MILL RO OWINGS MILL, MD 211	ES, INC. AD, SUITE 700	s 2	Check if the Fo	rm 10	042	Fo	rm 880	04 X	Form 10	065			
3 Name and address of foreign partnership's		any 4	Name and a partnership,	ddress and the	of person(s	s) with cus	tody of oks and	the books and records, if dif	d records of t ferent	he foreign			
			REENS					-	INC.				
		1	.00 PA	INI	rers	MILI	R د	OAD,	SUITE	700)		
		<u> </u>	WINGS	MI	[LL,	MD	21	<u> 117 </u>					
5 During the tax year, did the foreign parts	nership pay or accrue any interest o	r royalty	for which t	he ded	duction is	not				_	_		
allowed under section 267A? See instru	ctions								Yes	; L	No		
If "Yes," enter the total amount of the dis								▶	\$				
6 Is the partnership a section 721(c) partr		gulation	s section 1.	721(c))-1T(b)(1	4)?			Yes		No		
7 Were any special allocations made by the									Yes	.	X No		
8 Enter the number of Forms 8858, Inform													
(FDEs) and Foreign Branches (FBs), atta													
9 How is this partnership classified under								EXEMP	TED I	ıP			
10 a Does the filer have an interest in the for	•	•	•		•								
separate unit under Reg. 1.1503(d)-1(b) skip question 10b	(4) or part of a combined separate (-			,		▶	Yes	s [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	following requirements?)									
1. The partnership's total receipts for the	ne tax year were less than \$250,000.									_	_		
2. The value of the partnership's total a	•	less thai	n \$1 million.	. ľ					Yes	; [No		
If "Yes." don't complete Schedules L. M-	-1 and M-2			J									

FUIIII 80) co	019)	MEDICAL	COPPERE (JF G	EURGIA FU	JUNDA	ATTON,	<u> </u>			<u> </u>	<u>8 – L</u>	<i>) </i> U 0	790	Page 2
12 a				aiming a foreign-der		•	`		,	•				٦,,		¬
			listed on Schedul									P	▶ ∟	Yes	L	No
b			_	oss income derived		· · · · · · · · · · · · · · · ·		=	•							
			-	e foreign partnershi _l					-							
	eligii	ble incom	ie (FDDEI)										-			
С			=	oss income derived			-		-							
			in its computation										-			
d			_	oss income derived FDDEI		•			-							
13				rtners subject to sec									_			
10				a distribution from t				-								
14				were any transfers l									-			
			of Regulations se			and paranoromp and						•	• [Yes	Г	No
15 a			•	perty or money with												
				nder Regs. 1.703-3												
			•	er, and an explanatio		•				-		>	• [Yes		No
b	Did t	the partne	ership assume a li	ability or receive pro	operty su	bject to a liability w	vhere suc	h liability was								
	a 2-y	ear perio	d of transferring t	the property to the p	artnersh	ip? If "Yes," attach	a stateme	ent identifying	the prope	rty tra	ansferred	i,				
				ınsfer, the debt assu								•	<u> </u>	Yes		No
Sign Here	,			eclare that I have examir ation of preparer (other t			, ,						-			
This Form	1	0011001, 0	and complete. Declare	ation of property (other t	nan genere	ar partitor or inflicted has	omey comp	any mombor, io i	54504 611 411 1		auon or wi	non pro	puioii	iao any isi	owiougo.	
Separatel Not With		 														
Tax Retur	n.		<u> </u>	rtner or limited liability of					1-						Date	
Paid			e preparer's name		1	er's signature			Date		Chec		_l if	PTIN		
Prepa	arer	MARY	JO ALEX		_	Y JO ALE	XAND	<u>ER</u>	05/11			employe			0025	
Use		Firm's n		DIN & JEI							Firm's El					
Only		1		GALLERIA		Y SE STE	1700)			Phone no	0.77	0 – 9	955-	8600)
				30339-594			. 0					611				
Sche	dule	• A		ve Ownership o		-					•			•		
				r the name, add				tification n	umber (IT	rany	/) of the	e pers	son(s	s) wno	se	
				constructively of	own. S	ee instructions										
			a X Own	s a direct interest			b L	Owns a	constructiv	ve int	e interest					f Check if
			Name			A	ddress			lo	dentification	n numb	er (if a	ny)	Check in foreign	direct
															person	partner
									-							+
Sche	dula	Λ 1	Cortain Bar	tners of Foreig	n Dart	norchin (coo	inetruet	tions)								
Julie	aule	Α-1	Oci taili Fal		jii r ai l	ingrainh (266)	instruct		Т							Check if
			Name			A	ddress				Identi	fication	numbe	er (if any)		foreign
																person
																+
Sche	dule	A-2	Foreign Par	rtners of Section	n 721	c) Partnershin) (SAA	instruction	 ns)							
Name			l	Tanoro or ocoar	,,, , <u>, , , , , , , , , , , , , , , , </u>	Country of		U.S. tax	payer		heck if rela	ated to		Percen	tage inter	est
	rtner	gii		Address		organization (if any)	ו	identificatio (if a			U.S. trans			Capital	-	Profits
						(ii diriy)		(ii di	'1)					-	%	%
										-+	一				%	
Does the	e nart	nershin h	I ave any other fore	eign person as a dire	ect nartne	L er?						<u> </u>	\neg	'es	<u>/ч</u> Г	□ No
Sche				Schedule. List a			ın or do	mestic) in	which th	e fo	reian n	∟ artne			 S	
250	<i></i>			rest or indirectly							g P				-	
				ĺ							EIN	Total ordinary			Check i	
			Name		Address									income		foreign partner- ship
GREF	INS	PRIN	G GLOBAL	PARTNER	100	PAINTERS	MILI	L RD	- la	98-	1241	316	5			Silip
						GS MILLS		2111								

