efil	e GR	APHIC	print - D	OO NOT PROCES	S As Filed	Data -			DLN:	93493319083660		
Form	00	Λ		Return of O	rganizatio	n Exen	npt From	Income ⁻	Тах	OMBNo 1545-0047		
Form [®]	33	U	Unde	r section 501(c), 52	7, or 4947(a)(1) benefit trust			e Code (excep	t black lung	2009		
	ent of the Revenue	e Treasury Service	► The or	ganization may hav	e to use a copy	ofthıs retu	ırn to satısfy s	tate reporting	ı requirements	Open to Public Inspection		
	r the 2		lendar yea	r, or tax year begin C Name of organization		and end	ing 12-31-200	9	D Employer id	lentification number		
B Che		pplicable ange	Please use IRS	Marcus Autism Cente					26-28093	80		
	ne char	-	label or print or	Doing Business As					E Telephone r			
	ial retur		type. See Specific	Number and street (or P.O. box if mail is	s not delivere	d to street addre	ss) Poom/suite	(404)785	-7944		
┌ Ten	minated	t	Instruc- tions.	1584 Tullie Circle					G Gross receipt	s \$ 11,558,406		
∏ Am	ended r	return		City or town, state o	r country, and ZIP +	+ 4						
Г Арр	lication	pending		Atlanta, GA 30329								
				ne and address of pi	rıncıpal officer				s a group retu			
				ullie Circle				affilia	ates?	「Yes 「No		
			Atlanta	,GA 30329					ll affiliates inclu			
I Tax	x-exem	pt status	▼ 501(c)) (3) 📲 (Insert no)		527			o," attach a lıs ıp exemption n	t (see instructions) umber 🕨		
J W	ebsite		WMARCU	SORG					-F			
K Forn	n of ord	anization		ion Trust TAssociat	tion 🔽 Other 🕨			L Year of fo	ormation 2008	M State of legal domicile GA		
-	rt I	Sum										
	1			e organızatıon's mıs enhance the lıves of				ara racaarah	and adjugation			
3			STOTI IS LO E	ennance the lives of	children through	nexcenend	ce în patient co	are, research,	, and education			
nan												
Governance	2	 Check t	hıs box 🖛	 if the organization	discontinued its	s operatior	ns or disposed	of more than	25% of its net	assets		
			,	nembers of the gove						3 11		
න් ග්ර	4	Number	ofındepen	ident voting membe	rs of the governi	ıng body (P	art VI, line 1b)		47		
Activities				nployees (Part V , lır						5		
Acti				olunteers (estimate						5 <u> </u>		
-				ted business reveni ness taxable incom				•		'a 0 'b 0		
								Pric	or Year	Current Year		
a .	8	Contrı	butions and	d grants (Part VIII,	lıne 1h)				3,245,376	7,478,176		
Revenue	9			revenue (Part VIII,					890,883	3,922,134		
Нev	10 11			ne (Part VIII, colun art VIII, column (A					0 500,229	-18,869		
	12		-	dd lines 8 through 1			-	e	500,225	· · · · ·		
	4.2			• • • • •					4,636,488	11,381,441		
	13 14			ar amounts paid (Pa or for members (Part					0	0		
	15			ompensation, emplo				5-	-			
ž.		10)			/ I /A \ I				3,444,213	8,327,538		
Exp enses	16a b			raising fees (Part I)			• • •		0	0		
ð	17			enses (Part IX, column ((Part IX, column (A)					1,270,307	2,994,668		
	18			Add lines 13–17 (m					4,714,520	11,322,206		
	19	Reven	ue less exp	oenses Subtract lin	e 18 from line 1.	2			-78,032	59,235		
Net Assets of Fand Balances								-	g of Current (ear	End of Year		
ti e te t	20	Total a	assets (Par	tX,line 16) .					21,010,915	23,402,100		
A A	21			Part X, line 26)					19,026,473	15,841,733		
	22			d balances Subtrac	t line 21 from li	ne 20 .			1,984,442	7,560,367		
Par	't II		ature Blo									
				correct, and complete D						the best of my knowledge arer has any knowledge		
Sign								2010	-11-15			
Here		Signa	ature of office	er				Date	J			
			Fowler CFO									
		🗗 Туре	e or print nam	e and title		1						
.		Preparer signature				Date	9	Check If self-	Preparer's iden (see instruction			
Paid Prepa	arer'e		r		<u>C D</u>		e	empolyed 🕨 🦵				
Use (If self-er	ame (or yours nployed), and ZIP + 4	•					EIN 🕨			
-		auuress,	anu 21P + 4	55 IVAN ALLEN JR I					Phone no 🕨 (404) 874-8300		
May t	he IR:	I Sdiscu≤	s this retu	ATLANTA, GA 3030 rn with the preparer		see instru	ctions)			└ Yes └ No		
., .							,			, ,		

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2009)

Form	990	(2009)	
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Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

Our mission is to enhance the lives of children through excellence in patient care, research, and education

2	•	n undertake any sıgnıfıca or 990-EZ?		• .		└ Yes └ No
	If "Yes," describe t	hese new services on Sch	1edule O			
3	Did the organizatio	n cease conducting, or m	-	nt changes in how it con		└ Yes └ No
	If "Yes," describe t	hese changes on Schedul	e O			
4	Section 501(c)(3)		ons and section	on 4947(a)(1) trusts ar	argest program services by e required to report the am ervice reported	
4a	(Code) (Expenses \$	9,954,174	including grants of \$) (Revenue \$	3,922,134)
	RELATED DISORDERS, AND FAMILY SUPPORT HAD ITS BEGINNINGS	THEIR FAMILIES AND THOSE N SERVICES THROUGH A SINGLI AS THE MARCUS DEVELOPMEN	WHO LIVE AND W E ORGANIZATION TAL RESOURCE (ORK WITH THEM WE OFFE TO REDUCE THE STRESS FO CENTER AT EMORY UNIVERS	OR FAMILIES THAT USE OUR SER ITY IN 1991 SINCE THEN, WITH	CAL, BEHAVIORAL, EDUCATIONAL VICES MARCUS AUTISM CENTER

INCLUDES MEDICINE WITH PSYCHOLOGY. SPEECH THERAPY AND BEHAVIORAL INTERVENTION THROUGH GENEROUS DONATIONS MARCUS AUTISM CENTER HAS BECOME A NATIONALLY RECOGNIZED CENTER FOR EXCELLENCE FOR THE PROVISION OF COORDINATED AND COMPREHENSIVE SERVICES FOR CHILDREN AND ADOLESCENTS WITH DEVELOPMENTAL DISABILITIES SINCE INCEPTION, MARCUS AUTISM CENTER HAS PROVIDED SERVICES TO MORE THAN 30,000 INDIVIDUALS, CONDUCTED RESEARCH, AND PROVIDED EDUCATION AND TRAINING PROGRAMS CHILDREN WITH CONDITIONS, SUCH AS AUTISM, MENTAL ILLNESS, CEREBRAL PALSY, LEARNING DISABILITIES AND DISRUPTIVE BEHAVIOR PROBLEMS ARE AFFORDED SOME OF THE HIGHEST QUALITY SERVICES AND ONE OF THE LARGEST TEAM OF PROFESSIONALS AND SUPPORT STAFF SOLELY DEDICATED TO CHILD DEVELOPMENT IN GEORGIA TOGETHER WITH FAMILIES, SUPPORT GROUPS, GOVERNMENT AGENCIES AND FOUNDATIONS, WE ARE STRENGTHENING THE COMMUNITY THROUGH ADVOCACY AT THE LOCAL AND STATE LEVEL WE STRIVE FOR FULLER INTEGRATION OF INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES INTO SCHOOL AND COMMUNITY LIFE, BETTER ACCESS FOR FAMILIES TO APPROPRIATE CLINICAL AND EDUCATIONAL SERVICES, AND ENHANCED FUNDING FOR RESEARCH AND TRAINING THE CENTER'S SERVICES INCLUDE PROVIDING CHILDREN AND THEIR CAREGIVERS SUPPORT, OPPORTUNITY, ENCOURAGEMENT, PRIDE, COMMITMENT AND DETERMINATION WE SERVE AS A COMPREHENSIVE RESOURCE FOR CHILDREN AND ADOLESCENTS WITH CLINICAL SERVICES, EDUCATIONAL PROGRAMS FOR CHILDREN WITH AUTISM AND RELATED DISORDERS, BEHAVIOR DISORDERS,CEREBRAL PALSY, DEVELOPMENTAL DELAYS, FEEDING DISORDERS,FETAL ALCOHOL SYNDROME, LEARNING DISABILITIES, NEUROLOGICAL DISORDERS, AND OUTREACH CLINICS THROUGH SEVEN OUTREACH CLINICS AROUND GEORGIA, HOME-BASED TREATMENT, SCHOOL CONSULTATION AND TELEMEDICINE, WE ARE EXPANDING OUR PROGRAMS TO REACH CHILDREN THROUGHOUT THE STATE WHERE SPECIALIZED CARE IS NOT AVAILABLE MARCUS AUTISM CENTER IS WORKING WITH GEORGIA PARTNERSHIP FOR TELEHEALTH TO IMPROVE CARE IN COMMUNITIES THROUGHOUT GEORGIA USING TELEMEDICINE, MARCUS AUTISM CENTER IS NORRING WITH GEORGIA PARTNERSHIP FOR TELEMEALTH TO IMPROVE CARE IN COMMUNITIES THROUGHOUT GEORGIA USING TELEMEDICINE, MARCUS AUTISM CENTER IS INCREASING ACCESS TO CARE, IMPROVING HOW QUICKLY CHILDREN CAN GET CARE AND EDUCATING COMMUNITY DOCTORS OUR DOCTORS PROVIDE SERVICES TO MEET EACH CHILD'S POTENTIAL OUR GOAL IS TO HELP EACH CHILD LEARN THE SKILLS TO LIVE A MORE INDEPENDENT LIFE BY WORKING WITH FAMILIES TO DEVELOP GOALS WE ARE A PLACE THAT PROVIDES HOPE HOPE CAN BE FOUND IN ALL THE LITTLE THINGS THAT HELP CHILDREN REACH THEIR POTENTIAL FINDING EFFECTIVE SERVICES FOR CHILDREN WITH DISABILITIES AND LEARNING PROBLEMS CAN CREATE A CONSTANT STRUGGLE FOR THEIR CAREGIVERS STAFF MEMBERS AT MARCUS AUTISM CENTER REDUCE CAREGIVERS' STRESS BY OFFERING SOME OF THE MOST COMPREHENSIVE DIAGNOSIS, THERAPY AND CARE MANAGEMENT PROGRAMS AVAILABLE IN GEORGIA ALL OF OUR EXPERTS ARE UNDER ONE ROOF MARCUS AUTISM CENTER HAS ONE OF THE LARGEST TEAMS OF HEALTHCARE PROFESSIONALS DEDICATED TO CHILD DEVELOPMENT IN GEORGIA IN ADDITION, OUR AFFILIATIONS WITH EMORY UNIVERSITY AND CHILDREN'S HEALTHCARE OF ATLANTA AFFORDS US ACCESS TO A WEALTH OF ACADEMIC AND MEDICAL RESOURCES OUR FACILITY OFFERS A UNIQUE ENVIRONMENT, SERVING AS A RESOURCE FOR CONTINUOUS RESEARCH, TRAINING AND EDUCATION, WE ARE ABLE TO SHARE OUR KNOWLEDGE AND EXPERTISE WITH CAREGIVERS, SCHOOL AND SOCIAL SERVICES PERSONNEL AND THE MEDICAL COMMUNITY THROUGH THE CONDUCT OF THESE ACTIVITIES, MARCUS AUTISM CENTER SEEKS TO TRANSFORM PEDIATRIC HEALTHCARE AND BE A LEADING VOICE FOR THE HEALTH OF GEORGIA'S CHILDREN

