

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493227013229

Form 990

Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public  
Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 10-01-2017 , and ending 09-30-2018

B Check if applicable  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

C Name of organization  
NORTHEAST GEORGIA MEDICAL CENTER INC

Doing business as

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

743 SPRING STREET

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

GAINESVILLE, GA 305013899

F Name and address of principal officer  
CAROL BURRELL  
743 SPRING STREET  
GAINESVILLE, GA 305013899

H(a) Is this a group return for subordinates?  
☐ Yes ☒ No

H(b) Are all subordinates included?  
☐ Yes ☐ No  
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

D Employer identification number  
58-1694098

E Telephone number  
(770) 219-6646

G Gross receipts \$ 1,264,486,905

I Tax-exempt status  
☒ 501(c)(3) ☐ 501(c) ( ) ◀(insert no ) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.NGHS.COM

K Form of organization  
☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1986

M State of legal domicile GA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities  
TO PROVIDE ACCESSIBLE QUALITY HEALTH CARE SERVICES AND IMPROVE THE HEALTH OF OUR COMMUNITY

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a) . . . . .

4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) . . . . .

6 Total number of volunteers (estimate if necessary) . . . . .

7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .

7b Net unrelated business taxable income from Form 990-T, line 34 . . . . .

Revenue

8 Contributions and grants (Part VIII, line 1h) . . . . .

9 Program service revenue (Part VIII, line 2g) . . . . .

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .

14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12 . . . . .

Net Assets or Fund Balances

20 Total assets (Part X, line 16) . . . . .

21 Total liabilities (Part X, line 26) . . . . .

22 Net assets or fund balances Subtract line 21 from line 20 . . . . .

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

\*\*\*\*\*  
Signature of officer

2019-08-14  
Date

BRIAN D STEINES CFO  
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name  
DEBORAH O ERNSBERGER

Preparer's signature  
DEBORAH O ERNSBERGER

Date

Check ☐ if self-employed PTIN  
P00364912

Firm's name ▶ PYA P C Firm's EIN ▶ 62-1517792

Firm's address ▶ 2220 SUTHERLAND AVE  
KNOXVILLE, TN 37919 Phone no (865) 673-0844

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2017)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

THE MISSION OF NORTHEAST GEORGIA MEDICAL CENTER (NGMC) IS TO PROVIDE COMPREHENSIVE, ACCESSIBLE QUALITY HEALTH CARE SERVICES AND IMPROVE THE HEALTH OF OUR COMMUNITY

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

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

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

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 940,940,513 including grants of \$ 2,902,228 ) (Revenue \$ 1,208,578,291 )  
See Additional Data

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 940,940,513

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	20a Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	20b Yes	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .	21 Yes	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .	22	No
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .	23 Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .	24a Yes	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b	No
<b>c</b> 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	No
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d	No
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	25a	No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	25b	No
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II . . . . .	26 Yes	
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .	27	No
<b>28</b> 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) . . . . .		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	28a	No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	28b Yes	
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .	28c	No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	29	No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	30	No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	31	No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	32	No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .	33 Yes	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .	34 Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	35a	No
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	35b	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	36	No
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38 Yes	

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . .	<b>1a</b>	601
<b>b</b>	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . . . .	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	Yes
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b>	0
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	Yes
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<b>3b</b>	Yes
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>	No
<b>b</b>	If "Yes," enter the name of the foreign country <b>▶</b> _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>	No
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>	No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>	No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>	No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>	No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>	
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O . . . . .	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>	

**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.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year	18	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent	15	
<b>2</b>	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?	<b>2</b>	No
<b>3</b>	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?	<b>3</b>	No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>	No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>	No
<b>6</b>	Did the organization have members or stockholders?	<b>6</b>	Yes
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>	Yes
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	Yes
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>8a</b>	Yes
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes
<b>9</b>	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	<b>9</b>	No

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	No
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b>	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	Yes
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	Yes
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	Yes
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>	Yes
<b>13</b>	Did the organization have a written whistleblower policy?	<b>13</b>	Yes
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>14</b>	Yes
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	<b>15a</b>	Yes
<b>b</b>	Other officers or key employees of the organization	<b>15b</b>	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	Yes
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	<b>16b</b>	Yes

**Section C. Disclosure**

**17** List the States with which a copy of this Form 990 is required to be filed: GA

**18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
 ▶ LINDA D NICHOLSON VP CORPORATE FINANCIAL REPORTING 743 SPRING STREET GAINESVILLE, GA 30501 (770) 219-6646

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

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

Form **990** (2017)

[illegible]

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 427

## Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
CSI COMPANIES INC PO BOX 890841 CHARLOTTE, NC 28289	IT CONTRACT MAINT & SUPPORT	15,265,902
EPIC SYSTEMS CORPORATION PO BOX 88314 MILWAUKEE, WI 53288	SOFTWARE SUPPORT & TRAINING	15,019,580
MEDIFIS INC PO BOX 5068 NEW YORK, NY 10087	STAFFING SERVICES	12,161,733
ANESTHESIA ASSOCIATES OF GAINESVILLE PO BOX 1076 GAINESVILLE, GA 30503	ANESTHESIA SERVICES	3,757,812
PHILIPS MEDICAL SYSTEMS NA PO BOX 100355 ATLANTA, GA 30384	EQUIPMENT MAINT & SUPPORT	2,901,227

Form 990 (2017)



Part VIII

Statement of Revenue

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

Contributions, Gifts, Grants  
and Other Similar Amounts

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a	Federated campaigns . .	1a			
b	Membership dues . .	1b			
c	Fundraising events . .	1c			
d	Related organizations	1d	2,908,838		
e	Government grants (contributions)	1e			
f	All other contributions, gifts, grants, and similar amounts not included above	1f			
g	Noncash contributions included in lines 1a-1f \$ _____				
h	Total. Add lines 1a-1f . . . . .		2,908,838		

Program Service Revenue

	Business Code				
2a	NET PATIENT SVC REV	621400	1,186,689,019	1,182,938,883	3,750,136
b	PHARMACY	446110	11,466,923		11,466,923
c	OTHER REVENUE	900099	5,088,005		5,088,005
d	CAFETERIA REVENUE	722210	5,019,681		5,019,681
e	MANAGEMENT REVENUE	900099	185,284	185,284	
f	All other program service revenue				
g	Total. Add lines 2a-2f . . . . .		1,208,448,912		

Other Revenue

3	Investment income (including dividends, interest, and other similar amounts) . . . . .		27,482,639		27,482,639
4	Income from investment of tax-exempt bond proceeds				
5	Royalties . . . . .				
6a	Gross rents	(i) Real	(ii) Personal		
		780,086			
b	Less rental expenses	38,265			
c	Rental income or (loss)	741,821			
d	Net rental income or (loss) . . . . .		741,821		741,821
7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
		24,385,434	351,617		
b	Less cost or other basis and sales expenses	0	58,823		
c	Gain or (loss)	24,385,434	292,794		
d	Net gain or (loss) . . . . .		24,678,228		24,678,228
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a			
b	Less direct expenses . . . . .	b			
c	Net income or (loss) from fundraising events . . . . .				
9a	Gross income from gaming activities See Part IV, line 19 . . . . .	a			
b	Less direct expenses . . . . .	b			
c	Net income or (loss) from gaming activities . . . . .				
10a	Gross sales of inventory, less returns and allowances . . . . .	a			
b	Less cost of goods sold . . . . .	b			
c	Net income or (loss) from sales of inventory . . . . .				
	Miscellaneous Revenue	Business Code			
11a	PARTNERSHIP INCOME	621990	129,379	129,379	
b					
c					
d	All other revenue . . . . .				
e	Total. Add lines 11a-11d . . . . .		129,379		
12	Total revenue. See Instructions . . . . .		1,264,389,817	1,183,068,262	3,935,420
					74,477,297