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.

OMB No. 1545-1668

► Go to www.irs.gov/Form8865 for instructions and the latest information. 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 VII-B EIN (if any) 98-1240539 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 260,000. 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 260,000. **Totals** Enter the transferor's percentage interest in the partnership; (a) Before the transfer % (b) After the transfer % 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)?

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.

, 2019, and ending DEC

OMB No. 1545-1668

Department of the Treasury Internal Revenue Service

Information furnished for the foreign partnership's tax year

beginning JAN 1

Attachment Sequence No.

, 2019

Name of person filing this return Filer's identification number MEDICAL COLLEGE OF GEORGIA FOUNDATION, 58-0706796 INCORPORATED Filer's address (if you aren't filing this form with your tax return) Category of filer (see Categories of Filers in the instructions and check applicable box(es)): 3 X Filer's tax vea В 2019 , and ending JUN 30,2020 JUL beginning 75 • Qualified nonrecourse financing \$ Filer's share of liabilities: Nonrecourse \$ Other \$ D If filer is a member of a consolidated group but not the parent, enter the following information about the parent; EIN Address Check if any excepted specified foreign financial assets are reported on this form. See instructions Information about certain other partners (see instructions) (4) Check applicable box(es) (1) Name (2) Address (3) Identification number Category 1 Category 2 Constructive owner 2(a) EIN (if any) **G1** Name and address of foreign partnership GREENSPRING GLOBAL PARTNERS VIII-B, LP 98-1335583 2(b) Reference ID number 100 PAINTERS MILL ROAD, SUITE 700 OWINGS MILL , MD 21117 3 Country under whose laws organized CAYMAN ISLANDS 4 Date of organization 5 Principal place of business 6 Principal business activity code number Principal business activity Functional currency 8b Exchange rate (see instructions) 8a 11/04/2016 CAYMAN ISLANDS 523900 INVESTMENTS US DOLLAR H Provide the following information for the foreign partnership's tax year: 1 Name, address, and identification number of agent (if any) in the United States 2 Check if the foreign partnership must file: X Form 1065 Form 1042 Form 8804 Service Center where Form 1065 is filed: Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different 3 Name and address of foreign partnership's agent in country of organization, if any MAPLES CORPORATE SERVICES LIMITED GREENSPRING ASSOCIATES, INC. PO BOX 309, UGLAND HOUSE SUITE 700 100 PAINTERS MILL ROAD, GRAND CAYMAN CAYMAN ISLANDS KY1-110 OWINGS MILL, 5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions Yes No If "Yes," enter the total amount of the disallowed deductions Is the partnership a section 721(c) partnership, as defined in Temporary Regulations section 1.721(c)-1T(b)(14)? Yes Were any special allocations made by the foreign partnership? X No Yes Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions 9 How is this partnership classified under the law of the country in which it's organized? 10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," No skip question 10b Yes **b** If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)? No 11 Does this partnership meet both of the following requirements? 1. The partnership's total receipts for the tax year were less than \$250,000. 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million. Yes No If "Yes," don't complete Schedules L, M-1, and M-2.