4b	(Code) (Exper	nses \$	Including grants of \$) (Revenue \$)
4c	(Code) (Exper	nses \$	including grants of \$) (Revenue \$)
4d	Other program services (Desci				
	(Expenses \$	including grants of	\$) (Revenue \$)
4e	Total program service expenses	▶\$ 9,954,17	4		
					Form 990 (2009)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A 🔂	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🔁	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If</i> " <i>Yes," complete Schedule C, Part III</i>	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 😨	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 😼	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V 🔁	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	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.			
	• 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.			
	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.			
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	• 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 😨	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the US ? <i>If "Yes," complete Schedule F, Part III</i> .	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> 🛛 🗐	17		No
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	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes, <i>" complete Schedule G, Part III</i>	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \cdot .	24d		
25a	Section 501(c)(3) and 501(c)(4) 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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> " <i>Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If</i> " <i>Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> " <i>Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🔞	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99((2009)

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
с	LL DId the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i>			
	Statements filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		
_				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in 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	4a		No
ь	account)?	Tu		NO
U	If "Yes," enter the name of the foreign country 🕨			
	Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $$. $$.	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
-	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
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).			
	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	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	7-		NI -
£	benefit contract?	7e 7f		No
f	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7r 7g		No
-	For contributions of qualified intellectual property, did the organization me form 8899 as required \cdot	- 9		
		7h		
8	Sponsoring organizations maintaining donor advised f unds and section $509(a)(3)$ supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.	8		
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
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)			
12a	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			

Form 990 (2009)								
Part V	Statements	Regarding	Other	IRS	Filinas	and	Тах	Compli	aı

Form 990 (2009)	
Part VI	Governance, Management, and Disclosure	

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

			Yes	No
1a	Enter the number of voting members of the governing body 1a 11	L		
b	Enter the number of voting members that are independent 1b	,		
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	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	. 3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a material diversion of the organization's assets? $$. $$.	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? $$. $$.	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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 in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
			N	Nia

			res	NO
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
с	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, 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		No
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		

- 17 List the States with which a copy of this Form 990 is required to be filed HGA
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you make these available Check all that apply └ O wn website └ A nother's website └ Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 Tom Brems 1584 Tullia Circla

1004 1000	CIICIE
Atlanta, GA	30329
(404) 785-	7944

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. Use Schedule J-2 if additional space is needed.

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees. 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) A verage hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensitied employee	Former	from the organızatıon (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										
						-				

🔽 Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

Forr	n 990 (2009)			Page 8
1 b	Total)55		117,049
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization₱7			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes, <i>" complete Schedule J for such individual</i>	3	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such</i>	_		
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B Inde endent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

	(A) Name and business address	(B) Description of services	(C) Compensation				
2	2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►0						
			Form 990 (2009)				

Form 990 (2009) Part VIII Statement of Revenue

Раги		Statement o	n Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
nts Dts	1a	Federated camp	paigns 1a					
oui	Ь	Membershıp du	es 1b					
an S	с	Fundraising eve	ents 1c	342,132				
<u>ar</u>	d	Related organız	ations 1d	790,375				
», Mil	e	Government grants	s (contributions) 1e	6,315,793				
Contributions, gifts, grants and other similar amounts	f		ons, gifts, grants, and 1f	29,876	İ	İ		İ
ਦੇ ਦੇ ਦੇ ਦੇ	g	sımılar amounts no Noncash contrı	butions included in					
u To To		lines 1a-1f \$ _						
an S	h		31a-1f	🕨	7,478,176			
				Business Code				
ШЦ	2a	NET PATIENT SERV	ICE REVENUE	622,110	2,508,391	2,508,391		
eve eve	ь	TUITION INCOME		622,110	662,945	662,945		
Ч	c	OTHER PROGRAM S	SERVICES	622,110	750,798	750,798		
, MC	d			022,110	730,730	730,790		
33	e							
lan.		All other progra						
Program Service Revenue	f	An other progra	im service revenue					
<u> </u>	g	Total. Add lines	s2a-2f		3,922,134			
	3	Investment inc	ome (including dividen	ds, interest				
			aramounts)		0			
	4	Income from inves	tment of tax-exempt bond	proceeds 🚬 🕨	0			
	5	Royalties		►	0			
			(I) Real	(11) Personal				
	6a	Gross Rents	76,596					
	Ь	Less rental expenses	3,123					
	с	Rental income or (loss)	73,473					
	d	· · ·	me or (loss)	ト	73,473			73,473
			(1) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory						
	ь	than inventory Less cost or other basis and sales expenses						
	с	Gain or (loss)						
	d	Net gaın or (los	s)	· · •	0			
nue	8a	Gross income fi events (not incl \$ 342,	ludıng					
Other Revenue			e 18 a	81,500				
het	ь	Less directexi	penses b	173,842				
5	c		loss) from fundraising		-92,342			-92,342
	9a	Gross income fi See Part IV , lin	rom gaming activities e 19 a					
	ь	less directory	pensesb					
	c		loss) from gaming activ	vities 🕨	0			
		Gross sales of						
		returns and allo						
	Ь		oodssold b					
	c		loss) from sales of inve		0			
	-	Miscellaneous	s Kevenue	Business Code				
	11a							ļ
	Ь							
	c							
	d	All other revenu	ue					
	e	Total. Add lines	311a-11d	· · · ⊾	0			
		T.A. !	Cara Tarah		_			
	12	lotal revenue.	See Instructions .	•••	11,381,441	3,922,134		-18,869
								Form 990 (2009)