**Part IX Statement of Functional Expenses**

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	2,902,228	2,902,228		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	2,988,228	1,013,772	1,974,456	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	321,060,115	306,186,443	14,873,672	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	15,067,130	13,766,837	1,300,293	
<b>9</b> Other employee benefits.	47,846,847	43,717,664	4,129,183	
<b>10</b> Payroll taxes.	23,194,710	21,193,007	2,001,703	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.	106,879,179	26,170,916	80,708,263	
<b>b</b> Legal.	3,193,161	2,917,591	275,570	
<b>c</b> Accounting.				
<b>d</b> Lobbying.				
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.	2,122,762	1,939,568	183,194	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	54,749,681	50,024,784	4,724,897	
<b>12</b> Advertising and promotion.	1,072,717	980,142	92,575	
<b>13</b> Office expenses.				
<b>14</b> Information technology.				
<b>15</b> Royalties.				
<b>16</b> Occupancy.	10,405,718	9,507,705	898,013	
<b>17</b> Travel.	527,560	482,032	45,528	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.				
<b>20</b> Interest.	37,865,438	34,597,651	3,267,787	
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	74,054,160	67,663,286	6,390,874	
<b>23</b> Insurance.				
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
<b>a</b> SUPPLIES	140,230,322	128,128,445	12,101,877	
<b>b</b> BAD DEBT EXPENSE	115,983,904	115,983,904		
<b>c</b> MEDICAL SUPPLIES	59,715,740	59,715,740		
<b>d</b> EQUIPMENT RENTAL & MAIN	40,171,277	36,704,496	3,466,781	
<b>e</b> All other expenses	18,982,495	17,344,302	1,638,193	
<b>25</b> Total functional expenses. Add lines 1 through 24e.	1,079,013,372	940,940,513	138,072,859	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		21,701,733	<b>1</b>	46,060,811
	<b>2</b>	Savings and temporary cash investments . . . . .		77,902	<b>2</b>	151,844
	<b>3</b>	Pledges and grants receivable, net . . . . .			<b>3</b>	
	<b>4</b>	Accounts receivable, net . . . . .		106,229,994	<b>4</b>	111,881,298
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		38,626	<b>5</b>	14,034
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .			<b>6</b>	
	<b>7</b>	Notes and loans receivable, net . . . . .		417,579	<b>7</b>	415,992
	<b>8</b>	Inventories for sale or use . . . . .		9,133,007	<b>8</b>	9,627,190
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		3,559,243	<b>9</b>	2,698,064
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b>	1,320,594,028		
	<b>b</b>	Less: accumulated depreciation . . . . .	<b>10b</b>	668,568,405		
				663,910,393	<b>10c</b>	652,025,623
	<b>11</b>	Investments—publicly traded securities . . . . .		850,832,231	<b>11</b>	909,069,009
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		70,972	<b>12</b>	0
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .			<b>13</b>	
	<b>14</b>	Intangible assets . . . . .		1,177,739	<b>14</b>	1,176,897
<b>15</b>	Other assets. See Part IV, line 11 . . . . .		24,951,782	<b>15</b>	32,188,405	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		1,682,101,201	<b>16</b>	1,765,309,167	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		95,908,790	<b>17</b>	116,804,512
	<b>18</b>	Grants payable . . . . .			<b>18</b>	
	<b>19</b>	Deferred revenue . . . . .			<b>19</b>	
	<b>20</b>	Tax-exempt bond liabilities . . . . .		1,017,605,287	<b>20</b>	1,001,744,149
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			<b>21</b>	
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .			<b>22</b>	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .			<b>23</b>	
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>	
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .		40,061,463	<b>25</b>	40,348,085
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		1,153,575,540	<b>26</b>	1,158,896,746
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets . . . . .		528,525,661	<b>27</b>	606,412,421
	<b>28</b>	Temporarily restricted net assets . . . . .			<b>28</b>	
	<b>29</b>	Permanently restricted net assets . . . . .			<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>32</b>	
	<b>33</b>	<b>Total net assets or fund balances</b> . . . . .		528,525,661	<b>33</b>	606,412,421
	<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		1,682,101,201	<b>34</b>	1,765,309,167

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,264,389,817
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,079,013,372
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	185,376,445
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	528,525,661
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-9,383,160
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	88
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-98,106,613
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	606,412,421

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

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

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 58-1694098  
**Name:** NORTHEAST GEORGIA MEDICAL CENTER INC

Form 990 (2017)

**Form 990, Part III, Line 4a:**

NORTHEAST GEORGIA MEDICAL CENTER (NGMC) PROVIDES A COMPREHENSIVE RANGE OF ACUTE CARE AND SPECIALTY SERVICES THROUGH TWO CAMPUSES A 100-BED HOSPITAL IN BRASELTON AND A 557-BED REGIONAL REFERRAL HOSPITAL IN GAINESVILLE NGMC SERVES THE AREA'S LOW-INCOME, UNINSURED, UNDERINSURED AND OTHER VULNERABLE POPULATIONS NGMC GAINESVILLE SERVES AS THE REGIONAL SAFETY NET HOSPITAL, WITH APPROXIMATELY HALF OF ITS PATIENTS COMING FROM OUTSIDE OF HALL COUNTY AS A NOT-FOR-PROFIT HOSPITAL, NGMC REINVESTS ALL FUNDS IN EXCESS OF OPERATING EXPENSES INTO HEALTHCARE SERVICES FOR THE COMMUNITY THE MEDICAL CENTER RECEIVES NO TAX REVENUE FROM HALL OR OTHER COUNTIES SERVED, AND SERVICES ARE FUNDED BY REVENUE GENERATED FROM OPERATIONS \*\*SEE SCHEDULE O FOR PROGRAM SERVICE ACCOMPLISHMENTS CONTINUATION\*\*

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 week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ALEX WAYNE ..... MEMBER	1 00 .....	X						0	0	0
BRENDA PERRY ..... MEMBER	1 00 .....	X						0	0	0
CRAIG BROWN MD ..... MEMBER	1 00 .....	X						0	0	0
DEBORAH MACK ..... MEMBER	1 00 .....	X						0	0	0
EUGENE CINDEA MD ..... MEMBER	1 00 .....	X						0	0	0
JACKIE WALLACE ..... VICE CHAIR	1 00 .....	X						0	0	0
JACK KEENER ..... MEMBER	1 00 .....	X						0	0	0
JEFF TERRY MD ..... MEMBER, CHAIR OF PRACTICE REVIEW	5 00 .....	X						26,000	0	0
JOHN NIX ..... CHAIR	1 00 .....	X						0	0	0
TIM SCULLY MD ..... MEMBER, THC PHYSICIAN	1 00 ..... 40 00	X						0	379,260	34,766

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 week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KAYE ANN HERTH ..... MEMBER	1 00 .....	X						0	0	0
LARRY DENT ..... MEMBER	1 00 .....	X						0	0	0
LUA BLANKENSHIP ..... MEMBER	1 00 .....	X						0	0	0
PRESTON BOWEN ..... MEMBER	1 00 .....	X						0	0	0
PHILLIPPA LEWIS-MOSS ..... MEMBER	1 00 .....	X						0	0	0
RODNEY SMITH MD ..... MEMBER	1 00 .....	X						0	0	0
SEMUEL MAYSONET ..... MEMBER	1 00 .....	X						0	0	0
STEVE BLAIR ..... MEMBER	1 00 .....	X						0	0	0
BRIAN D STEINES ..... CHIEF FINANCIAL OFFICER - NGHS	1 00 ..... 40 00			X				0	395,249	15,632
CAROL BURRELL ..... PRESIDENT & CEO	1 00 ..... 40 00			X				0	1,223,605	914,354





**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 week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TINA WALDEN	1 00									
VP OPERATIONS - NGPG	40 00				X			0	265,407	76,901
ELYSE GATES	1 00									
VP REVENUE CYCLE - NGHS	40 00				X			0	272,461	33,851
LINDA NICHOLSON	1 00									
VP CORP FIN REPORTING/CONTROLLER - NGHS	40 00				X			0	291,524	102,272
ROY GRIFFIN JR	1 00									
VP FIN PLAN & DEC SUPPORT - NGHS	40 00				X			0	263,945	64,248
SONJA MCLENDON	1 00									
VP CHIEF OF OPER EXCELLENCE - NGHS	40 00				X			0	359,712	74,877
TRACY VARDEMAN	1 00									
VP STRATEGIC PLAN/MARKETING - NGHS	40 00				X			0	397,535	100,411
HOWARD WALPOLE	40 00									
VP MEDICAL AFFAIRS - NGMC	1 00				X			0	514,602	68,771
JOHN DELZELL JR	40 00									
VP MEDICAL EDUCATION - NGMC	1 00				X			0	165,633	7,284
JOHN TURNER	40 00									
VP POST ACUTE CARE - NGMC	1 00				X			0	309,797	65,411
PENNY VIGNEAU	40 00									
VP HEART & VASCULAR SERV - NGMC	1 00				X			0	270,277	40,308

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 week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TAD GOMEZ ..... VP PROFES SUP SERVICES - NGMC	40 00 ..... 1 00				X			0	269,362	48,932
ALAN WILLS ..... EXEC DIRECTOR - HEALTHECONNECTIONS	40 00 .....					X		0	237,564	32,189
HAROLD LAW JR ..... CHIEF TECHNOLOGY OFFICER	40 00 .....					X		0	260,718	26,306
PRANAV JAIN ..... CMIO	40 00 .....					X		0	431,471	26,057
RANDALL MILLER ..... CHIEF OF CLINICAL PHYSICS	40 00 .....					X		0	281,924	49,528
RICHARD MATTHEUS ..... CHIEF INFORMATION OFFICER - NGPG	40 00 .....					X		0	244,292	37,155
ANTHONY HERDENER ..... FORMER CFO - NGHS, CURRENT EXEC CONSULTANT	1 00 ..... 40 00						X	0	635,566	128,344
JAMES BAILEY ..... FMR VP-CMIO/CQO, CUR NGPG PHYS	0 00 ..... 40 00						X	0	474,812	22,055
DEBRA DUKE ..... FORMER DIR OF DIAGNOSTIC IMAGING	40 00 .....						X	0	174,464	54,732