Form 88	365 (2019)	MEDICAL COLLEGE	OF GI	CORGIA FOUND	ATION,	T		58-	0706	796	Page 2
12 a	Is the filer of	this Form 8865 claiming a foreign-de	rived inta	ngible income deduction (under section	250) with res	pect to				_
	•								Yes		No
b	If "Yes," enter	r the amount of gross income derived	from sale	es, leases, exchanges, or c	ther dispositio	ns (but not li	censes)				
		tions with or by the foreign partnersh	-			-					
		ne (FDDEI)									
C	If "Yes," enter	r the amount of gross income derived			• .	•					
									-		
d		r the amount of gross income derived									
		s computation of FDDEI									
13		mber of foreign partners subject to se		. , . ,							
		nip or of receiving a distribution from									
14	-	during the tax year were any transfers			-			. [¬
45.	-								Yes		No
15 a		ny transfers of property or money wit	-		-	-					
		equire disclosure under Regs. 1.703-3				_		. [¬
L		alue of each transfer, and an explanati			-		o nortnor withi	, ▶ [Yes		No
b	-	ership assume a liability or receive pr			-	-	-	11			
		od of transferring the property to the			-			_ [Vac		No
Sign Here		or value of each transfer, the debt assumenations of perjury, I declare that I have examined.						wledge	Yes and belief, i	t is true,	NO
if You're I This Forn	9 '	and complete. Declaration of preparer (other	than genera	al partner or limited liability com	pany member) is	based on all inf	ormation of which	prepare	r has any kr	owledge.	
Separatel	ly and								1 🕟		
Not With Tax Retur		ignature of general partner or limited liability	company m	emher					- 🕨	Date	
		pe preparer's name		er's signature		Date	Chook		PTIN		
Paid	Aid NADY TO ALEXANDED NADY TO ALEXANDED OF (11/2) self-employed D00002								0025	34	
-	eparer Finds and MAILDIN C. TENVING. I.I.O.							5	8-06		
Use	5 > 200 GALLEDIA DEUTY GE GER 1700										
Only	II	NTA, GA 30339-59									
Sche	dule A	Constructive Ownership		nership Interest. C	heck the bo	xes that a	pply to the t	iler. I	f you ch	eck	
		box b , enter the name, add	dress, a	nd U.S. taxpayer ide	ntification n	umber (if a	any) of the p	erson	n(s) who	se	
		interest you constructively	own. S	ee instructions.							
		a X Owns a direct interest		b	Owns a	constructive	e interest				
										Check if	
		Name		Address			Identification no	umber (ii	r any)	foreign person	direct partner
Sche	dule A-1	Certain Partners of Foreig	gn Part	nership (see instru	ctions)						
		Name		Address			Identificat	ion num	ber (if any)		Check if foreign
		Name		/ (dai 000			racritinoat	.ioii iiuiii	iber (ii diriy)		person
Sche	dule A-2	Foreign Partners of Section	on 721(e instruction						
Name of foreign Address				Country of organization	U.S. ta:		Check if related U.S. transfero			tage intere	
Pc	al dioi			(if any)	(if a	ny)	U.S. transiero	<u>'</u>	Capital	-	Profits
								_		%	%
_								丄		%	%
		have any other foreign person as a dir						Щ	Yes		No
Sche	dule A-3	Affiliation Schedule. List a direct interest or indirect			iomestic) in	wnich the	Toreign part	nersr	iip owns	5	
Name			Address						Total o	rdinary or loss	Check foreigr partner ship
GREF	ENSPRIN	G GLOBAL PARTNER	100	PAINTERS MII	LL RD	8	1-44582	74			1 31116
<i></i>				GS MILL, MD	21117						
			, 								