Part IX Statement of Functional Expenses

Det is include amount sequence on time by, and by, by, and both Farv VIII. Tool (Appendence) Tool (Appendence) Tool (Appendence) Tool (Appendence) 1 Grants and other assistance to governments and organizations in the US See Farl VI, inte 21 a a a 2 Grants and other assistance to individuals in the US See Farl VI, inte 21 a a a 3 Grants and other assistance to governments, organization and other assistance to governments, organization actionent bines, directori, trustees, and key employees a a a 5 Companisation of current offices, directori, trustees, and key employees barries and vages 6,12,0,000 742,007 C 6 Companisation of current offices, directori, trustees, and key employee barries and vages 6,12,0,000 40,200 40,200 7 Other satistic on the dissolution of the section 401(k) and section 40,21(king and action action apply action thouses) a a a 9 Other satistic on form amply action thouses a a a 11 Feas for sarvices (non-amply action thouse) a a a 12 Feas for sarvices (non-amply action thouse) a a a <th>A</th> <th>ll other organizations must complete column (A) but are not required to</th> <th></th> <th>s (B), (C), and</th> <th></th> <th></th>	A	ll other organizations must complete column (A) but are not required to		s (B), (C), and		
mithu U.S. Sae Part IV, line 21 0 2 Grants and other assistance te individuals in the U.S. Sae Part IV, line 22 0 3 Grants and other assistance te governments, organizations, and individuals outside the U.S. Sae Part IV, lines 13 and 16 0 4 Benefits paid to or for members 0 5 Company and to or for members 0 6 Company and to or for members 0 7 Other antipologies 0 7 Other antipologies 0 9 Other antipologies banefits 0 11 Feast for services (non-employees) 0 9 Other antipologies banefits 0 11 Feast for services (non-employees) 0 11 Feast for services (non-employees) 0 11 Parositing and promotion 0 11 Feast for services (non-employees) 0 11 Feast for services (non-employees) 0 12 Advertising and promotion 0 13 Office expenses 0 14 Other 0 15		• •				
U S See Part IV, line 22 0 3 Grants and other assistance to governments, organizations, and individuals outside the U S See organizations, and individuals outside the U S See organizations, and individuals outside the U S See organizations and unserset in a function of the set of	1		0			
organizations, and individuals outside the U.S. See Part IV, ince J.S and Lo o 4 Benefits part to of for members 0 5 Composition of current formers, trustees, and key employees	2		0			
S Companization of current officers, directors, trustees, and key employees 742,807 742,807 Compensation not included abova, to disqualified persons (as defined under section 4953((11)) and persons (as defined under section 4953((12)) and persons (a) defined as define	3	organizations, and individuals outside the U.S. See	0			
key employees 742,807 742,807 6 Compensation not include above, to disqualified persons (as defined under section 4956((13)) and persons (des defined uner section 4956((13)) and persons	4	Benefits paid to or for members	0			
is a defined under section 4958(b(11)) and persons described in section 4958(b(318)) 0 4 7 O ther salaries and wages 6,126,690 5,669,100 457,590 8 Pension plan contributions) 0 6 457,590 9 Other employee borefits 0 0 60,126,690 5,669,100 457,590 9 Other employee borefits 0 0 0 60,000 60,000 10 Payrolitaxes 0 <td< td=""><td>5</td><td></td><td>742,807</td><td></td><td>742,807</td><td></td></td<>	5		742,807		742,807	
8 Pension plan contributions (include section 401(k) and section 403(b) amployer contributions)	6	(as defined under section 4958(f)(1)) and persons	0			
03(b) employee contributions) 0 0 9 Other employee benefits 1,458,041 1,359,375 98,664 11 Fees for services (non-employees) 0 0 0 a Management 0 0 0 0 b Legal 0 0 0 0 0 c Accounting 0	7	Other salaries and wages	6,126,690	5,669,100		457,590
10 Payroll taxes 0 0 11 Fees for services (non-employees) 0 0 0 a Management 0 0 0 0 a Management 0 0 0 0 0 c Accounting 0 0 0 0 0 0 d Lobbying 0	8		0			
11 Fees for services (non-employees) 0 0 a Management 0 0 b Legal 0 0 c Accounting 0 0 d Lobbying 0 0 e Professional fundraising See Part IV, line 17 0 0 f Investment management fees 0 0 g Other 0 0 0 g Other 0 0 0 g Other 0 0 0 11 Information technology 0 0 0 12 Advertising and promotion 0 0 0 13 Office expenses 0 0 0 14 Information technology 0 0 0 0 15 Royalties 0 0 0 0 0 16 Occupancy 0 0 0 0 0 0 0 17 Travel 0 0 0 0 <	9	Other employee benefits	1,458,041	1,359,375		98,666
a Management 0 0 b Legal 0 0 c Accounting 0 0 c Accounting 0 0 d Lobbying 0 0 0 e Professional fundraising See Part IV, Ime 17 0 0 0 f Investment management fees 0 0 0 0 g Other 0 0 0 0 0 g Other 0 0 0 0 0 0 11 Information technology 0	10	Payroll taxes	0			
b Legal 0 0 c Accounting 0 0 d Lobbying 0 0 e Professional fundarising See Part IV, Ine 17 0 0 f Investment management fees 0 0 g Other 0 0 g Other 250 255 12 Advertising and promotion 230,822 10,223 13 Office expenses 0 0 14 Information technology 9,465 4,729 4,731 15 Royalties 0 0 0 0 16 Occupancy 248,150 245,853 2,293 17 Travel . 133,243 131,904 1,334 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 0 0 19 Conferences, conventions, and meetings . 0 0 0 0 21 Payments of affiliates . . 0 0 0 0 0	11	Fees for services (non-employees)			ļ T	
c Accounting 0 0 d Lobbymg 0 0 e Professional fundraising See Part IV, Ine 17 0 0 f Investment management fees 0 0 g Other 250 0 g Other 250 0 13 Office expenses 0 0 14 Information technology 9,465 4,729 4,749 15 Royalties 0 0 0 0 16 Occupancy 9,465 4,729 4,729 4,739 17 Travel 0 0 0 0 0 16 Occupancy 133,243 131,904 1,339 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 34,050 32,061 1,067 19 Conferences, conventions, and meetings 0 0 0 0 10 Interest 0 0 0 0 12 Depreciation,	а	Management	0			
d Lobbying	b	Legal	0			
e Professional fundraising See Part IV, line 17 0 0 f Investment management fees 0 0 g Other 250 2253 12 Advertising and promotion 0 10,665 13 Office expenses 0 0 0,665 14 Information technology 0 0 0 0 15 Royalties 0 0 0 0 0 16 Occupancy 0 <t< td=""><td>с</td><td>Accounting</td><td>0</td><td></td><td></td><td></td></t<>	с	Accounting	0			
f Investment management fees 0 0 g Other	d	Lobbying	0			
g Other 250 255 12 Advertising and promotion 41,091 30,822 10,266 13 Office expenses 9,465 4,729 4,731 14 Information technology 9,465 4,729 4,731 14 Information technology 9,465 4,729 4,731 15 Royalties 0 0 0 0 16 Occupancy 133,243 131,904 1,332 17 Travel 133,243 131,904 1,333 18 Payments of travel or entertainment expenses for any federal, so or local public officials 0 0 0 19 Conferences, conventions, and meetings 0 0 0 21 Payments to affiliates 0 0 0 0 22 Depreciation, depletion, and amortization 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 </td <td>е</td> <td>Professional fundraising See Part IV, line 17 .</td> <td>0</td> <td></td> <td></td> <td></td>	е	Professional fundraising See Part IV, line 17 .	0			
12 Advertising and promotion 1 41,091 30,822 10,265 13 Office expenses . 9,465 47,29 4,736 14 Information technology . 9,465 4,729 4,736 15 Royalites 0 0 0 0 16 Occupancy . 248,150 245,853 2,293 17 Travel . 133,243 131,904 1,333 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . 0 0 . 19 Conferences, conventions, and meetings .	f	Investment management fees	0			
13 Office expenses 80,109 75,094 5,013 14 Information technology 9,465 4,729 4,736 15 Royaltes 0 0 0 16 Occupancy 248,150 245,853 2,293 17 Travel 133,243 131,904 1,333 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 34,050 32,961 1,068 19 Conferences, conventions, and meetings 34,050 32,961 1,068 20 Interest 0 0 0 0 21 Payments to affiliates 0 0 0 0 22 Depreciation, depletion, and amortization 0 </td <td>g</td> <td>Other</td> <td>250</td> <td></td> <td></td> <td>250</td>	g	Other	250			250
14 Information technology 9,465 4,729 4,734 15 Royalties 0 0 0 0 16 Occupancy 248,150 245,853 2,293 17 Travel 133,243 131,904 1,333 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 0 0 19 Conferences, conventions, and meetings 34,050 32,961 1,089 20 Interest 0 0 0 0 21 Payments of administration 0 0 0 0 0 22 Depreciation, depletion, and amortization 0 <td>12</td> <td>Advertising and promotion</td> <td>41,091</td> <td>30,822</td> <td></td> <td>10,269</td>	12	Advertising and promotion	41,091	30,822		10,269
15 Royalties	13	Office expenses	80,109	75,094		5,015
16 Occupancy 248,150 245,853 2,290 17 Travel 133,243 131,904 1,333 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 0 0 19 Conferences, conventions, and meetings 34,050 32,961 1,085 20 Interest 0 0 0 0 21 Payments to affiliates 0 0 0 0 22 Depreciation, depletion, and amortization 503,742 503,742 0 0 23 Insurance 0 0 0 0 0 0 0 24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 175,668 172,386 3,286 4 MEDICAL SUPPLIES 172,668 172,386 3,286 5 PURCHASED SVCS (NON-MEDICAL) 1,297,406 1,295,392 2,014 c PURCHASED SVCS (NON-MEDICAL) 121,729 24 24 25 Total functional expenses 153,716 <td>14</td> <td>Information technology</td> <td>9,465</td> <td>4,729</td> <td></td> <td>4,736</td>	14	Information technology	9,465	4,729		4,736
17 Travel	15	Royalties	0	0		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 0 19 Conferences, conventions, and meetings 34,050 32,961 1,085 20 Interest 0 0 0 0 21 Payments to affiliates 0 0 0 0 22 Depreciation, depletion, and amortization 503,742 503,742 0	16	Occupancy	248,150	245,853		2,297
state, or local public officials019Conferences, conventions, and meetings34,05032,96120Interest0021Payments to affiliates0022Depreciation, depletion, and amortization503,742503,74223Insurance00024Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)175,668172,3863,287aMEDICAL SUPPLIES175,668172,3863,287bPURCHASED SVCS (NON-MEDICAL)1,297,4061,295,3922,014cPURCHASED SVCS (MEDICAL)196,049106,049106,049dREPAIRS AND MAINTENANCE121,729121,7292eAll other expenses153,716115,03838,678fAll other expenses113,322,069,954,174742,80725Total functional expenses. Add lines 1 through 24f11,322,2069,954,174742,80726Joint costs. Check here br if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitationInterestInterest	17	Travel	133,243	131,904		1,339
20 Interest	18		0			
21 Payments to affiliates 0 0 22 Depreciation, depletion, and amortization 503,742 503,742 23 Insurance 0 0 0 24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 0 0 0 a MEDICAL SUPPLIES 175,668 172,386 3,286 b PURCHASED SVCS (NON-MEDICAL) 1,297,406 1,295,392 2,014 c PURCHASED SVCS (MEDICAL) 196,049 0 0 0 d REPAIRS AND MAINTENANCE 121,729 121,729 0 e All other expenses 153,716 115,038 38,676 f All other expenses. Add lines 1 through 24f 11,322,206 9,954,174 742,807 625,225 10 25 Total functional expenses. Add lines 1 through 24f 11,322,206 9,954,174 742,807 625,225 26 Joint costs. Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in collumin (B) joint costs from a combined educational campaign and fundraising solicitation 0 0<	19	Conferences, conventions, and meetings	34,050	32,961		1,089
22 Depreciation, depletion, and amortization 503,742 503,742 23 Insurance 0 0 24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 0 0 a MEDICAL SUPPLIES 175,668 172,386 3,282 b PURCHASED SVCS (NON-MEDICAL) 1,297,406 1,295,392 2,014 c PURCHASED SVCS (MEDICAL) 196,049 196,049 0 d REPAIRS AND MAINTENANCE 121,729 121,729 0 e All other expenses 113,716 115,038 38,676 f All other expenses 11,322,206 9,954,174 742,807 625,225 25 Total functional expenses. Add lines 1 through 24f 11,322,206 9,954,174 742,807 625,225 26 Joint costs. Check here ► □ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation and and and and and and and and and and	20	Interest	0	0		
23Insurance024Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)0aMEDICAL SUPPLIES175,668172,3863,282bPURCHASED SVCS (NON-MEDICAL)1,297,4061,295,3922,014cPURCHASED SVCS (MEDICAL)196,04900dREPAIRS AND MAINTENANCE1121,729121,7290eAll other expenses153,716115,03838,672fAll other expenses000025Total functional expenses. Add lines 1 through 24f11,322,2069,954,174742,80726Joint costs. Check here ▶ □ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation00	21	Payments to affiliates	0	0		
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) Image: Constraint of the consten constraint of the constraint of the co	22	Depreciation, depletion, and amortization	503,742	503,742		
grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)Image: Constraint of the system of total expenses shown on line 25 below)aMEDICAL SUPPLIES175,668172,3863,282bPURCHASED SVCS (NON-MEDICAL)1,297,4061,295,3922,014cPURCHASED SVCS (MEDICAL)196,049196,0490dREPAIRS AND MAINTENANCE121,729121,7290eAll other expenses153,716115,03838,678fAll other expenses00025Total functional expenses. Add lines 1 through 24f11,322,2069,954,174742,80726Joint costs. Check here ► □ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitationImage: Constant of the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitationImage: Constant of the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitationImage: Constant of the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitationImage: Constant of the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitationImage: Constant of the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitationImage: Constant of the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation <td>23</td> <td>Insurance</td> <td>0</td> <td></td> <td></td> <td></td>	23	Insurance	0			
bPURCHASED SVCS (NON-MEDICAL)1,297,4061,295,3922,014cPURCHASED SVCS (MEDICAL)196,049196,0492dREPAIRS AND MAINTENANCE121,729121,7292eAll other expenses153,716115,03838,678fAll other expenses111,322,2069,954,174742,80725Joint costs. Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitationImage: Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitationImage: Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitationImage: Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitationImage: Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitationImage: Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitationImage: Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitationImage: Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitationImage: Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundra	24	grouped together and labeled miscellaneous may not exceed 5% of				
cPURCHASED SVCS (MEDICAL)196,049196,049dREPAIRS AND MAINTENANCE121,729121,729eAll other expenses153,716115,03838,678fAll other expenses111,322,2069,954,174742,807625,22526Joint costs. Check here ► T if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitationII <th< td=""><td>а</td><td></td><td>175,668</td><td>172,386</td><td></td><td>3,282</td></th<>	а		175,668	172,386		3,282
d REPAIRS AND MAINTENANCE 121,729 121,729 e All other expenses 153,716 115,038 38,678 f All other expenses 1 115,038 38,678 25 Total functional expenses. Add lines 1 through 24f 11,322,206 9,954,174 742,807 625,225 26 Joint costs. Check here ► □ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Image: Complete this line only if the organization reported in column (B) joint costs from a combined educational Image: Complete this line only if the organization reported in column (B) joint costs from a combined educational Image: Complete this line only if the organization reported in column (B) joint costs from a combined educational Image: Complete this line only if the organization reported in column (B) joint costs from a combined educational Image: Complete this line only if the organization reported in column (B) joint costs from a combined educational Image: Complete this line only if the organization reported in column (B) joint costs from a combined educational Image: Complete this line only if the organization reported in column (B) joint costs from a combined educational Image: Complete this line only if the organization reported in column (B) joint costs from a combined educational Image: Complete this line only if the organization reported in column (B) joint costs from a combined educational Image: Complete this line only if t	Ь	PURCHASED SVCS (NON-MEDICAL)	1,297,406	1,295,392		2,014
e All other expenses 153,716 115,038 38,678 f All other expenses 113,038 38,678 25 Total functional expenses. Add lines 1 through 24f 11,322,206 9,954,174 742,807 625,225 26 Joint costs. Check here ► T if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Image: Complete the solicitation in the solicitatis in the solicitation in the	с	PURCHASED SVCS (MEDICAL)	196,049	196,049		
f All other expenses All other expenses 25 Total functional expenses. Add lines 1 through 24f 11,322,206 9,954,174 742,807 625,225 26 Joint costs. Check here ► T if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Image: Complete the solution of the organization reported in the organization reported in the organization reported in the organization of the organizatio of the organizatio of the or	d	REPAIRS AND MAINTENANCE	121,729	121,729		
25 Total functional expenses. Add lines 1 through 24f 11,322,206 9,954,174 742,807 625,225 26 Joint costs. Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Image: Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Image: Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Image: Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Image: Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Image: Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Image: Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Image: Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Image: Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Image: Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Image: Complete this line only if the organization reported in colum	е	All other expenses	153,716	115,038		38,678
26 Joint costs. Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	f	All other expenses				
Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	25	Total functional expenses. Add lines 1 through 24f	11,322,206	9,954,174	742,807	625,225
	26	Complete this line only if the organization reported in column (B) joint costs from a combined educational				
Form 990 (2009					r Fo	rm 990 (2009)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Part X Balance Sheet