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization  
NORTHEAST GEORGIA MEDICAL CENTER INC

Employer identification number  
58-1694098

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

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

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

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	<b>Public support.</b> Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					<b>12</b>	
13	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2016 Schedule A, Part II, line 14	15
16a	<b>33 1/3% support test—2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>	
b	<b>33 1/3% support test—2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>	
17a	<b>10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>	
b	<b>10%-facts-and-circumstances test—2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>	
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <span>► <input type="checkbox"/></span>	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2016</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2017.** 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—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	<b>1</b>	
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<b>2</b>	
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	<b>3a</b>	
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>	<b>3b</b>	
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>	<b>3c</b>	
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	<b>4a</b>	
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	<b>4b</b>	
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	<b>4c</b>	
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	<b>5a</b>	
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<b>5b</b>	
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<b>5c</b>	
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>6</b>	
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>7</b>	
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>8</b>	
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9a</b>	
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9b</b>	
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9c</b>	
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	<b>10a</b>	
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	<b>10b</b>	

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
	<b>2a</b>	
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
	<b>2b</b>	
<b>3</b> Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
	<b>3a</b>	
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	<b>3b</b>	

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>		
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			



Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013. . . . .			
c From 2014. . . . .			
d From 2015. . . . .			
e From 2016. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013. . . . .			
b Excess from 2014. . . . .			
c Excess from 2015. . . . .			
d Excess from 2016. . . . .			
e Excess from 2017. . . . .			

Additional Data

Software ID:  
Software Version:  
EIN: 58-1694098  
Name: NORTHEAST GEORGIA MEDICAL CENTER INC

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

<b>SCHEDULE C</b> <b>(Form 990 or 990-EZ)</b>	<b>Political Campaign and Lobbying Activities</b>	OMB No 1545-0047
	<b>For Organizations Exempt From Income Tax Under section 501(c) and section 527</b>	<b>2017</b>
Department of the Treasury Internal Revenue Service	<b>▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.</b> <b>▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at</b> <b><u>www.irs.gov/form990</u>.</b>	<b>Open to Public Inspection</b>

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

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

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

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

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

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

Name of the organization NORTHEAST GEORGIA MEDICAL CENTER INC	<b>Employer identification number</b> 58-1694098
--	---

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

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

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

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

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

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

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

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

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

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

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing  
organization's  
totals**(b)** Affiliated  
group totals

**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)

**b** Total lobbying expenditures to influence a legislative body (direct lobbying)

**c** Total lobbying expenditures (add lines 1a and 1b)

**d** Other exempt purpose expenditures

**e** Total exempt purpose expenditures (add lines 1c and 1d)

**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

**g** Grassroots nontaxable amount (enter 25% of line 1f)

**h** Subtract line 1g from line 1a If zero or less, enter -0-

**i** Subtract line 1f from line 1c If zero or less, enter -0-

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

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

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
<b>1</b>	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			
<b>a</b>	Volunteers?		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b>	Media advertisements?		No	
<b>d</b>	Mailings to members, legislators, or the public?		No	
<b>e</b>	Publications, or published or broadcast statements?		No	
<b>f</b>	Grants to other organizations for lobbying purposes?		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b>	Other activities?	Yes		41,588
<b>j</b>	Total. Add lines 1c through 1i			41,588
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	<b>2a</b>	
<b>a</b> Current year	<b>2b</b>	
<b>b</b> Carryover from last year	<b>2c</b>	
<b>c</b> Total	<b>3</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>4</b>	
<b>4</b> 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?	<b>5</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)		

**Part IV** Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	NORTHEAST GEORGIA MEDICAL CENTER, INC PAYS MEMBERSHIP DUES TO THE FOLLOWING ORGANIZATIONS -340B HEALTH -AMERICAN ACADEMY OF NURSE PRACTITIONERS -AMERICAN ACADEMY OF SLEEP MEDICINE -AMERICAN COLLEGE OF HEALTHCARE EXECUTIVES -AMERICAN COLLEGE OF PHYSICIANS -AMERICAN CORRECTIONAL SOLUTIONS -AMERICAN MEDICAL REHABILITATION PROVIDERS ASSOCIATION -AMERICAN ORGANIZATION OF NURSING EXECUTIVES -ASSOCIATION FOR PROFESSIONALS IN INFECTION CONTROL AND EPIDEMIOLOGY -ASSOCIATION OF REHABILITATION NURSES -AMERICAN SOCIETY OF ELECTROCARDIOGRAPHY -AMERICAN SOCIETY OF ELECTRONEURODIAGNOSTIC TECHNOLOGISTS -AMERICAN SOCIETY FOR HEALTHCARE ENGINEERING -AMERICAN SOCIETY OF RADIOLOGIC TECHNOLOGISTS -GEORGIA HOSPITAL ASSOCIATION -NATIONAL HOSPICE AND PALLIATIVE CARE ORGANIZATION -SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS -SOCIETY OF DIAGNOSTIC MEDICAL SONOGRAPHY -SOCIETY FOR HUMAN RESOURCE MANAGEMENT -SOCIETY FOR VASCULAR ULTRASOUND -TRAUMA CENTER ASSOCIATION OF AMERICA -AGENCY FOR HEALTHCARE ADMINISTRATION -GEORGIA HEALTH CARE ASSOCIATION -ACADEMY OF NEONATAL NURSING -AMERICAN ORGANIZATION OF NURSING EXECUTIVES -AMERICAN SOCIETY FOR HEALTHCARE ENGINEERING -COLLEGE OF AMERICAN PATHOLOGISTS A PORTION OF THESE DUES IS DESIGNATED FOR LOBBYING ACTIVITIES BY THESE ORGANIZATIONS

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493227013229

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.  
Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization  
NORTHEAST GEORGIA MEDICAL CENTER INC

Employer identification number  
58-1694098

Part I

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

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

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

1

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

2

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

Held at the End of the Year

2a

2b

2c

2d

3

Number of conservation easements on a certified historic structure included in (a)

4

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

5

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

6

Number of states where property subject to conservation easement is located ►

7

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

☐ Yes ☐ No

8

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

9

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

10

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

☐ Yes ☐ No

11

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

1b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items  

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items  

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2017

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

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** ☐ Public exhibition
- b** ☐ Scholarly research
- c** ☐ Preservation for future generations
- d** ☐ Loan or exchange programs
- e** ☐ Other

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.**

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table

**c** Beginning balance

**d** Additions during the year

**e** Distributions during the year

**f** Ending balance

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	19,765,400	18,583,043	18,118,047	16,101,021	16,849,889
<b>b</b> Contributions . . . . .	4,000,666	3,314,674	3,540,926	3,145,604	3,570,704
<b>c</b> Net investment earnings, gains, and losses	113,308	150,450	196,428	-73,802	138,946
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	3,737,972	2,291,945	3,336,244	1,137,475	4,410,931
<b>f</b> Administrative expenses . . . . .	-643,177	-9,178	-63,886	-82,699	47,587
<b>g</b> End of year balance . . . . .	20,784,579	19,765,400	18,583,043	18,118,047	16,101,021

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

**a** Board designated or quasi-endowment ▶

**b** Permanent endowment ▶ 26 290 %

**c** Temporarily restricted endowment ▶ 73 710 %  
The percentages on lines 2a, 2b, and 2c should equal 100%

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

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

	Yes	No
<b>3a(i)</b>		No
<b>3a(ii)</b>	Yes	
<b>3b</b>	Yes	

**4** Describe in Part XIII the intended uses of the organization's endowment funds

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		9,170,006		9,170,006
<b>b</b> Buildings . . . . .		621,849,192	208,091,377	413,757,815
<b>c</b> Leasehold improvements		12,063,281	9,761,829	2,301,452
<b>d</b> Equipment . . . . .		651,094,295	435,116,125	215,978,170
<b>e</b> Other . . . . .		26,417,254	15,599,074	10,818,180
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				652,025,623

Part VII

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

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

Part VIII

Investments—Program Related.  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX

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

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

Part X

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
ESTIMATED THIRD PARTY PAYER SETTLEMENTS	10,804,138	
CAPITALIZED LEASES	11,000,598	
DEFERRED COMPENSATION	16,773,393	
ESTIMATED FAIR VALUE OF INTEREST RATE SWAPS	1,738,800	
OTHER LIABILITIES	31,156	
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	40,348,085	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

☒



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	1,153,340,101
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	10,242,685
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	38,266
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	10,280,951
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	1,143,059,150
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	2,122,762
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	119,207,905
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	121,330,667
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	1,264,389,817