Form **8865** (2019)

SCHEDULE 0 (Form 8865)

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

(Rev. December 2018) Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-1668

Name of transferor	MEDICA INCORP			OF GEOR	RGIA FOUN	DATION,		Filer's identi	fying number 706796		
Name of foreign pa				GLOBAL	PARTNERS	VIII-	EIN (if any) 98-133		Reference I	D number	(see instr)
b If "Yes," was2 Was any int time thereat	s the gain deferral angible property t	method app transferred contribution as	lied to avoid onsidered o defined in l	I the recogniti r anticipated t Regulations s	orary Regulations so on of gain upon the to be, at the time of ection 1.482-7(c)(1)	contribution o	of property? at any			Yes Yes	No No
Type of property	(a) Date of transfer	(b) Description of property	Fair mai	(c) ket value of transfer	(d) Cost or other basis	Reco	(e) very period	(f) Section 704 allocation me		(g) Gain reco on tran	gnized
Cash Stock, notes receivable and payable, and other securities			500	,000.							
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 3 Enter the tra Supplemental Info	ansferor's percent		in the partn		fore the transfer		%	(b) After	the transfer		%
Part II Di	spositions Repor	table Under	Section 603	8B							
(a) Type of property	(b) Date of original transfer		(c) late of position	(d) Manner of disposition	(e) Gain recognized partnershi	by	(f) Depreciation recapture recognized y partnership	(g) Gain alloca to partne		(h) Depreci recapture a to part	ation Ilocated
Part III Is	L any transfer repo	rted on this s	L chedule sul	oject to gain r	ecognition under se	L ction 904(f)(3)	or section 904(f)(5)(F)?	> _	Yes	X No

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.

9	we seem, were www.no.gov/e me providerate me for origina	ilos aria ri	on proms.						
Automa	atic 6-Month Extension of Time. Only subm	it origina	al (no copies needed).						
-	rations required to file an income tax return other than Fo Form 7004 to request an extension of time to file income			s, REMICs	s, and trusts				
Type or print	MEDICAL COLLEGE OF CHORCEA HOUNDAMICAL								
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, se 720 ST. SEBASTIAN WAY, NO.	150			30 070073				
instructions.	City, town or post office, state, and ZIP code. For a fo AUGUSTA, GA 30901								
	Return Code for the return that this application is for (file					0 1			
Applicati - –	on		Application			Return			
ls For		Code	Is For			Code			
	or Form 990-EZ	01	Form 990-T (corporation)			07			
Form 990		02	Form 1041-A			08			
Form 4720 (individual) 03 Form 4720 (other than individual)					09				
Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069					10				
						12			
Teleph	books are in the care of AUGUSTA, GA 309 none No. 706-823-5500 organization does not have an office or place of business is for a Group Return, enter the organization's four digit C . If it is for part of the group, check this box	in the Uni Group Exe	Fax No. ▶ted States, check this box Imption Number (GEN) I	f this is fo	r the whole group, c				
the ▶[▶[MAN anization's	7 17, 2021 , to file return for:		pt organization retu				
	nis application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, 6	enter the tentative tax, less			0			
	nonrefundable credits. See instructions.	onte: -:-	refundable gradita and	3a	\$	0.			
	his application is for Forms 990-PF, 990-T, 4720, or 6069,				¢	0.			
	imated tax payments made. Include any prior year overpa lance due. Subtract line 3b from line 3a. Include your pa			3b	\$	0.			
	ng EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.			
	If you are going to make an electronic funds withdrawal				•				
nstructio		lan eor aer	org with this i offit 6000, See i 0111 64	roo-LO all	a i oiiii oo <i>i a-</i> LO loi	payment			

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

Form 8868 (Rev. 1-2020)

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.