				Г	
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	<u> </u>	1	,
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	2,422,845	3	4,963,361
	4	Accounts receivable, net	769,831	4	782,597
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of			
		Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
88 (8	Inventories for sale or use		8	
A.	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> 18,285,264 Part VI of Schedule D 10a			
	ь	Less accumulated depreciation	17,627,726	10c	17,656,142
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11	190,513	13	0
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	21,010,915		23,402,100
	17	Accounts payable and accrued expenses .	524,779	17	216,732
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
8		Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
"Ìa		persons Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	18,501,694		15,625,001
	26	Total liabilities. Add lines 17 through 25	19,026,473		15,841,733
_		Organizations that follow SFAS 117, check here 🕨 🔽 and complete lines 27			
ses		through 29, and lines 33 and 34.			
en.	27	Unrestricted net assets	-78,031	27	173,085
Bal	28	Temporarily restricted net assets	2,062,473	28	7,137,282
Ы	29	Permanently restricted net assets	0	29	250,000
Assets or Fund Balance		Organizations that do not follow SFAS 117, check here ▶ ┌─ and complete lines 30 through 34.			
0 5	30	Capital stock or trust principal, or current funds		30	
,et	31	Paid-in or capital surplus, or land, building or equipment fund		31	
ДS:	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net /	33	Total net assets or fund balances	1,984,442		7,560,367
Ż	34	Total liabilities and net assets/fund balances	21,010,915		23,402,100
	<u> </u>	,			Form 990 (2009)

Part XI	Financial Statements and Reporting
I GI C AL	i munciul otutemento unu keporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? \cdot .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
с	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis 🔽 Consolidated basis 🔽 Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A - 133?	3a	Yes	
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits .	3b	Yes	
		_		

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493319083660							319083660					
		OULE A		Public C	harity S ^r	tatus an	d Publi	c Suppo	rt	OMB N	• 1545-0047	
Departr	nent of th	ne Treasury e Service		Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.								
				🕨 Attach to Fo	orm 990 or Fo	orm 990-EZ.	See sepa	rate instructio			spection	
		ne organiza m Center Inc	tion						Employer ic	dentification r	number	
									26-28093	80		
	rt I			blic Charity Stat						structions		
The	organı			e foundation because					:)			
1				on of churches, or as)(1)(A)(i).				
2				in section 170(b)(1)								
3				perative hospital serv								
4	I			ı organızatıon operate ty, and state	ed in conjunc	ition with a n	ospitai des	cribea in sect	ION 17U(B)(1	L)(A)(III). Enti	erthe	
5	Г			erated for the benefit A)(iv). (Complete Pa		or university	owned or o	perated by a	governmenta	al unit describ	ed in	
6	Γ	A federal	, state, or	local government or	governmenta	al unit descri	bed in sect i	ion 170(b)(1)	(A)(v).			
7	Г	describe	d in	t normally receives a A)(vi) (Complete Pa		part of its s	upport from	a governmen	tal unit or fro	om the genera	l public	
8	Г			described in section	-	.)(vi) (Com	olete Part I	r)				
9	ন			t normally receives					utions, memb	bership fees.a	and aross	
	,			ities related to its ex								
			s support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses									
			icquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)									
10	Г	Anorgan	ization org	anized and operated	exclusively	to test for pu	ublic safety	See section 5	i09(a)(4).			
11	Г	one or mo the box t	ore publicl	anized and operated y supported organiza bes the type of suppo b Type II	tions describ orting organiz	bed in sectio zation and co	n 509(a)(1 omplete line) or section 5	09(a)(2) Se	e section 509	(a)(3). Check	
e	Г	other tha		ox, I certify that the c on managers and oth								
f g		If the org check th	anization i s box	received a written de 006, has the organiz						II supporting	organization,	
9			persons?	ooo, nus the organiz		icu uny gnice	in contributi	on non any o	i the			
		(i) a pers	on who dir	rectly or indirectly co	ontrols, eithe	r alone or to	gether with	persons desc	rıbed ın (11)		Yes No	
				governing body of the		-	ion?			11g(i)		
			-	r of a person describ						11g(ii)		
_				led entity of a person						11g(iii))	
h		Provide t	he followin	ig information about t	the supported	d organizatio	on(s)					
	(i) Namo suppo	e of	(ii) EIN	(iii) Type of organization (described on lines 1-9 above	(iv) Is the organizati col (i) list	e Ion In ted In	(v Dıd you n organıza col (ı)	otify the ation in	(vi Isti organiza col(i)or	he ation in	on in (vii) Inized A mount of S ? support?	
	rganiz			or IRC section (see	your gove docume	nt?	supp	ort?	in the l	JS?		
				instructions))	Yes	No	Yes	No	Yes	No	+	
											+	
											+	
											1	
Tota											1	
		1		1	I	1	1	1	-		1	

_	ection A. Public Support							
	ndar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	009	(f) Total
	ın) Gıfts, grants, contributions, and			+				
	membership fees received (Do not							
	include any "unusual							
	grants ")							
	Tax revenues levied for the organization's benefit and either							
	paid to or expended on its							
	behalf							
	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
	Total. Add lines 1 through 3							
	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) Public Support. Subtract line 5 from							
	line 4							
_	ection B. Total Support							
119	n dar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	009	(f) ⊤otal
	A mounts from line 4							
	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties and income from similar							
	sources							
	Net income from unrelated							
	business activities, whether or							
	not the business is regularly							
	carried on Other income (Explain in Part							
	IV) Do not include gain or loss							
	from the sale of capital assets							
	Total support (Add lines 7							
	through 10)							
	Gross receipts from related activitie	, ,				12		
	First Five Years If the Form 990 is for check this box and stop here	or the organization	on's first, second	, thırd, fourth, or	fifth tax year as a	501(c)(3	8) organı	zation,
	-							· ,
	ection C. Computation of Pub Public Support Percentage for 2009			11.001				
						14		
	Public Support Percentage for 2008		•			15	<u> </u>	
а	33 1/3% support test-2009. If the and stop here. The organization qual				line 14 is 33 1/3%	6 or more	, check	this box
Ь	33 1/3% support test—2008. If the	-			5a, and line 15 is	33 1/3%	or more,	
	box and stop here. The organization							▶
а	10%-facts-and-circumstances test-	-						
	is 10% or more, and if the organizat in Part IV how the organization meet							ted
	organization	is the lacts and	circuitistaffces	test ine organiz	acion quannes as	α ρυστιστ	y suppor	
	10%-facts-and-circumstances test-	2008. If the orga	anızatıon dıd not (heck a box on lu	ne 13, 16a, 16b, o	or 17a an	d line	· •
Ь		-						
b	15 is 10% or more, and if the organ							
b	Explain in Part IV how the organizat							
Ь		ion meets the "fa	acts and circums	ances" test The	e organızatıon qua	lifies as a	a publicl ⁱ	″ ▶┌─