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	957,914,809
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	38,266
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	38,266
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	957,876,543
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	2,122,762
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	119,014,067
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	121,136,829
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	1,079,013,372

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

**Part XIII**   **Supplemental Information** *(continued)*

Return Reference	Explanation

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 58-1694098  
**Name:** NORTHEAST GEORGIA MEDICAL CENTER INC

**Supplemental Information**

Return Reference	Explanation
PART X, LINE 2	NORTHEAST GEORGIA MEDICAL CENTER, INC (NGMC) IS CLASSIFIED AS AN ORGANIZATION EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AS SUCH, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS AT SEPTEMBER 30, 2018, MANAGEMENT DOES NOT BELIEVE NGMC HOLDS ANY UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES IT IS NGMC'S POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS AS AN OPERATING EXPENSE WHERE APPLICABLE

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES 38,266

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	PARTNERSHIP INCOME NOT ON BOOKS 129,879   NET ASSETS RELEASED FROM RESTRICTIONS 2,040,452 NON-OPERATING EXPENSES 1,053,670   ESTIMATED PROVISION FOR BAD DEBTS 115,983,904

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES 38,266

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	NON-OPERATING EXPENSES 1,053,670 ESTIMATED PROVISION FOR BAD DEBTS 115,983,904 PARTNERSH IP EXPENSES NOT ON BOOKS 430 CONTRIBUTIONS IN NET ASSETS 1,976,063

<b>SCHEDULE H</b> <b>(Form 990)</b>  Department of the Treasury Internal Revenue Service	<h2 style="margin:0;">Hospitals</h2> <p>► <b>Complete if the organization answered "Yes" on Form 990, Part IV, question 20.</b>                  ► <b>Attach to Form 990.</b>                  ► <b>Information about Schedule H (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</b></p>	OMB No 1545-0047  <div style="font-size: 2em; font-weight: bold; text-align: center;">2017</div> Open to Public Inspection
<b>Name of the organization</b> NORTHEAST GEORGIA MEDICAL CENTER INC		<b>Employer identification number</b> 58-1694098

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

		Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<b>1a</b>	Yes	
<b>b</b> If "Yes," was it a written policy? . . . . .	<b>1b</b>	Yes	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
<input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input checked="" type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<b>3a</b>	Yes	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<b>3b</b>	Yes	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<b>4</b>	Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<b>5a</b>	Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<b>5b</b>	Yes	
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	<b>5c</b>		No
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<b>6a</b>	Yes	
<b>b</b> If "Yes," did the organization make it available to the public?	<b>6b</b>	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

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

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1)			45,621,439	0	45,621,439	4 740 %
<b>b</b> Medicaid (from Worksheet 3, column a)			118,504,484	107,395,675	11,108,809	1 150 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)			3,896,694	2,417,262	1,479,432	0 150 %
<b>d Total</b> Financial Assistance and Means-Tested Government Programs			168,022,617	109,812,937	58,209,680	6 040 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)		434,474	3,320,813	16,873	3,303,940	0 340 %
<b>f</b> Health professions education (from Worksheet 5)			4,994,268	1,775,096	3,219,172	0 330 %
<b>g</b> Subsidized health services (from Worksheet 6)			195,859,139	188,938,850	6,920,289	0 720 %
<b>h</b> Research (from Worksheet 7)			951,865	414,117	537,748	0 060 %
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			843,440		843,440	0 090 %
<b>j Total.</b> Other Benefits		434,474	205,969,525	191,144,936	14,824,589	1 540 %
<b>k Total.</b> Add lines 7d and 7j		434,474	373,992,142	300,957,873	73,034,269	7 580 %



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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
<b>1</b> Physical improvements and housing	1	0	524		524	0 %
<b>2</b> Economic development			0			
<b>3</b> Community support	7	25,000	284,201	173,485	110,716	0 010 %
<b>4</b> Environmental improvements	1	0	800	80	720	0 %
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building	1		17,539	1,200	16,339	0 %
<b>7</b> Community health improvement advocacy						
<b>8</b> Workforce development	5	245	664,666	200	664,466	0 070 %
<b>9</b> Other						
<b>10 Total</b>	15	25,245	967,730	174,965	792,765	0 080 %

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

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	<b>1</b>	Yes	
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	<b>2</b>	115,983,904	
<b>3</b> Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	<b>3</b>		
<b>4</b> Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

**Section B. Medicare**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME).	<b>5</b>	230,438,716
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5.	<b>6</b>	268,072,675
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall).	<b>7</b>	-37,633,959
<b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

**Section C. Collection Practices**

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

**Part IV Management Companies and Joint Ventures**

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

**Part V Facility Information****Section A. Hospital Facilities**

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

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

**1**

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

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

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
NORTHEAST GEORGIA MEDICAL CENTER INC**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_

1

**Community Health Needs Assessment**

	Yes	No
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	<b>1</b>	No
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .	<b>2</b>	No
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	<b>3</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b> Yes	
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	No
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	<b>6b</b>	No
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>7</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW NGHS COM</u>		
<b>b</b> <input checked="" type="checkbox"/> Other website (list url) <u>WWW NGHS COM/COMMUNITY-BENEFIT-LIBRARY</u>		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	<b>8</b> Yes	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	<b>10</b> Yes	
<b>a</b> If "Yes" (list url) <u>SEE STATEMENT FOR LINE 11</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**

NORTHEAST GEORGIA MEDICAL CENTER INC

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>150 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>300 000000000000</u> %			
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)			
<b>c</b> <input type="checkbox"/> Asset level			
<b>d</b> <input type="checkbox"/> Medical indigency			
<b>e</b> <input type="checkbox"/> Insurance status			
<b>f</b> <input type="checkbox"/> Underinsurance discount			
<b>g</b> <input checked="" type="checkbox"/> Residency			
<b>h</b> <input type="checkbox"/> Other (describe in Section C)			
<b>14</b> Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b>	Yes	
<b>15</b> Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	<b>15</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
<b>e</b> <input type="checkbox"/> Other (describe in Section C)			
<b>16</b> Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>WWW NGHS COM</u>			
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>WWW NGHS COM</u>			
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>WWW NGHS COM</u>			
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
<b>j</b> <input type="checkbox"/> Other (describe in Section C)			

**Part V Facility Information** (continued)**Billing and Collections**

NORTHEAST GEORGIA MEDICAL CENTER INC

**Name of hospital facility or letter of facility reporting group**

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

**Policy Relating to Emergency Medical Care**

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

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

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

NORTHEAST GEORGIA MEDICAL CENTER INC

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		No

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

[illegible]

**Part V** **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? **25**

Name and address	Type of Facility (describe)
<b>1</b> See Additional Data Table	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	



**Part VI Supplemental Information**

Provide the following information

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 3C	PATIENTS WHO ARE DETERMINED TO BE INDIGENT, DETERMINED BY CRITERIA-BASED METHODS, SUCH AS PROPENSITY TO PAY OR HEALTH SCORES, PARTICIPATION IN LOW INCOME GOVERNMENT ASSISTANCE PROGRAMS, ETC MAY BE PRESUMPTIVELY ELIGIBLE FOR ASSISTANCE, PROVIDING THEY COOPERATE WITH SCREENING FOR OTHER FINANCIAL ASSISTANCE RESOURCES (E G MEDICAID OR DISABILITY), AS APPLICABLE
PART I, LINE 6A	THE COMMUNITY BENEFIT REPORT IS PUBLISHED BY NORTHEAST GEORGIA HEALTH SYSTEM AND INCLUDES PROGRAMS FOR NORTHEAST GEORGIA MEDICAL CENTER AND ITS AFFILIATES THE REPORT IS AVAILABLE ON THE ORGANIZATION'S WEBSITE (WWW.NGHS.COM) AS WELL AS IN ITS ANNUAL COMMUNICARE MAGAZINE

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 7	CHARITY CARE COST WAS CALCULATED APPLYING SEPARATE COST-TO-CHARGE RATIOS (CCR) TO THE SKILLED NURSING FACILITY (SNF) AND TO THE REMAINING PATIENT CHARGES FROM ALL OTHER HOSPITAL ACTIVITIES THE CCR FOR THE SNF WAS COMPUTED USING THE TOTAL SNF OPERATING EXPENSES DIVIDED BY THE TOTAL SNF GROSS CHARGES THE CCR FOR THE REMAINING PATIENT CHARGES WAS COMPUTED PURSUANT TO WORKSHEET 2 IN THE SCHEDULE H INSTRUCTIONS THE CCR FOR THE UNREIMBURSED MEDICAID SERVICES WAS COMPUTED USING A CCR COMPUTED PURSUANT TO WORKSHEET 2 IN THE SCHEDULE H INSTRUCTIONS THE OTHER MEANS TESTED GOVERNMENT PROGRAM COST WAS DERIVED FROM INTERNAL TRENDSTAR SYSTEM DATA WHICH COMPUTED COST AT THE PATIENT DETAIL LEVEL
PART I, LINE 7G	SUBSIDIZED HEALTH SERVICES WERE FOR NICU AND LAURELWOOD (MENTAL HEALTH) NO COSTS WERE ATTRIBUTABLE TO PHYSICIANS