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MEDICAL COLLEGE OF GEORGIA FOUNDATION, INCORPORATED Number, street, and room or suite no. If a P.O. box, see instructions. Ing your turn. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. AUGUSTA, GA 30901 Inter the Return Code for the return that this application is for (file a separate application for each return) For Code Server Separate application Return Application Return Application Form 990 or Form 990-EZ Orm 990-BL Oz Form 1041-A Os Form 4720 (individual) Os Form 990-T (corporation) Orm 990-T (see. 401(a) or 408(a) trust) Orm 990-T (see. 401(a) or 408(a) trust) Os Form 8870 ANGELA REES - 720 ST. SEBASTIAN WAY, SUITE 150 - The books are in the care of ▶ AUGUSTA, GA 30901-1019 Telephone No. ▶ 706-823-5500 Fax No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box ▶ and attach a list with the names and TINs of all members the extension is for. 1 I request an automatic 6-month extension of time until MAY 17, 2021 It for organization named above. The extension is for the organization's return for: ▶ ☐ calendar year or Large year or And ending or And ending or and ending JUN 30, 2020 If the sexempt organization return for the organization named above. The extension is for the organization's return for: ▶ ☐ calendar year or And ending	iling of th	is form, visit www.irs.gov/e-file-providers/e-file-for-chari	ties-and-n	on-profits.					
Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN)	Automa	atic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).					
MEDICAL COLLEGE OF GEORGIA FOUNDATION, INCORPORATED Number, street, and room or suite no. If a P.O. box, see instructions. 720 ST. SEBASTIAN WAY, NO. 150 City, town or post office, state, and ZiP code. For a foreign address, see instructions. AUGUSTA, GA 30 90 10 Inter the Return Code for the return that this application is for (file a separate application for each return) Population Return Application Return Application Return Application For Code Is For Code orm 990 or Form 990-EZ 01 Form 990-T (corporation) 07 orm 990-BL 02 Form 1041-A 08 orm 990-F (sec. 401(a) or 408(a) trust) 09 orm 990-F	All corpor	ations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnership	s, REMICs	s, and trusts			
Number, street, and room or suite no. If a P.O. box, see instructions. 720 ST. SEBASTIAN WAY, NO. 150 City, town or post office, state, and 2/P code. For a foreign address, see instructions. AUGUSTA, GA 30901 Inter the Return Code for the return that this application is for (file a separate application for each return) Popilication Return Application Return Code orm 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Code orm 990-BL 02 Form 1041-A 08 orm 4720 (individual) 03 Form 4720 (other than individual) 09 orm 990-PF 04 Form 5227 10 orm 990-T (trust other than above) ANGELA REES - 720 ST. SEBASTIAN WAY, SUITE 150 - The books are in the care of PAUGUSTA, GA 30901-1019 Telephone No. P 706-823-5500 If this organization does not have an office or place of business in the United States, check this box If it is for part of the group, check this box If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. If request an automatic 6-month extension of time until MAY 17, 2021 If the tax year entered in line 1 is for less than 12 months, check reason: If the tax year entered in line 1 is for less than 12 months, check reason: If this is popication is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 1 If this is application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$ 0. Balance due. Subtract line 3b from line 3a. Include your payment with this find and estimated tax payments made. Include any prior year overpayment with this find and estimated tax payments made. Include any prior year overpayment with this find required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3a \$ 0.	Type or orint	nt MEDICAL COLLEGE OF GEORGIA FOUNDATION,							
City, town or post office, state, and ZIP code. For a foreign address, see instructions. AUGUSTA, GA 30901 Inter the Return Code for the return that this application is for (file a separate application for each return) Return Code Return Code Return Code Is For Code S For Code Is For Code S For Code Orm 990 or Form 990-EZ O1 Form 990-T (corporation) O2 Form 1041-A O3 Form 4720 (tother than individual) O9 orm 990-T (sec. 401(a) or 408(a) trust) O5 Form 6069 11 Orm 990-T (trust other than above) ANGELA REES − 720 ST . SEBASTIAN WAY, SUITE 150 − The books are in the care of AUGUSTA, GA 30901−1019 Telephone No. ► 706−823−5500 Fax No. ► If this is for a Group Return, enter the organization of sour digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization is four digit Group Exemption Number (GEN) If the organization named above. The extension is for the organization's return for: □ Calendar year or or or or or	file by the due date for iling your eturn. See	Number, street, and room or suite no. If a P.O. box, see instructions. 7.0 ST. SEBASTIAN WAY NO. 150							