7a Amounts included on lines 1, 2, and 3 received from disqualified persons 2,496,330 2,496,330 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 2 2,496,330 2,496,330 c A dd lines 7a and 7b 2 2,496,330 2,496,330 2,496,330 8 Public Support (Subtract line 7c from line 6) 2,496,330 2,496,330 2,496,330 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 4,559,711 11,584,109 16,143,827 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 76,744 76,596 153,344 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Load State Sta		art III	Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9, of, Part I.)								
Init Init <th< th=""><th></th><th></th><th></th><th></th><th>1</th><th>1</th><th>1</th><th></th><th></th></th<>					1	1	1				
1 Gits, gents, controlutions, and membership fees received (book methods and years ') markenski sold or services performed, or factores from the in any activity that is falsed to the organizations tax-asampt programmethods tax asampt organizations tax-asampt organizations ta	Cale	ndar year		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
include any 'unusulgents')	1		nts, contributions, and								
2 Gross receipts from admissions, mechanizes sold or services performed, or facilities furning of in admissions, mechanizes sold or services and sold or							3,245,377	7,661,975	10,907,352		
mechandics sold or relatives for marked in any activity that is related to the organization which is a second in any activity that is related to the organization which is a second in any activity that is related to the organization which is a second in the second is a second in the second is a second in any activity that is related to the organization which is a second in the second is a second in the second is a second in the second is a second in the second is a second in the second is a second in the second is a second is a second is a second in the second is a seco	2										
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any activity that is realised to the organization's bank and the regeneration's tax-event and the results that and the results th							1 314 334	3 922 134	5 236 468		
gross receipts from activities that arront an unrelated trade or business inder section 513 organization's benefit and either paid to or specified on its behaf organization's benefit and either paid to respecified on its behaf organization's benefit and either paid to respecified on its behaf organization's benefit and either paid to respecified on its behaf organization's benefit and either paid to respecified on its behaf organization's benefit and either paid to respecified on its behaf organization's benefit and either paid to respecified on its behaf organization's benefit and either paid to respecified on its behaf organization without orbits persons organization's benefit organization without orbits persons organization orbits		any activi	ty that is related to the				1,514,554	5, 522, 154	3,230,400		
a) Gross receipts from activities that are not an unrelated trade or business under section 513		-	on's tax-exempt								
are not an uncleated trade or business under section 513 area 4 Tax inverses level of orthe organization is bondh and wither behard area 5 The value of services or facilities furnished by a governmental unit to the organization without to the organization without and a recurved from disqualified persons area 6 Tarel, A. Standard on Ities 2. The value of services or facilities furnished by a governmental unit to the organization without to the organization without to the organization without disqualified persons that exceed persons area 6 Tarel, A. Standard On Ities 2. The value of services or facilities furnished by a governmental unit to the organization without disqualified persons that exceed mounts on Ities 1.3 for the value amounts on Ities 1.3 for the value amounts on Ities 1.3 for the value from Ities 3. To the value from Ities 3. To the value dispersons area area 9 Abuics Depend (Subtractine 7. from Ities 6.) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Tatal 3.3677.49 9 Amounts from Ities 6.) Grass ance from simulation and income from simulation securities banns, retrik, revalues and income from simulation securities banns, retrik, revalues moment (lines securities banns at eacele moment (lines securities bann fail due to inities 1.0. 10 Unreliated business taxable moment (lines securities and income from simulation to securities securities bannel 1.1 Lines June 3.0.175. at the organization is first, second, third, fourth, or fifth tax years as 50.10.(23) organization, first chue to so and tob moment (lines securities bacolities of copital assets (Explain in Par	-		ounts from activities that								
business under setun 513	3		-								
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behalf image: image											
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to the organization without charge 6 Total. Add lines 1 through 5 7 Amounts inclued on lines 2, and 3 received from disgualified persons 9 Amounts inclued on lines 2 and 3 received from other than disgualified persons that exceed the greater of 5,000 or 18 of the mount on line 13 for the year c Add lines 7 and 79 8 Public Support (Subtract line 7c persons) 9 Amounts from line 4 10 Amounts from line 4 10 Amounts from line 4 10 Amounts from line 6 10 Amounts from line 8 10 Amounts from lin	5										
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persons	7a							Т			
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IV) 13 Total support (Add lines 9, 10c, 11 and 12) 4,767,031 11,742,205 16,509,230 14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶ Section C. Computation of Public Support Percentage ▶ ▶ 15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f)) 15 16 16 16 16 16 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f)) 17 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 19a 33 1/3% support tests-2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests-2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization			I				130,576	81,500	212,076		
11 and 12) 11,74,203 11,74,203 10,303,223 14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here 10,303,223 15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f)) 15 16 15 Public support percentage from 2008 Schedule A, Part III, line 15 17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f)) 17 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 17 b 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 17		•	(
11 and 12) Image: Computation of public support percentage 14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here 15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f)) 15 16 16 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f)) 17 Investment income percentage from 2008 Schedule A, Part III, line 17 18 19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Image: Support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	13						4,767,031	11.742.205	16,509,236		
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16 Public support percentage from 2008 Schedule A, Part III, line 15 16 16 17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f)) 17 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						e 13 column (f))		15			
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 b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 		more thar	n 33 1/3%, check this box	and stop here. T							
18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 🕨 🕨		-									
	b	•	••				,		,		
	20										

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions Part IV

Schedule A (Form 990 or 990-EZ) 2009

Software ID: Software Version: EIN: 26-2809380 Name: Marcus Autism Center Inc

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per	Posi	(C ition (that a) cheo	:ka	11		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Office	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Donna Hyland President	1 0	х		х				0	850,610	14,904
Ruth Fowler Treasurer	1 0	х		х				0	491,044	13,466
Bernard Marcus CHAIRMAN EMERITUS	1 0	х						0	0	0
Rıchard R Anderson CHAIRMAN	1 0	х						0	0	0
Charles M Shaffer Jr Trustee	1 0	х						0	0	0
Winifred Davis Trustee	1 0	х						0	0	0
Don Chapman Trustee	1 0	х						0	0	0
Frederick R Marcus PhD Trustee	1 0	х						0	0	0
Larry Smith Trustee	1 0	х						0	0	0
Barbara Stoll MD Trustee	1 0	х						0	235,963	7,874
Donald Mueller Trustee	1 0	х						217,641	0	18,342
Leslie Jones Secretary	1 0			х				0	291,266	12,194
Farah Chapes Government Affairs	40 0				х			206,989	0	7,459
Roy Sanders Program Dırector	40 0				х			171,740	0	11,812
John Floyd Senior Development Director	40 0				х			146,436	0	10,419
Helen Panarites Psychiatrist	40 0					х		143,072	0	7,407
Felissa Goldstein Psychiatrist	40 0					х		134,833	0	7,433
Amy Pakula Pediatrician	40 0					х		130,891	0	1,257
Catherine Trapani Program Director	40 0					х		124,264	0	4,482
James Tally Former Officer	5						х	0	3,474,172	0

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
MEDICAL SUPPLIES	175,668	172,386		3,282
PURCHASED SVCS (NON-MEDICAL)	1,297,406	1,295,392		2,014
PURCHASED SVCS (MEDICAL)	196,049	196,049		
REPAIRS AND MAINTENANCE	121,729	121,729		
All other expenses	153,716	115,038		38,678

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

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SCHEDULE C		Political C	ampaign and	Lobbying	Activities		C	DMBNo 15	45-004
Form 990 or 990-EZ)	For Organizations Exempt From Income Tax Under section 501(c) and section 527					7	200)9	
Department of the Treasury Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. See separate instructions. 								Open to Inspec	
-	answered "Ye	s," to Form 990	, Part IV, Line 3, or	Form 990-EZ, Pa	art VI, line 46 (Politi	cal C	ampa	aign Activit	ies),
 Section 501(c) (oth Section 527 organiz f the organization Section 501(c)(3) c Section 501(c)(3) c 	er than section 5 zations Complete answered "Ye organizations that organizations that	501(c)(3)) organiz Part I-A only s," to Form 990 t have filed Form t have NOT filed F	and B Do not complete cations Complete Part 9, Part IV, Line 4, or 5768 (election under s Form 5768 (election ur	s I-A and C below Form 990-EZ, Pa section 501(h)) C nder section 501(l	a rt VI, line 47 (Lobb omplete Part II-A Do h)) Complete Part II-E	ying not co 3 Do	omplet not co	e Part II-B mplete Part	II-A
Section 501(c)(4),			, Part IV, Line 5 (Pro Part III	oxy Tax) or Forn	n 990-EZ, line 35a (i	rega	ding	proxy tax)	, the n
Name of the organi	zation				Employe	erıde	ntıfıca	ation numbe	r
Marcus Autism Center I	Inc				26-280	9380			
Part I-A Comp	lete if the or	ganization is	exempt under s	section 501(c				ganizatio	n
1 Provide a desc	cription of the or	ganızatıon's dıre	ct and indirect politic	al campaıgn actı	vities in Part IV				
Political exper		-				•	\$		
B Volunteer hou	rs								
			exempt under s)(3).	-			
	-		the organization und				\$		
			organization manage		4955		\$	—	
		ection 4955 tax	, dıd ıt file Form 4720) for this year?				Yes	No
la Wasacorrecti								Yes	No
b If "Yes," desc			exempt under s	estion FO1/s) eveent costie	- 50	1(-)	(2)	
			g organization for sec				<u> </u>	(3).	
				-			⇒		
2 Enter the amore exempt funtior	-	ngamzation's iui	ds contributed to oth	ier organizations	IOT Section 527	•	\$		
3 Total exempt f	function expendi	tures Add lines	1 and 2 Enter here a	nd on Form 1120)-POL, line 17b	•	¢		
1 Did the filing o	organization file I	Form 1120-POL fo	or this year?				₽	∏ Yes	∏ No
5 State the name were made Fo contributions r	es, addresses ar r each organizat received that we	nd employer iden ion listed, enter re promptly and	tification number (EI the amount paid from directly delivered to a dditional space is ne	the filing organiz a separate politic	ation's funds Also e al organization, suc	enter	the ar	mount of po	litical
(a) Nai	me	(b)	Address	(c) EIN	(d) A mount paid filing organizatio funds If none, ente	n's	co	A mount of ntributions and prompt rectly delive	receive ly and

separate political organization Ifnone, enter -0-

Schedule C	(Form	990	or 990-EZ	2009
o chica anci o	(, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		01 0 0 0 0 0	