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 24, COLUMN A, BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$115,983,904
PART II, COMMUNITY BUILDING ACTIVITIES	<p>IT IS WELL DOCUMENTED THAT MANY FACTORS COMBINE TO AFFECT THE HEALTH OF INDIVIDUALS AND COMMUNITIES. WHETHER PEOPLE ARE HEALTHY OR NOT IS DETERMINED BY THEIR CIRCUMSTANCES AND THEIR ENVIRONMENT, ACCORDING TO THE WORLD HEALTH ORGANIZATION. TO A LARGE EXTENT, FACTORS SUCH AS WHERE WE LIVE, THE STATE OF OUR ENVIRONMENT, GENETICS, OUR INCOME AND EDUCATION LEVEL, AND OUR RELATIONSHIPS WITH FRIENDS AND FAMILY ALL HAVE CONSIDERABLE IMPACTS ON HEALTH. THE DETERMINANTS OF HEALTH INCLUDE THE SOCIAL AND ECONOMIC ENVIRONMENT, THE PHYSICAL ENVIRONMENT, AND A PERSON'S INDIVIDUAL CHARACTERISTICS AND BEHAVIORS. ADDITIONAL FACTORS THAT RELATE INCLUDE EDUCATION, CULTURE, INCOME AND SOCIAL STATUS, EMPLOYMENT AND WORKING CONDITIONS, SOCIAL SUPPORT NETWORKS, GENETICS, HEALTH SERVICES, AND GENDER. IF COMMUNITY MEMBERS HAVE ADEQUATE EDUCATION, EMPLOYMENT, INCOME, A SAFE ENVIRONMENT AND SUPPORTIVE SOCIAL NETWORKS, THEY WILL HAVE THE CAPACITY TO MAKE HEALTHIER BEHAVIOR CHOICES AND BE MORE LIKELY TO HAVE ACCESS TO HEALTH SERVICES. THEREFORE, NGMC AS AN ORGANIZATION MUST CONSIDER THE SOCIAL DETERMINANTS OF HEALTH STATUS AS PART OF PREVENTATIVE CARE. SOME COMMUNITY BUILDING ACTIVITIES INCLUDED IN PART II INCLUDE COMMUNITY SUPPORT. NGMC SPONSORED A HOSPITAL EXHIBIT AT INTERACTIVE NEIGHBORHOOD FOR KIDS AND PROVIDED AN IMAGINATIVE, HANDS-ON CLINICAL EXPERIENCE FOR CHILDREN THAT PROMOTES THE IDEA OF CAREERS IN HEALTH SERVICES. IT ALSO PROVIDES HEALTH EDUCATION ON CHILDREN'S HEALTH AND SAFETY. IN THIS SPACE, CHILDREN CAN INTERACT WITH EACH OTHER AND PLAY WITH COSTUMES, TOOLS, AND DOLLS AS THEY PRETEND TO BE MEDICAL PROFESSIONALS AND PATIENTS. COALITION BUILDING. NGMC PROVIDES SUPPORT TO THE UNITED WAY. UNITED WAY UNITES PEOPLE, ORGANIZATIONS AND RESOURCES WITHIN THE COMMUNITY TO BUILD A STRONGER, HEALTHIER AND SAFER HALL COUNTY. NGMC CONTRIBUTES AS CORPORATE SPONSOR FOR UNITED WAY ACTIVITIES THROUGHOUT THE YEAR AND ALSO PARTICIPATES IN THE ANNUAL UNITED WAY CAMPAIGN TO RAISE MONEY FOR DIFFERENT NON-PROFIT ORGANIZATIONS IN THE COMMUNITY WITH THE GOAL OF FIGHTING FOR THE HEALTH, EDUCATION AND FINANCIAL STABILITY OF EVERY PERSON IN OUR COMMUNITY. IN ADDITION TO THIS, DR. SAM JOHNSON, CHIEF MEDICAL OFFICER OF NGMC, SERVES AS CHAIRMAN OF THE BOARD FOR ONE HALL UNITED AGAINST POVERTY WORKFORCE DEVELOPMENT. PROJECT SEARCH PROVIDES EMPLOYMENT AND EDUCATION OPPORTUNITIES FOR INDIVIDUALS WITH MILD TO MODERATE DISABILITIES. THE PROGRAM IS DEDICATED TO WORKFORCE DEVELOPMENT THAT BENEFITS THE INDIVIDUAL, COMMUNITY AND WORKPLACE. EMPLOYERS ARE CHALLENGED TO INCREASE EMPLOYMENT OPPORTUNITIES FOR QUALIFIED PERSONS WITH DISABILITIES AND TO ADVOCATE ON BEHALF OF THEIR EMPLOYMENT TO OTHER ORGANIZATIONS IN THEIR COMMUNITIES. THE HIGH SCHOOL TRANSITION PROGRAM IS A ONE-YEAR EDUCATIONAL PROGRAM FOR STUDENTS WITH DISABILITIES IN THEIR LAST YEAR OF HIGH SCHOOL. IT IS TARGETED FOR STUDENTS WHOSE MAIN GOAL IS COMPETITIVE EMPLOYMENT. IN FY18, 17 STUDENTS, ONE JOB COACH AND ONE INSTRUCTOR PARTICIPATED. THE STUDENTS WORK 20 HOURS PER WEEK IN EACH ASSIGNED DEPARTMENT. MENTORS ARE ASSIGNED IN EACH DEPARTMENT. MENTORS ALSO ATTEND A MONTHLY MEETING TO DISCUSS THE PROGRESS AND NEEDS OF STUDENTS. VARIOUS NGMC EMPLOYEES, IN ADDITION TO THE MENTORS, OFFER ASSISTANCE AND EDUCATION AS NEEDS ARISE.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 2	PATIENT ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR DOUBTFUL ACCOUNTS. IN EVALUATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE, NGMC ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYER SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS AND PROVISION FOR BAD DEBTS. MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYER SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS. NGMC'S ESTIMATED ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS DECREASED FROM APPROXIMATELY 22% OF GROSS PATIENT ACCOUNTS RECEIVABLE AT SEPTEMBER 30, 2017 TO APPROXIMATELY 20% OF GROSS PATIENT ACCOUNTS RECEIVABLE AT SEPTEMBER 30, 2018. NGMC'S BAD DEBT WRITE-OFFS WERE APPROXIMATELY \$131,286,000 AND \$108,855,000 FOR THE YEARS ENDED SEPTEMBER 30, 2018 AND 2017, RESPECTIVELY.
PART III, LINE 4	BAD DEBT EXPENSE REPORTED ON LINE 2 REPRESENTS GROSS CHARGES WRITTEN OFF DURING THE FISCAL YEAR NET OF ANY RECOVERIES. THE ORGANIZATION'S FINANCIAL STATEMENTS CONTAIN A FOOTNOTE REGARDING BAD DEBTS ON PAGE 13-14.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 8	THE MEDICARE COSTS SHOWN ON LINE 6 WERE COMPUTED USING THE COST TO CHARGE RATIO REFLECTED IN THE ORGANIZATION'S MEDICARE COST REPORT
PART III, LINE 9B	PATIENTS WHO ARE DETERMINED TO BE INDIGENT, DETERMINED BY CRITERIA-BASED METHODS, SUCH AS PROPENSITY TO PAY OR HEALTH SCORES, PARTICIPATION IN LOW INCOME GOVERNMENT ASSISTANCE PROGRAMS, ETC MAY BE PRESUMPTIVELY ELIGIBLE FOR ASSISTANCE, PROVIDING THEY COOPERATE WITH SCREENING FOR OTHER FINANCIAL ASSISTANCE RESOURCES (E G MEDICAID OR DISABILITY), AS APPLICABLE