Return Code is For Scatter in Goode is For Scatter in Goode is Form 990 or Form 990 etc. On Form 890 etc.	nstructions.	AUGUSTA, GA 30901		,					
SFOr Code SFOr Comp 990 or Form 990 or Mill 990 or	nter the	Return Code for the return that this application is for (file	e a separa	te application for each return)			<u> 0 7 </u>		
orm 990 or Form 990-EZ 01 Form 990-T (corporation) 07 orm 990-BL 02 Form 1041-A 08 orm 4720 (individual) 03 Form 4720 (other than individual) 09 orm 990-PF 04 Form 5227 10 orm 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 orm 990-T (trust other than above) 06 Form 8870 12 ANGELA REES - 720 ST. SEBASTIAN WAY, SUITE 150 - The books are in the care of AUGUSTA, GA 30901-1019 Telephone No. ► 706-823-5500 Fax No. ► If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this ox ► If this is for part of the group, check this box ► If this is for part of the group, check this box ► If this is for part of the group, check this box ► If this and attach a list with the names and TINs of all members the extension is for. 1 I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return 2 If the tax year entered in line 1 is f	Applicati	on	Return	Application			Return		
orm 990-BL	s For		Code	Is For					
orm 4720 (individual) 03				` '					
orm 990-PF orm 990-T (sec. 401(a) or 408(a) trust) orm 990-T (sec. 401(a) or 408(a) trust) orm 990-T (trust other than above) ANGELA REES − 720 ST. SEBASTIAN WAY, SUITE 150 − The books are in the care of ► AUGUSTA, GA 30 90 1 − 10 19 Telephone No. ► 706 − 823 − 5500 Fax No. ► If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization for organization Number (GEN) If this is for a Group Return, enter the organization for organization Number (GEN) If this is for a Group Return, enter the organization for organization Number (GEN) If this is for a Group Return, enter the organization for organization Number (GEN) If this is for the whole group, check this box If this is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. If the organization named above. The extension is for the organization's return for:									
orm 990-T (sec. 401(a) or 408(a) trust) OB Form 6069 ANGELA REES - 720 ST. SEBASTIAN WAY, SUITE 150 - The books are in the care of ▶ AUGUSTA, GA 30901-1019 Telephone No. ▶ 706-823-5500 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for part of the group, check this box If this is for part of the group, check this box MAY 17, 2021 I request an automatic 6-month extension of time until MAY 17, 2021 It the organization named above. The extension is for the organization's return for the organization named above. The extension is for the organization's return for: DC calendar year or X tax year beginning JUL 1, 2019 If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 0.		•		` '	other than individual)				
ANGELA REES - 720 ST. SEBASTIAN WAY, SUITE 150 - The books are in the care of AUGUSTA, GA 30901-1019 Telephone No. > 706-823-5500 Fax No. > If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this is for part of the group, check this box Augustation's four digit Group Exemption Number (GEN) If this is for the whole group, check this box Augustation's four digit Group Exemption Number (GEN) If this is for the whole group, check this box Augustation's four digit Group Exemption Number (GEN) If this is for the whole group, check this box Augustation's four digit Group Exemption Number (GEN) If this is for the whole group, check this box Augustation's four digit Group Exemption Number (GEN) If this is for the whole group, check this box Augustation's four digit Group Exemption Number (GEN) If this is for the whole group, check this box Augustation's four digit Group Exemption Number (GEN) If this is for the whole group, check this box Augustation for forms of time until Augustation's four digit Group Exemption Number (GEN) If this is for the whole group, check this box Augustation for four whole group, check this box Augustation for forms of time until Augustation's four filt is for the whole group, check this box Augustation for forms of time until Augustation for forms for forms of time until Augustation for forms for forms of forms of time until Augustation for forms fo									
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the organization named above. The extension is for the organization's return for: Calendar year	Teleph	one No. 706-823-5500 organization does not have an office or place of business s for a Group Return, enter the organization's four digit 0	in the Un Group Exe	Fax No. ited States, check this box mption Number (GEN) I	If this is fo	r the whole group			
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	c Bal	ance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required, by	30	•			