Sch	edule C (Form 990 or 990-EZ) 2009				Page 2			
Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and filed Forn	n 5768 (election			
	Check filing organization belongs to an affiliated group Check filing organization checked box A and "limited control" provisions apply							
	Limits on Lobbying E (The term "expenditures" means ar	xpenditures	(a) Fi Organiza Tota	ation's	(b) A ffiliated Group Totals			
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lobbyıng)						
b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)						
с	Total lobbying expenditures (add lines 1a and 11))						
d	Other exempt purpose expenditures							
e	Total exempt purpose expenditures (add lines 1	c and 1d)						
f	Lobbying nontaxable amount Enter the amount f columns	rom the following table in both						
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:						
	Not over \$500,000	20% of the amount on line 1e						
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000						
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000						
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000						
	Over \$17,000,000	\$1,000,000						
		•						
g	Grassroots nontaxable amount (enter 25% of lin	e 1f)						
h	Subtract line 1g from line 1a If zero or less, ent	er -0-						
i	Subtract line 1f from line 1c If zero or less, ente	r - 0 -						
j	If there is an amount other than zero on either lin section 4911 tax for this year?	there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting						

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

	Lobbying Expendit	ures During 4	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
с	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009

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

		(a	(a)		(b)	
		Yes	No	Ar	nount	·
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?		No			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes				
с	Media advertisements?		No			
d	Mailings to members, legislators, or the public?	Yes				45
е	Publications, or published or broadcast statements?		No			
f	Grants to other organizations for lobbying purposes?		No			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes			68	3,996
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	Other activities? If "Yes," describe in Part IV		No			
j	Total lines 1c through 1i				69	9,041
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)^{2}$		No			
b	If "Yes," enter the amount of any tax incurred under section 4912					
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		F			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5), o	r seo	ctior	I
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1 Also, complete this part for any additional information

Ident if ier	Ret urn Reference	Explanation
DESCRIPTION OF LOBBYING ACTIVITIES		During the year, Marcus Autism Center attempted to influence national, state or local legislation through the use of 1 Paid staff and management Marcus Autism Center Government Affairs staff engages in direct contact with state and federal legislators, as well as state and federal government officials 2 Mailings to members, legislators or the public Marcus Autism Center mailed correspondence to members of the Georgia Congressional delegation during the year Additionally, Marcus Autism Center distributed multiple correspondences to members of the Georgia General Assembly 3 Direct contact with legislators, their staffs, government officials, or a legislative body During the year, members of Marcus Autism Center Government Affairs team made direct contact with legislators, their staffs and government officials The vast majority of our contact was made to members of the Georgia General Assembly, with other contacts made to government officials and members of the Georgia Congressional delegation and their staffs

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orm 990)	Supple	mental Financi	al Statements		2000
			ered "Yes," to Form 990		2003
artment of the Treasury		art IV, line 6, 7, 8, 9, 10		',	Open to Public
nal Revenue Service	1	to Form 990. 🕨 See se	parate instructions.		Inspection
ame of the organi arcus Autısm Center Ir				Emp	loyer identification number
					2809380
	ations maintaining Dong			unas	or Accounts. Complete if th
<u> </u>			r advised funds	((b) Funds and other accounts
Total number at	t end of year				
	ributions to (during year)				
	ts from (during year)				
55 5	e at end of year				
funds are the o	ation inform all donors and donoi rganization's property, subject to	o the organization's exc	lusive legal control?		∏Yes ∏No
used only for cl	ation inform all grantees, donors haritable purposes and not for th				
	ermissible private benefit rvation Easements. Comp	lete if the organizat	ion answered "Yes" t	o Forn	
	conservation easements held by			.0 1 0111	
_	on of land for public use (e g , red			n histori	ically importantly land area
Protection	of natural habitat		Preservation of a d	certifie	d historic structure
☐ Preservatı	on of open space				
	2a–2d if the organization held a ne last day of the tax year	qualified conservation	contribution in the form	ofaco	onservation
					Held at the End of the Year
	f conservation easements			2a	
-	restricted by conservation easen			2b	
	servation easements on a certifie		ζ, γ	2c	
	servation easements included in			2d	
	servation easements modified, tr ar 🕨	ansferred, released, ex	tinguished, or terminate	ed by th	ie organization during
	es where property subject to con				
	nization have a written policy reg the conservation easements it h		ntoring, inspection, hand	dlıng of	violations, and Yes No
	-		-		uring the year 🕨
-				-	g the year 🕨 \$
170(h)(4)(B)(ı)	servation easement reported on) and 170(h)(4)(B)(11)?				∏Yes ∏No
balance sheet,	escribe how the organization repo and include, if applicable, the te n's accounting for conservation e	xt of the footnote to the			
	izations Maintaining Colle			or Otl	her Similar Assets.
art, historical t	tion elected, as permitted under t reasures, or other similar assets t XIV , the text of the footnote to	held for public exhibiti	on, education or resear	ch ın fu	
historical treas	tion elected, as permitted under s sures, or other similar assets hel owing amounts relating to these	d for public exhibition,			
(i) _{Revenues II}	ncluded in Form 990, Part VIII, I	ine 1			►\$
(ii) _{Assets} incl	luded in Form 990, Part X				▶\$
If the organizat	tion received or held works of art nts required to be reported under			or finan	
Revenues inclu	ıded ın Form 990, Part VIII, lıne	1			▶\$
	d ın Form 990, Part X				▶\$
Assets menute	a o o o o ji are A				۳ Ψ

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990	Cat No 52283D	Schedule D (Form 990) 2009

Sche	dule D (Form 990) 2009							Page 2
Part	Organizations Maintaining Co	llections of Art, Hi	stor	ical Treas	ures, or Oth	er Similar A	ssets (c	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any oft	he fol	-	-		ction	
а	Public exhibition	d	Г	Loan or exe	change progran	ns		
b	Scholarly research	е	Г	Other				
с	Preservation for future generations							
4	Provide a description of the organization's co Part XIV	ollections and explain ho	w the	y further the	organızatıon's	exempt purpose	in :	
5	During the year, did the organization solicit assets to be sold to raise funds rather than					ımılar	∏ Yes	∏ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar				on answered '	'Yes" to Form	990,	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?	lan or other intermediar	y for a	contributions	or other asset	s not	∏ Yes	∏ No
Ь	If "Yes," explain the arrangement in Part XI	/ and complete the follo	wing t	able				
						A	mount	
С	Beginning balance				10	:		
d	Additions during the year				10	1		
e	Distributions during the year				16			
f	Ending balance				1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line 21	?				∏ Yes	∏ No
Ь	If "Yes," explain the arrangement in Part XIV	1						
Ра	rt V Endowment Funds. Complete							
1a	Beginning of year balance	(a)Current Year (l)Prior	rear (c)	wo Years Back (d) Three Years Back	(e)Four Y	ears Back
ь	Contributions						-	
c	Investment earnings or losses							
d	Grants or scholarships						-	
e	Other expenditures for facilities and programs						+	
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the yea	r end balance held as		ľ	l.		-	
а	Board designated or quasi-endowment 🕨	%						
b	Permanent endowment 🕨 %							
с	Term endowment 🕨 %							
3a	Are there endowment funds not in the posse organization by	ssion of the organization	that	are held and	admınıstered fo	or the	Yes	No
	(i) unrelated organizations					3a	a(i)	
	(ii) related organizations		•			3a	a(ii)	
	If "Yes" to 3a(11), are the related organizatio					••••	3b	
4	Describe in Part XIV the intended uses of th	-				<u></u>		
Par	t VI Investments—Land, Buildings	s, and Equipment.						
	Description of investment) Cost or other Is (Investment)	(b)Cost or othe basis (other)	r (c) Accumulate depreciation		ook value
1a	Land				3,614,00	0		3,614,000
b	Buildings				14,028,00	467,6	500 1	13,560,400
с	Leasehold improvements							

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B,	, line 10(c).) 🔒	 •	•		. •	٠

d Equipment

.

e Other .

. . . .

144,471

337,271

17,656,142

22,700

138,822

167,171

476,093

Schedule	D	(Form	990)	2009
	-	(· · · · · · ·	/	

Part VII Investments-Other Securities. See	Form 990, Part X, line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See		13. (c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, lin		
	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, Im	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, Im	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, Im	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, Im	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, Im	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, Im	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, Im	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, Im	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, Im	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, Im	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, Im	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, Im	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, Im	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, Im	ne 15.	(b) Book value (b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	ne 15. ption	(b) Book value (b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X	ne 15. otion	
Part IX Other Assets. See Form 990, Part X, Im (a) Description (a) Description of Liability	ne 15. ption	
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	<i>5.)</i> (, line 25. (b) A mount	
Part IX Other Assets. See Form 990, Part X, Im (a) Description (a) Description of Liability	ne 15. ption (5.) (, line 25. (b) A mount	
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	<i>5.)</i> (, line 25. (b) A mount	
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Part IX Other Assets. See Form 990, Part X, Im (a) Descrip (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	<i>5.)</i> (, line 25. (b) A mount	
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	<i>5.)</i> (, line 25. (b) A mount	
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	<i>5.)</i> (, line 25. (b) A mount	
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	<i>5.)</i> (, line 25. (b) A mount	
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	<i>5.)</i> (, line 25. (b) A mount	
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	<i>5.)</i> (, line 25. (b) A mount	
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	<i>5.)</i> (, line 25. (b) A mount	
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	<i>5.)</i> (, line 25. (b) A mount	
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	<i>5.)</i> (, line 25. (b) A mount	
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	<i>5.)</i> (, line 25. (b) A mount	
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	<i>5.)</i> (, line 25. (b) A mount	

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Sche	dule D (Form 990) 2009		Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts 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 XIV)		
с	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	<u>per</u>	Return
1	Total expenses and losses per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
с	O ther losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts 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	1	
b	Other (Describe in Part XIV)	4	
с	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
Pa	rt XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Ret urn Reference	Explanation
Supplemental Information		The Intercompany Liability balance represents the net of balances due to and from affiliated entities within the CHOA healthcare system Some amounts result from timing differences of actual cash transactions that may be cleared in a future period, whereas other balances may result from transactions managed by one entity on behalf of another where there is no expectation of future settlement (e.g. CHOA is the common paymaster for all system entities, but the corresponding expense for these disbursements is recognized at the respective entity where the cost was incurred) For those intercompany balances that have accumulated since inception, there is an offsetting receivable or payable on another affiliate's financials, such that these balances are properly eliminated when Children's financials are presented on a consolidated basis