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 2	<p>ON A CONTINUOUS BASIS, NGMC SEEKS A VARIETY OF DATA SOURCES AND RELIABLE INDICATORS TO HELP IDENTIFY AND WORK TO IMPROVE ON HEALTH INEQUITIES IN THE COMMUNITIES IT SERVES A LISTING OF THE RESOURCES IS LISTED BELOW - AS PART OF THE HALL COUNTY FAMILY CONNECTION, WE REVIEW INFORMATION FROM KIDS COUNT, WHICH PROVIDES KEY INDICATORS OF CHILD WELL-BEING - NGMC IS ACTIVELY INVOLVED IN VISION 2030 (WWW VISION2030 ORG) THIS COMMUNITY-WIDE PROGRAM IS SPONSORED BY THE GREATER HALL CHAMBER OF COMMERCE AND PARTICIPATION IS OPEN TO EVERYONE IN THE COMMUNITY AN NGMC EMPLOYEE CURRENTLY CHAIRS THE BOARD OF VISION 2030 WHICH FOCUSES ON THE CREATION OF A CULTURE OF COMMUNITY WELLNESS, THE SUPPORT AND MAINTENANCE OF LIFELONG LEARNING, THE BUILDING OF AN ECONOMY AROUND EMERGING LIFE SCIENCES, THE ENCOURAGEMENT OF INNOVATIVE GROWTH/INFRASTRUCTURE DEVELOPMENT, AND THE PROMOTION OF CULTURAL INTEGRATION - NGMC HAS PARTNERED WITH OTHER HEALTHCARE PROVIDERS IN THE COMMUNITY TO FORM THE HEALTHCARE INITIATIVE CONSORTIUM THIS GROUP HAS WORKED WITH A LOCAL UNIVERSITY TO DEVELOP AN ONGOING DATABASE OF FIVE DATA ELEMENTS THAT WILL GIVE THE COMMUNITY UP-TO-DATE INFORMATION ON THE HEALTH ISSUES AFFECTING ITS RESIDENTS THE FIVE DATA ELEMENTS COLLECTED ARE BMI (HEIGHT/WEIGHT), A1C, BLOOD PRESSURE, CHOLESTEROL, LDL, AND MICRO ALBUMEN THIS GIVES US INFORMATION RELATED TO THE FOLLOWING HEALTH ISSUES OBESITY, DIABETES, CARDIOVASCULAR DISEASE AND HYPERTENSION THE GROUP HAS COLLECTED DATA ON BOTH ADULTS, AS WELL AS PEDIATRIC PATIENTS - THE HALL COUNTY HEALTH DEPARTMENT ALSO SHARES ITS HEALTH RISK SNAPSHOTS FOR COUNTIES IN THE SERVICE AREA, WHICH FOCUSES ON POPULATION TRENDS, YOUTH RISK, INFANT RISK, GENERAL RISK, STUDENT SUBSTANCE ABUSE, TOP CAUSES OF DEATH AND WIC NUTRITION PROGRAM INFORMATION - WE ALSO MONITOR THE COUNTY HEALTH RANKINGS PUBLISHED BY THE ROBERT WOOD JOHNSON FOUNDATION (<a href="http://www.countyhealthrankings.org/about-project">HTTP //WWW COUNTYHEALTHRANKINGS ORG/ABOUT-PROJECT</a>)</p>
PART VI, LINE 3	<p>EACH BILLING CYCLE, THE PATIENT STATEMENT CONTAINS CONTACT INFORMATION FOR FINANCIAL ASSISTANCE INFORMATION A PLAIN LANGUAGE SUMMARY IS PROVIDED AT DAY 90 DURING THE 240 DAYS PRIOR TO PLACEMENT WITH A COLLECTION AGENCY, REGULAR PHONE CALLS ARE MADE THAT INCLUDE ORAL NOTIFICATION OF THE FINANCIAL ASSISTANCE POLICY AND HOW TO OBTAIN ASSISTANCE WITH THE APPLICATION PROCESS APPLICATIONS WILL BE ACCEPTED UP TO DAY 240 WITH AGGREGATED MULTIPLE EPISODE PATIENT ACCOUNTS, FOR PURPOSES OF MEASURING 120 AND 240 DAYS, THE FIRST POST-CHARGE BILLING STATEMENT WILL BE USED</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4	<p>POPULATION FROM 2010 TO 2017, THE HEALTH SYSTEM'S TOTAL SERVICE AREA (TSA) POPULATION GREW 2.0% PER YEAR ON AVERAGE COMPARED TO THE STATE OF GEORGIA AT 1.0% AND THE U.S. AT 0.7%. POPULATION FOR THE TSA IN 2017 IS ESTIMATED TO BE 945,356 REPRESENTING A TOTAL GROWTH RATE OF 14.5% SINCE 2010, COMPARED TO THE STATE OF GEORGIA'S GROWTH (7.2%) AND THE U.S. (5.3%) OVER THE SAME TIME PERIOD. THE TSA'S POPULATION GROWTH RATE IS PROJECTED TO OUTPACE GEORGIA AND THE U.S. THROUGH AT LEAST 2021, THUS CONTINUING TO DRIVE ABOVE AVERAGE DEMAND FOR HEALTH CARE SERVICES. SOURCE: U.S. CENSUS BUREAU, ESRI, INC. HOUSEHOLD INCOME AND HOME VALUES. MEDIAN HOUSEHOLD INCOME FOR THE TSA IS CURRENTLY \$43,944 COMPARED TO THE STATE OF GEORGIA AT \$52,977. THE MEDIAN HOME VALUE FOR THE TSA IS CURRENTLY \$163,200 COMPARED TO THE STATE OF GEORGIA AT \$158,400. SOURCE: U.S. CENSUS BUREAU, ESRI, INC. EMPLOYMENT. THE UNEMPLOYMENT RATE FOR THE NGHS TOTAL SERVICE AREA WAS 4.0% IN 2017 COMPARED WITH THE STATE OF GEORGIA AT 4.7% AND THE U.S. AT 4.4%. FOR AT LEAST THE LAST 10 YEARS, THE TSA HAS CONSISTENTLY EXPERIENCED AN ANNUAL UNEMPLOYMENT RATE BELOW THOSE OF GEORGIA AND THE U.S. SOURCE: U.S. BUREAU OF LABOR STATISTICS, ESRI, INC.</p>
PART VI, LINE 5	<p>NORTHEAST GEORGIA MEDICAL CENTER'S BOARD OF DIRECTORS IS COMPRISED OF MEMBERS THAT REPRESENT THE COMMUNITIES SERVED BY THE ORGANIZATION. BOARD MEMBERS PROVIDE LEADERSHIP THAT SUPPORTS THE ORGANIZATION'S MISSION TO IMPROVE THE HEALTH OF THE COMMUNITY. PHYSICIANS AT NGMC UNDERGO AN EXTENSIVE CREDENTIALING PROCESS PRIOR TO BEING GRANTED MEDICAL STAFF PRIVILEGES. THE MEDICAL CENTER CONDUCTS PHYSICIAN MANPOWER STUDIES TO DETERMINE THE NUMBER OF PHYSICIANS NEEDED BY SPECIALTY TO MEET COMMUNITY NEED. INFORMATION FROM THESE STUDIES IS USED TO HELP GUIDE DECISIONS FOR PHYSICIAN RECRUITMENT. ALL REVENUES IN EXCESS OF EXPENSES ARE REINVESTED INTO HEALTHCARE SERVICES FOR THE COMMUNITY AND NO PROFITS ACCRUE TO INDIVIDUAL INVESTORS. THE MEDICAL CENTER'S POLICY ON FINANCIAL ASSISTANCE (FORMERLY KNOWN AS THE CHARITY CARE POLICY) HELPS ENSURE ACCESS TO HOSPITAL SERVICES TO LOW INCOME PATIENTS, I.E. PATIENTS WITH A FAMILY INCOME OF UP TO AND INCLUDING/EQUAL TO 150% OF THE FEDERAL POVERTY GUIDELINES QUALIFY FOR A 100% CHARITY ADJUSTMENT, WHICH MEANS THAT THEIR QUALIFYING SERVICES ARE FREE. ADDITIONALLY, PATIENTS WITH A FAMILY INCOME OF 151-300% QUALIFY FOR DISCOUNTED CARE ON A SLIDING SCALE. THE MOST THAT A PATIENT WOULD PAY IS THE MEDICARE RATE.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6	<p>NORTHEAST GEORGIA MEDICAL CENTER (NGMC) IS AN AFFILIATE OF NORTHEAST GEORGIA HEALTH SYSTEM OTHER AFFILIATES INCLUDE NORTHEAST GEORGIA PHYSICIANS GROUP, THE MEDICAL CENTER FOUNDATION, NORTHEAST GEORGIA HEALTH PARTNERS, RIVER PLACE MEDICAL OFFICE PLAZA I, THE HEART CENTER, LLC, AND NGMC BARROW THE MISSION OF NORTHEAST GEORGIA MEDICAL CENTER AND ALL RELATED AFFILIATES IS TO "IMPROVE THE HEALTH OF THE COMMUNITY IN ALL WE DO " AS A NOT-FOR-PROFIT HOSPITAL, NGMC TREATS PATIENTS REGARDLESS OF THEIR ABILITY TO PAY AND IS ACCOUNTABLE TO THE HOSPITAL AUTHORITY OF HALL COUNTY AND THE CITY OF GAINESVILLE FOR THE PROVISION OF CHARITABLE SERVICES TO THE COMMUNITY NORTHEAST GEORGIA MEDICAL CENTER PROVIDES ACUTE AND SPECIALTY INPATIENT AND OUTPATIENT SERVICES FOR A REGIONAL COMMUNITY OF OVER 18 COUNTIES AND RECEIVES NO LOCAL TAX SUPPORT FROM ANY OF THOSE COUNTIES FOR OPERATIONS OR INDIGENT CARE THE MEDICAL CENTER FOUNDATION HELPS SUPPORT THE MISSION OF NORTHEAST GEORGIA HEALTH SYSTEM THROUGH FUNDRAISING INITIATIVES THAT IMPROVE SERVICES OFFERED AT NGMC, AS WELL HEALTH-FOCUSED SERVICES IN THE COMMUNITY NORTHEAST GEORGIA HEALTH PARTNERS WORKS TO BUILD COLLABORATIVE RELATIONSHIPS BETWEEN HOSPITALS, PHYSICIANS AND OTHER HEALTHCARE PROVIDERS, EMPLOYERS AND THE EMPLOYEES THEY REPRESENT THROUGH INSURANCE PRODUCTS THAT HELP SUPPORT PATIENT ACCESS TO HEALTHCARE SERVICES THROUGHOUT THE REGION RIVER PLACE MEDICAL OFFICE PLAZA 1 IS A MEDICAL OFFICE BUILDING THAT IS HOME TO AN URGENT CARE CENTER, IMAGING CENTER, OUTPATIENT REHABILITATION CENTER, FULL SERVICE LAB AND MANY PRIVATE PHYSICIAN PRACTICES REPRESENTING MORE THAN 20 MEDICAL SPECIALTIES, IMPROVING ACCESS TO CARE IN THE SOUTHERN REGION SERVED BY NORTHEAST GEORGIA HEALTH SYSTEM NORTHEAST GEORGIA PHYSICIANS GROUP IS A MULTI-SPECIALTY GROUP WITH MORE THAN 350 PHYSICIANS, PHYSICIAN ASSISTANTS, NURSE PRACTITIONERS AND OTHER CLINICAL STAFF PROVIDING HEALTHCARE SERVICES AT 65 LOCATIONS THROUGHOUT NORTHEAST GEORGIA, WHICH FURTHER IMPROVES THE COMMUNITY'S ACCESS TO CARE FOR THE REGION OF OVER 18 COUNTIES NORTHEAST GEORGIA HEALTH SYSTEM VOLUNTEERS AND AUXILIANS ARE PEOPLE OF ALL AGES WHO GIVE OF THEMSELVES TO MAKE A DIFFERENCE IN THE LIVES OF OTHERS THE MEDICAL CENTER AUXILIARY IS COMMITTED TO INVOLVING DEDICATED VOLUNTEERS TO IMPROVE THE SERVICES OF THE HEALTH SYSTEM VOLUNTEERS CONTRIBUTE TIME AND COMPASSIONATE SERVICE ASSISTING WITH NON-MEDICAL DUTIES AS THEY PROVIDE COMFORT AND SUPPORT TO PATIENTS, FAMILY MEMBERS AND VISITORS THE AFFILIATION BETWEEN NORTHEAST GEORGIA MEDICAL CENTER'S HEART AND VASCULAR SERVICES AND THE HEART CENTER OF NORTHEAST GEORGIA MEDICAL CENTER ENSURES PATIENTS HAVE ACCESS TO THE LATEST CARDIOVASCULAR TECHNOLOGY AND RECEIVE TOP QUALITY CARE FROM TOP PHYSICIANS THIS GROUP HAS SEVERAL OFFICES THROUGHOUT THE NORTHEASTERN PART OF GEORGIA AND PROVIDES ALL CARDIOVASCULAR SUBSPECIALTY CARE, INCLUDING GENERAL, INVASIVE AND INTERVENTIONAL CARDIOLOGY, CONGESTIVE HEART FAILURE, ELECTROPHYSIOLOGY, PERIPHERAL VASCULAR INTERVENTIONS AND WOMEN'S CARDIOVASCULAR HEALTH PROGRAMS NORTHEAST GEORGIA MEDICAL CENTER BARROW (NGMC BARROW), FOUNDED IN 1951 AND ORIGINALLY KNOWN AS BARROW REGIONAL MEDICAL CENTER, JOINED NORTHEAST GEORGIA HEALTH SYSTEM IN 2017 SINCE 2009, NGMC BARROW HAS BEEN RECOGNIZED BY THE GEORGIA HOSPITAL ASSOCIATION AS ONE OF ONLY TWELVE HOSPITALS THROUGHOUT THE STATE TO EARN THE CHAIRMAN'S HONOR ROLL WITH 56 BEDS AND A MEDICAL STAFF OF MORE THAN 200 PHYSICIANS, NGMC BARROW BRINGS SERVICES MODELED AROUND THE PROGRAMS OF EXCELLENCE AT NGMC GAINESVILLE TO BARROW COUNTY THESE INCLUDE EMERGENCY SERVICES, SURGERY AND PROCEDURES, INTENSIVE CARE, OUTPATIENT SURGERY, RESPIRATORY THERAPY, WOUND CARE AND IMAGING SERVICES</p>
PART VI, LINE 7, REPORTS FILED WITH STATES	GA