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

Form 8868 (Rev. 1-2020)

Georgia Form 600-T (Rev. 12/03/19)
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 Exc	eption a	attached		
For the taxable	year beginning	07	7/01/2019 and ending	g 06	5/30/2	020	
Name of Organi		Name of Fiducia	ry	Fed trust	eral Emplo	oyer ID No. (in case n section 401 (a) and nsert the trust's ident	of employees'
	COLLEGE OF GEORGI			secti	on 501 (a), i	nsert the trust's ident	ification number.)
INCORPORA	ATED			58	3-0706	796	
Number and Str	reet	Number and Stre	eet	_			
720 ST. S	SEBASTIAN WAY, NO			NAI	CS Code	Date of current	IRS code
City or Town		City or Town				exemption letter.	section for which you
AUGUSTA							are exémpt.
State	ZIP Code	State	ZIP Code				
GA	30901			53	31120		
	Georgia Unrelated Bus	iness Taxable I	ncome			SCHEDULE 1	
Unrelated b	usiness taxable income from Fede	eral Form 990-T (at	ttach copy)	1.			0
2. Additions				2.			
3. Total (add L	ine 1 and Line 2)			3.			
4. Subtraction	s			4.			
5. Adjusted un	nrelated business taxable income ((Line 3 less Line 4)		5.			
6. Income allo	cated everywhere			6.			
7. Unrelated b	usiness taxable income subject to	apportionment (L	ine 5 less Line 6)	7.			
8. Apportionment ratio (Attach Computation Schedule)							1.000000
9. Georgia apportioned unrelated business taxable income (Line 7 x Line 8)				9.			0.
10. Income allocated to Georgia (Attach Schedule)				10.			
11. Total of Lines 9 and 10							
12. Georgia net operating loss deduction (Attach Schedule) (See IT-611 instructions for 80% limitation)				12.			
13. Georgia unr	related business taxable income (L	ine 11 less Line 1	2)	13.			

■ Georgia Form 600-T Page 2



COMPUTATION OF GEORGIA UNRELATED BUSINESS INCOME TAX		SCHEDULE 2
Line 13, Schedule 1 multiplied by 5.75%	1.	
2. Less: Credits used from Schedule 3, do not enter more than Line 1 of Schedule 2	2.	
3. Less: Payments	3.	
4. Withholding Credits (G2-A, G2-LP and/or G2-RP)	4.	
Schedule 3B Refundable tax credits	5.	
Balance of tax due OR overpayment	6.	0
7. Interest due (See Instructions)	7.	
Underestimated tax penalty	8.	
Other penalties due (See Instructions)	9.	
10. Balance of tax, interest and penalties due with return	10.	
11. If Line 6 is an overpayment, amount after any penalties and interest to be credited on		
Estimated Tax ▶ Refunded ▶		
A CODY OF THE FEDERAL 990-T AND SLIPPORTING SCHEDLILES (AND ANY EXTENSION) M	IIST B	E ATTACHED TO THIS BETLIEN

A COPY OF THE FEDERAL 990-T AND SUPPORTING SCHEDULES (AND ANY EXTENSION) MUST BE ATTACHED TO THIS RETURN. DECLARATION: I/We declare under penalty of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

IAN S. MERCIER Signature of Officer		MARY JO ALEXANDER Signature of Individual or Firm Preparing Return
PRESIDENT/CEO	05/11/21 Date	P00002534 Employee ID or Social Security Number

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 thi	rough 9) 10.	
11. Credit Used this tax year		
12. Potential carryover to next tax year (Line 10 less Line 11		