	- DO NOT PROCESS	As Filed D	ata -	DLN	: 93493319083660
CHEDULE G Form 990 or 990-EZ)			formation Regar Gaming Activit		OMB No. 1545-0047
epartment of the Treasury ternal Revenue Service	or if the or	janization entered mo	"Yes" to Form 990, Part IV, line re than \$15,000 on Form 990-E 990-EZ. 🏲 See separate instru	Z, line 6a.	Open to Public Inspection
ame of the organization arcus Autism Center Ind	c			Employer ide 26-2809380	ntification number
	g Activities. Comple Z filers are not require				
Indicate whether the Mail solicitations Internet and e-m Phone solicitation In-person solicit Did the organization or key employees lis	e organization raised fund s nail solicitations ons	s through any of t reement with any I) or entity in cor or entities (fundra	he following activities C e Solicitation of no f Solicitation of go g Special fundrais individual (including offic nection with professiona users) pursuant to agreer	on-government grants overnment grants ing events ers, directors, trustees I fundraising activities? ments under which the fu	
(i) Name of Individua or entity (fundraiser)		(iii) Did fundraiser have custody or control of contributions? Yes No	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Page **2**

 Part III
 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

 (a) Event #1
 (b) Event #2
 (c) Other Events
 (d) Total Events

			(a) Event #1	(b) Event #2	(c) O ther Events		dcol	al Eve (a) thi	
			BIG SPLASH (event type)	NONE (event type)	(total number)		col	(c))	
ÐM	1	Gross receipts	423,632			+		423	3,632
Reveime	2	Less Charitable contributions	342,132					342	2,132
<u> </u>	3	Gross income (line 1 minus line 2)	81,500					81	1,500
	4	Cashprizes							
S	5	Non-cash prizes	63,610			<u> </u>		63	3,610
sus	6	Rent/facility costs	23,371					23	3,371
Expenses	7	Food and beverages	52,566					52	2,566
Direct	8	Entertainment	18,800			<u> </u>		18	8,800
ā	9	Other direct expenses .	15,495			<u> </u>		15	5,495
	10	Direct expense summary Add line	es 4 through 9 ın column	(d)				173	3,842
	11	Net income summary Combine li	nes 3, column d, and line	10	🕨			-92	2,342
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted	more	e than	Ì
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming		d col	al gam (a) thi (c))	
	1	Gross revenue							
es	2	Cash prizes							
Expenses	з	Non-cash prizes							
ы Б	4	Rent/facility costs							
DIG	5	Other direct expenses							
	6	Volunteer labor	<pre></pre>	☐ Yes%_ ☐ No	│ Yes% │ No				
	7	Direct expense summary Add lines	s 2 through 5 ın column (d)					
	8	Net gaming income summary Com	bıne lınes 1, column d, ar	nd line 7					
9 a b	Isi	er the state(s) in which the organiza the organization licensed to operate No," Explain			· · · · · · · · · · · · · · · · · · ·		9a	Yes	No
10a b		re any of the organızatıon's gamıng l Yes," Explaın	ıcenses revoked, suspen	ded or terminated during	the tax year?		10a		
11		es the organization operate gaming a	activities with nonmembe	rs?			11		
12	Is	the organization a grantor, beneficial med to administer charitable gaming	ry or trustee of a trust or	a member of a partnersh	ıp or other entity	-	10		

Schedule	G	(Form	990	or 990-	EZ)	2009

		Ye	s No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🕨		
	Address 🕨		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
		.5a	
b	If "Yes," enter the amount of gaming revenue received by the organization 🏲 \$ and the	.54	
	amount of gaming revenue retained by the third party 🏲 \$		
с	If "Yes," enter name and address		
	Name 🕨		
	Address 🕨		
16	Gaming manager information		
10			
	Name 🕨		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🕨		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
		.7a	_
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 🕨 \$		

efile GRAPHIC	print - DO NOT PROCESS	As Filed Data -		DLN: 934	49331	9083	660			
Schedule J	Compensation Information					OMBNo 1545-0047				
Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.								
nternal Revenue Service	•	o Form 990. 🕨 See sej	parate instructions.		Insp		n			
Name of the organi Marcus Autism Center I			E	mployer identificat	tion nu	mber				
			2	6-2809380						
Part I Quest	ions Regarding Compensati	ion								
						Yes	No			
	ropiate box(es) if the organization p	•								
	Section A, line 1a Complete Part	·								
<u> </u>	s or charter travel		llowance or residence for p							
·	companions nification and gross-up payments		for business use of person social club dues or initiatio							
·	nary spending account		services (e.g., maid, chauff							
j Discretion	ary spending account	j reisonar.	services (e.g., maid, chadh	eur, enery						
b If any of the bo	oxes in line 1a are checked, did the	organization follow a	written policy regarding pa	vment or						
	t orprovision of all the expenses de				1b					
2 Did the organiz	zation require substantiation prior t	o reimbursing or allow	ving expenses incurred by a	all						
officers, direct	ors, trustees, and the CEO/Execut	ıve Dırector, regardın	g the items checked in line	1a?	2					
3 Indicate which	n, if any, of the following the organiza	ation uses to establis	h the compensation of the							
	CEO/Executive Director Check all									
	ation committee	· _	nployment contract							
_	ent compensation consultant	<u> </u>	ation survey or study							
♥ Form 990	of other organizations	🔽 Approval	by the board or compensati	on committee						
4 During the yea or a related or	ar, dıd any person lısted ın Form 990 ganızatıon	0, Part VII, Section A	, line 1a with respect to th	e filing organizatior						
a Receive a seve	erance payment or change-of-contr	rol payment?			4a		No			
b Participate in,	or receive payment from, a supplen	nental nonqualified re	tırement plan?		4b	Yes				
c Participate in,	or receive payment from, an equity	-based compensation	n arrangement?		4c		No			
If "Yes" to any	of lines 4a-c, list the persons and	provide the applicabl	e amounts for each item in	Part III						
Only 501(c)(3)) and 501(c)(4) organizat ions only I	must complete lines !	5-9.							
	sted in form 990, Part VII, Section contingent on the revenues of	A , line 1a, did the org	anızatıon pay or accrue an	ý						
a The organization	on?				5a		No			
b Any related or	ganization?				5b		No			
,	e 5a or 5b, describe in Part III									
	sted in form 990, Part VII, Section contingent on the net earnings of	A , line 1a, did the org	anization pay or accrue an	ý						
a The organization	on?				6a	Yes				
b Any related or	ganization?				6b		No			
If "Yes," to line	e 6a or 6b, descrıbe ın Part III									
	sted in Form 990, Part VII, Section described in lines 5 and 6? If "Yes,			fixed	7		No			
	unts reported in Form 990, Part VII initial contract exception described				8		No			
9 If "Yes" to line	e 8, did the organization also follow	the rebuttable presur	nption procedure described	ın Regulations			-			
section 53 49					9					

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990 Cat No 50053T Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & Incentive compensation	incentive reportable		benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Farah Chapes	(1) (11)	159,829 0	46,829 0	331 0	0 0	7,459,7 0	214,448 0	0 0
Roy Sanders	(1) (11)	169,726 0	750 0	1,264 0	2,631 0	9,181 0	183,552 0	0 0
John Floyd	(1) (11)	143,676 0	1,500 0	1,260 0	2,257 0	8,162 0	156,855 0	0 0
Helen Panarıtes	(1) (11)	141,654 0	750 0	668 0	2,155 0	5,252 0	150,479 0	0 0
Donna Hyland	(1) (11)	0 500,292	0 217,999	0 132,319	0 14,904	0	0 865,514	0 52,248
Ruth Fowler	(1) (11)	0 322,821	0 123,551	0 44,672	0 9,216	0 4,250	-	0 0
Leslie Jones	(1) (11)	0 277,562	0 11,671	0 2 ,0 3 3	0 9,800	0 2,394	0 303,460	0 0
Barbara Stoll MD	(1) (11)	0 196,272	0 28,723	0 10,968	0 7,874	0	0 243,837	0 0
Donald Mueller	(1) (11)	176,764 0	40,357 0	520 0	5,862 0	12,480 0	2 3 5 ,9 8 3 0	0 0
James Tally	(I) (II)	0 0	0 0	0 3,474,172	0 0	0	0 3,474,172	0 3,474,172
	+							
	<u> </u>							

Part IIII Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Reference	Explanation
Supplemental Compensation Information		FORM 990,PART I, LINE 5, PART V, LINES 1-2, PART IX, LINES 5 AND 7 - ALL INDIVIDUALS ARE EMPLOYEES OF CHILDREN'S HEALTHCARE OF ATLANTA, INC EIN 58-2367819, WHICH ACTS AS A COMMON PAYROLL AGENT FOR ALL ENTITIES WITHIN THE HEALTHCARE SYSTEM SALARY EXPENSE DISCLOSED IN PART VII IS ALLOCATED TO THIS ENTITY FROM CHILDREN'S HEALTHCARE OF ATLANTA AMOUNT REPRESENTS SALARIES OF EMPLOYEES WHO WORK AT AND EXECUTIVES WHO PROVIDE SERVICES TO MARCUS AUTISM CENTER, INC EMPLOYEES OF MARCUS AUTISM CENTER, INC HAVE THE OPTION TO PARTICIPATE IN THE 403(B) PLAN OFFERED BY CHILDREN'S HEALTHCARE OF ATLANTA FORM 990, SCHEDULE J, PART I, LINE 4B Donna Hyland is participant in the Keysop plan maintained by the system parent, Children's Healthcare of Atlanta, Inc The plan was frozen on May 8, 2002 and no contributions were made after this date The following amounts were contributed by Children's Healthcare of Atlanta into the 457(F) deferred compensation plan Donna Hyland - 53,776 Ruth Fowler- 34,877 FORM 990, SCHEDULE J, PART 1, LINE 6 EXECUTIVES ARE ELIGIBLE FOR AN ANNUAL INCENTIVE WHICH INCLUDES A MEASUREMENT FOR ACHIEVEMENT OF THE BUDGETED OPERATING MARGIN

Schedule J (Form 990) 2009

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SCHEDULE O				OMBNo 1545-0047			
(Form 990)	Supplemental Internation to Form 9			2009			
Department of the Treasury Internal Revenue Service		ide information for resj 90 or to provide any ado ▶ Attach to For		Open to Public Inspection			