**Schedule H (Form 990) 2017**

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 58-1694098  
**Name:** NORTHEAST GEORGIA MEDICAL CENTER INC

**Form 990 Schedule H, Part V Section A. Hospital Facilities**

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>1</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	NORTHEAST GEORGIA MEDICAL CENTER INC 743 SPRING STREET GAINESVILLE, GA 30501 WWW NGHS COM 069-074	X	X					X			

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
NORTHEAST GEORGIA MEDICAL CENTER, INC	PART V, SECTION B, LINE 5 THE HOSPITAL CONSIDERED INPUT FROM REPRESENTATIVES OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY, INCLUDING THOSE WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH VIA FOCUS GROUPS AND KEY STAKEHOLDER INTERVIEWS FOUR FOCUS GROUPS (ONE FOR EACH NGMC SERVICE AREA), COLLECTIVELY COMPRISED OF FORTY-SIX (46) PARTICIPANTS AND TWENTY-EIGHT (28) KEY INFORMANT INTERVIEWS, WERE CONDUCTED IN MARCH AND APRIL 2016 ADDITIONAL INPUT FROM OVER 200 LOW INCOME, LATINO, AND UNINSURED RESIDENTS WAS ALSO GATHERED BY A BILINGUAL INTERVIEW TEAM WHO FIELDED A SHORT QUESTIONNAIRE IN HALL COUNTY AT ONE OF THREE LOCATIONS THE HALL COUNTY HEALTH DEPARTMENT, MOSTLY AT THE PRENATAL CLINIC - A SERVICE FOR LOW-INCOME EXPECTANT WOMEN, THE GOOD NEWS CLINICS, WHICH PROVIDES MEDICAL AND DENTAL CARE TO LOW-INCOME, UNINSURED COUNTY RESIDENTS, AND AT PUBLIC HOUSING OPERATED BY GAINESVILLE HOUSING AUTHORITY NGHS SENIOR LEADERS WERE ALSO SIGNIFICANTLY INVOLVED IN FEEDBACK A COMPLETE LISTING OF INTERVIEW AND FOCUS GROUP PARTICIPANTS AND THE COMMUNITIES AND POPULATIONS SERVED IS LOCATED IN APPENDIX F OF THE CHNA
NORTHEAST GEORGIA MEDICAL CENTER, INC	PART V, SECTION B, LINE 11 HOW NGMC IS ADDRESSING SIGNIFICANT NEEDS IDENTIFIED IN THE 2016 CHNA IS OUTLINED IN THE CHNA IMPLEMENTATION PLAN THE REASON WHY ALL OF THE HEALTH NEEDS IDENTIFIED ARE NOT BEING ADDRESSED IS BECAUSE NGMC HAD TO TAKE INTO CONSIDERATION THE STAFFING, FUNDING AND OTHER RESOURCES NEEDED TO MAKE AN IMPACT ON IDENTIFIED HEALTH NEEDS, AND NGMC KNEW IF IT DID NOT FOCUS ON 3 - 5 SPECIFIC HEALTH NEEDS, IT WOULD NOT BE ABLE TO TRULY MAKE AN IMPACT OVER THE NEXT THREE YEARS THERE ARE ALSO OTHER HEALTH AND HUMAN SERVICE ORGANIZATIONS WORKING ON ISSUES SUCH AS CHILD ABUSE AND NEGLECT THE FULL TEXT OF THE IMPLEMENTATION STRATEGY IS POSTED AT THE FOLLOWING URL <a href="https://www.nghs.com/fullpanel/uploads/files/chna-outcome-measures-with-links-on-title-page.pdf">HTTPS //WWW NGHS COM/FULLPANEL/UPLOADS/FILES/CHNA-OUTCOME-MEASURES-WITH-LINKS-ON-TITLE-PAGE PDF</a>