Name of the organization Marcus Autism Center Inc

Employer identification number

1

26-2809380

ldentifier	Return Reference	Explanation
DESCRIPTION OF RELATIONSHIPS	FORM 990, PART VI, LINE 2	BERNIE MARCUS, FRED MARCUS AND LAWRENCE SMITH HAVE A FAMILY RELATIONSHIP SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS FORM 990, PART VI, LINE 4 The organization's bylaw s were amended to expand the size of Board and board term length. The bylaw s also were amended to permit the election of at-large Trustees with terms of one year. DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS FORM 990, PART VI, LINE 6 CHILDREN'S HEALTHCARE OF ATLANTA, INC IS THE SOLE MEMBER. DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS FORM 990, PART VI, LINE 7A THE ORGANIZATIONS BY LAWS PROVIDE THAT ITS TRUSTEES SHALL BE THE PERSONS THEN SERVING AS THE TRUSTEES OF CHILDREN'S HEALTHCARE OF ATLANTA, INC CHILDREN'S HEALTHCARE OF ATLANTA, INC HAS THE SOLE POWER TO REMOVE THE ORGANIZATION'S TRUSTEES DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS FORM 990, PART VI, LINE 7B CHILDREN'S HEALTHCARE OF ATLANTA, INC (CHOA), A SECTION 501(C)(3) PUBLIC CHARITY AND THE PARENT OF THE EXEMPT HEALTHCARE SYSTEM, IS THE SOLE CORPORATE MEMBER OF THE FILING ORGANIZATION AS THE SOLE CORPORATE MEMBER, CHOA HAS THE RIGHT TO APPOINT THE MEMBERS OF THE ORGANIZATION'S BOARD OF DIRECTORS PURSUANT TO THE TERMS OF ITS BY LAWS UNDER THE ORGANIZATION'S BY LAWS, CERTAIN CORPORATE ACTIONS ARE SUBJECT TO THE APPROVAL OF CHOA AS SOLE CORPORATE MEMBER, THESE ACTIONS INCLUDE APPOINTMENT OR REMOVAL OF DIRECTORS, ADOPTION OR AMENDMENT OF A STRATEGIC PLAN, ADOPTION AND/OR AMENDMENT OF THE ANNUAL BUDGET, APPROVAL OF MAJOR CAPITAL EXPENDITURES, APPROVAL OR AMENDMENT OF THE ANNUAL BUDGET, APPROVAL OF MAJOR CAPITAL EXPENDITURES, APPROVAL OR AMENDMENT OF THE ANNUAL BUDGET, APPROVAL OF NEXCESS OF \$1 MILLION, APPROVAL OF PURCHASES, LEASES OR DISPOSALS OF ASSETS IN EXCESS OF \$250,000, PARTICIPATION IN JOINT VENTURES OR OTHER STRATEGIC RELATIONSHIPS, CREATION OF NEW AFFILIATES, MERGER, CONSOLIDATION, LQUIDATION OR DISSOLUTION OF THE ORGANIZATION, SIGNIFICANT DISPOSITIONS OF THE ORGANIZATION'S ASSETS, AND AMENDMENT OR RESTATEMENT OF THE ORGANIZATION'
DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST	FORM 990, PART VI, LINE 12C	IN ORDER TO MONITOR COMPLIANCE WITH THE CONFLICT POLICY, THE ORGANIZATION CONDUCTS PERIODIC REVIEWS AS TO WHETHER COMPENSATION PAID TO INTERESTED PERSONS IS REASONABLE, WHETHER JOINT VENTURE AND OTHER BUSINESS TRANSACTIONS FURTHER THE ORGANIZATION'S CHARITABLE PURPOSES AND ARE CONDUCTED AT ARM'S LENGTH, AND WHETHER ANY OTHER TRANSACTIONS WITH THE INTERESTED PERSON ARE REASONABLE, AT ARM'S LENGTH AND IN FURTHERANCE OF THE ORGANIZATION'S CHARITABLE PURPOSES
OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & Y EAR PROCESS WAS BEGUN	FORM 990, PART VI, LINE 15A	THE ORGANIZATION USES COMPENSATION DATA FROM COMPARABLE ORGANIZATIONS TO SET THE COMPENSATION OF ITS OFFICERS AND KEY EMPLOYEES
OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & Y EAR PROCESS WAS BEGUN	FORM 990, PART V I, LINE 15B	OFFICERS' COMPENSATION IS APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS OF THE ORGANIZATION'S PARENT, CHILDREN'S HEALTHCARE OF ATLANTA, INC
AVAIL OF GOV DOCS, COI POLICY, & FINANCIAL STMTS TO GEN PUBLIC	FORM 990, PART VI, LINE 19	THE ORGANIZATION DOES NOT MAKE THESE DOCUMENTS AVAILABLE CONSISTENT WITH CURRENT IRS REQUIREMENTS

efile GRAPH	HIC print - DO	NOT PROCESS As Filed Data -					DLN: 93493319083660
SCHEDUL (Form 990		Related O ► Complete if the orga ► /	омв № 1545-0047 2009				
Department of the Treas Internal Revenue Servic	· ·						Open to Public Inspection
Name of the org Marcus Autism Cen	•					Employer identi	fication number
Part I Id	dentification o	of Disregarded Entities (Complete	e if the organizatio	n answered "Yes" or	n Form 990, Pa	rt IV, line 33.)	
		(a) IN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (If section 501(c)(3))	(f) Direct controlling entity
CHILDREN'S HEALTHCARE OF ATLANTA INC					
1584 Tullie Circle	Hithcare Mgmt	GA	501(c)(3)	11 Type II	na
Atlanta, GA 30329 58-2367819 CHILDREN'S HEALTHCARE OF ATLANTA FND					
1584 TULLIE CIRCLE					ΝΑ
	FUNDRAISING	GA	501(c)(3)	7	NA
ATLANTA, GA 30329 58-1710601					
EGLESTON CHILDREN'S HOSPITAL EMORY UNIV					
1584 TULLIE CIRCLE	HOSPITAL	GA	501(c)(3)	3	NA
ATLANTA, GA 30329					
58-0572412 SCOTTISH RITE CHILDREN'S MEDICAL CENTER					
1584 TULLIE CIRCLE					NA
ATLANTA, GA 30329	HOSPITAL	GA	501(c)(3)	3	
58-0572465					
EGLESTON AFFILIATED SERVICES INC					
1584 TULLIE CIRCLE	PHYS SERVICES	GA	501(c)(3)	9	NA
ATLANTA, GA 30329 58-2147112					
EGLESTON PEDIATRIC GROUP INC					
1584 TULLIE CIRCLE	PHY SERVICES	GA	501(c)(3)	9	NA
ATLANTA, GA 30329 58-2201217					
HSOC INC					
1584 TULLIE CIRCLE	MGMT SERVICES	GA	501(c)(3)	3	ΝΑ
ATLANTA, GA 30326 20-3962330					
For Drivery Act and Department Reduction Act Natica, see the Instructions (for Form 000	Cot No E012EV		50	bodulo B (Earm 000) 2000

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y

Part III Identification of Related Organizations Taxable as a Partnership (Complete of 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.)

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

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

	_		•		•		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
EMORY-EGLESTON CHILDREN'S HEART CENTER 2835 BRANDYWINE ROAD SUITE 300 ATLANTA, GA30341 58-1871713	CARDIAC SERVICES	GA	СНОА	C CORP	0	0	0 %
THE CHILDREN'S HEALTH NETWORK INC 1584 TULLIE CIRCLE ATLANTA, GA30329 58-2133795	РНО	GA	СНОА	C CORP	0	0	0 %

Page 3	3
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Par	t V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 Du	iring the tax year, did the orgranization 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 (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to other organization(s)	1b		No
с	Gift, grant, or capital contribution from other organization(s)	1 c		No
d	Loans or loan guarantees to or for other organization(s)	1d		No
e	Loans or loan guarantees by other organization(s)	1e		No
f	Sale of assets to other organization(s)	1f		No
g	Purchase of assets from other organization(s)	1g		No
h	Exchange of assets	1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)	1 i		No
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
Т	Performance of services or membership or fundraising solicitations by other organization(s)	11	Yes	
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	J	No
n	Sharing of paid employees	1n	Yes	
o	Reimbursement paid to other organization for expenses	10	Yes	
р	Reimbursement paid by other organization for expenses	1p		No
q	O ther transfer of cash or property to other organization(s)	1q		No
r	O ther transfer of cash or property from other organization(s)	1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) (2)			
(3)			
(4)			
(5)			
(6)			

Part IV Unrelated Organizations Taxable as a Partnership (Complete of 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) Are all partners section 501(c)(3) organizations?	(e) Share of end-of-year assets	(f) Disproprtionate allocations?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?
			Yes No		Yes No		Yes No

Software ID:

Software Version:

EIN: 26-2809380

Name: Marcus Autism Center Inc

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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 501(c)(3))	(f) Dırect Controllıng Entity
CHILDREN'S HEALTHCARE OF ATLANTA INC	Hlthcare Mgmt	GA	501(c)(3)	11 ⊤ype II	na
1584 Tullie Circle Atlanta, GA30329 58-2367819					
CHILDREN'S HEALTHCARE OF ATLANTA FND	FUNDRAISING	GA	501(c)(3)	7	ΝΑ
1584 TULLIE CIRCLE ATLANTA, GA30329 58-1710601					
EGLESTON CHILDREN'S HOSPITAL EMORY UNIV	HOSPITAL	GA	501(c)(3)	3	ΝΑ
1584 TULLIE CIRCLE ATLANTA, GA30329 58-0572412					
SCOTTISH RITE CHILDREN'S MEDICAL CENTER	HOSPITAL	GA	501(c)(3)	3	ΝΑ
1584 TULLIE CIRCLE ATLANTA, GA30329 58-0572465					
EGLESTON AFFILIATED SERVICES INC	PHYS SERVICES	GA	501(c)(3)	9	NA
1584 TULLIE CIRCLE ATLANTA, GA30329 58-2147112					
EGLESTON PEDIATRIC GROUP INC	PHY SERVICES	GA	501(c)(3)	9	NA
1584 TULLIE CIRCLE ATLANTA, GA30329 58-2201217					
HSOCINC	MGMT SERVICES	GA	501(c)(3)	3	NA
1584 TULLIE CIRCLE ATLANTA, GA30326 20-3962330					