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

Name and address	Type of Facility (describe)
1 1 - IMAGING CENTER - GAINESVILLE 1315 JESSE JEWELL PKWY GAINESVILLE, GA 30501	IMAGING / RADIOLOGY CENTER
1 2 - BRASELTON NICD 1404 RIVER PLACE SUITE 200 BRASELTON, GA 30517	CARDIOLOGY SERVICES
2 3 - IMAGING CENTER - BRASELTON 1515 RIVER PLACE BRASELTON, GA 30517	IMAGING / RADIOLOGY CENTER
3 4 - LAURELWOOD 200 WISTERIA DRIVE GAINESVILLE, GA 30501	MENTAL HEALTH SERVICES
4 5 - BRASELTON RADIATION THERAPYPHYSICS 1515 RIVER PLACE BRASELTON, GA 30517	RADIATION THERAPY
5 6 - TOCCOA CANCER CENTER 1656 FALLS ROAD TOCCOA, GA 30577	CANCER SERVICES
6 7 - IMAGING CENTER - DAWSONVILLE 108 PROMINENCE COURT DAWSONVILLE, GA 30534	IMAGING / RADIOLOGY CENTER
7 8 - REHABILITATION INSTITUTE 597 SOUTH ENOTA DRIVE NE GAINESVILLE, GA 30501	REHABILITATION SERVICES
8 9 - NEW HORIZONS LIMESTONE NORTH 600 BEVERLY ROAD NE GAINESVILLE, GA 30501	LONG TERM CARE
9 10 - CUMMING OP DIAGNOSTIC CARDIOLOGY 900 SANDERS ROAD CUMMING, GA 30041	DIAGNOSTIC CARDIOLOGY
10 11 - NEW HORIZONS LANIER PARK WEST 675 WHITE SULPHUR ROAD GAINESVILLE, GA 30501	LONG TERM CARE
11 12 - WOUND OSTOMY CONTINENCEHYPERBARIC THER 675 WHITE SULPHUR ROAD GAINESVILLE, GA 30501	WOUND HEALING CENTER
12 13 - SLEEP LAB 1466 JESSE JEWELL PKWY GAINESVILLE, GA 30501	SLEEP DISORDER CENTER
13 14 - HEALTHLINK LAB AT RIVERPLACE 1515 RIVER PLACE BRASELTON, GA 30517	CLINICAL LABORATORY
14 15 - BUFORD OUTPATIENT IMAGING 3425 BUFORD DRIVE SUITE 100 BUFORD, GA 30519	IMAGING / RADIOLOGY CENTER

**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

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

Name and address	Type of Facility (describe)
<b>16</b> 16 - REHAB - BRASELTON 1515 RIVER PLACE BRASELTON, GA 30517	REHABILITATION SERVICES
<b>1</b> 17 - GYN ONCOLOGY INFUSION SERVICES 1498 JESSE JEWELL PARKWAY SUITE C HALL, GA 30501	GYNECOLOGIC ONCOLOGY
<b>2</b> 18 - REHAB - CLEVELAND 640-A HELEN HWY CLEVELAND, GA 30528	REHABILITATION SERVICES
<b>3</b> 19 - REHAB - FRIENDSHIP (BUFORD) 4889 GOLDEN PKWY SUITE 150 BUFORD, GA 30518	REHABILITATION SERVICES
<b>4</b> 20 - REHAB - DAHLONEGA 95 MORRISON MOORE PKWY DAHLONEGA, GA 30533	REHABILITATION SERVICES
<b>5</b> 21 - NEUROPHYSIOLOGY 1404 RIVER PLACE SUITE 403 BRASELTON, GA 30517	NEUROPHYSIOLOGY
<b>6</b> 22 - HEALTHLINK LAB AT DAWSONVILLE 108 PROMINENCE COURT DAWSONVILLE, GA 30534	CLINICAL LABORATORY
<b>7</b> 23 - REHAB - DAWSONVILLE 5959 HIGHWAY 53E SUITE 200 DAWSONVILLE, GA 30534	REHABILITATION SERVICES
<b>8</b> 24 - DIABETES ED 675 WHITE SULPHUR ROAD GAINESVILLE, GA 30501	DIABETES SERVICES
<b>9</b> 25 - BARIATRIC SERVICES 675 WHITE SULPHUR ROAD GAINESVILLE, GA 30501	BARIATRIC WEIGHT LOSS SERVICES

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493227013229

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
NORTHEAST GEORGIA MEDICAL CENTER INC

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

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

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number  
58-1694098

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . 

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 10
- 3 Enter total number of other organizations listed in the line 1 table . . . . .

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	THE MAJORITY OF GRANTS ARE TO 501(C)(3) ORGANIZATIONS BOARD APPROVAL IS OBTAINED PRIOR TO DISBURSEMENT

Additional Data

Software ID:  
Software Version:  
EIN: 58-1694098  
Name: NORTHEAST GEORGIA MEDICAL CENTER INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MEDICAL CENTER FOUNDATION 743 SPRING STREET GAINESVILLE, GA 30501	58-1694820	501(C)(3)		1,976,063			OPERATING SUPPORT
GOOD NEWS CLINICS 810 PINE ST GAINESVILLE, GA 30501	58-1895047	501(C)(3)		829,760			CLINIC FUNDING- OPERATING COST



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY PO BOX 102454 ATLANTA, GA 303682454	13-1788491	501(C)(3)		18,075			SPONSORSHIPS
AMERICAN HEART ASSOCIATION 1353 JENNINGS MILL RD SUITE A BOGART, GA 30622	13-5613797	501(C)(3)		10,000			SPONSORSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH GEORGIA COMMUNITY FOUNDATION 615 OAK STREET SUITE 1300 GAINESVILLE, GA 30501	58-1610318	501(C)(3)		7,350			SPONSORSHIPS
UNITED WAY FOR DAWSON COUNTY PO BOX 1350 CUMMING, GA 30028	58-1925396	501(C)(3)		7,000			SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERACTIVE NEIGHBORHOOD FOR KIDS INC 999 CHESTNUT STREET 11 GAINESVILLE, GA 30501	75-3077646	501(C)(3)		5,728			BOOTH
MARCH OF DIMES 311 GREEN STREET SUITE 101 GAINESVILLE, GA 30501	13-1846366	501(C)(3)		5,000			SPONSORSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF HALL COUNTY PO BOX 2656 GAINESVILLE, GA 30503	58-6011393	501(C)(3)		5,000			SPONSORSHIP
GLORY HOPE & LIFE 725 JESSE JEWELL PARKWAY GAINESVILLE, GA 30501	26-4134012	501(C)(3)		5,000			SPONSORSHIP

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
**▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
**▶ Attach to Form 990.**  
**▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization  
NORTHEAST GEORGIA MEDICAL CENTER INC

Employer identification number  
58-1694098

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax indemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                 </div> <div> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </div> </div>		
<b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Compensation committee  <input type="checkbox"/> Independent compensation consultant  <input type="checkbox"/> Form 990 of other organizations                 </div> <div> <input type="checkbox"/> Written employment contract  <input type="checkbox"/> Compensation survey or study  <input type="checkbox"/> Approval by the board or compensation committee                 </div> </div>		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <div style="margin-left: 20px;"> <b>a</b> Receive a severance payment or change-of-control payment?  <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?  <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?                 </div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	<b>4a</b> Yes <b>4b</b> Yes <b>4c</b> No	
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <div style="margin-left: 20px;"> <b>a</b> The organization?  <b>b</b> Any related organization?                 </div> If "Yes," on line 5a or 5b, describe in Part III.	<b>5a</b> No <b>5b</b> No	
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <div style="margin-left: 20px;"> <b>a</b> The organization?  <b>b</b> Any related organization?                 </div> If "Yes," on line 6a or 6b, describe in Part III.	<b>6a</b> No <b>6b</b> No	
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	<b>7</b>	No
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

See Additional Data Table

**Schedule J (Form 990) 2017**

**Part III Supplemental Information**

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

Return Reference	Explanation
PART I, LINES 4A-B	<p>PART I, LINE 4A - SEVERANCE DEBRA DUKE, FORMER KEY EMPLOYEE, RECEIVED SEVERANCE IN THE AMOUNT OF \$55,776 IN CALENDAR YEAR 2017. THIS AMOUNT WAS REPORTED IN PART II, COLUMN B(III). PART I, LINE 4B - EMPLOYER CONTRIBUTION TO 457(F) EXECUTIVE RETIREMENT BENEFIT PLAN: TINA WALDEN \$ 26,879; ANTHONY M. HERDENER \$ 56,850; CAROL H. BURRELL \$ 851,311; CHAD HATFIELD \$ 18,359; CHRISTOPHER PARAVATE \$ 39,730; DEBORAH WEBER \$ 35,384; ELYSE GATES \$ 26,945; LINDA NICHOLSON \$ 26,321; ROY GRIFFIN, JR. \$ 26,684; SAMUEL O. JOHNSON \$ 50,645; SONJA MCLENDON \$ 34,299; STEPHEN KELLY \$ 25,112; TRACY M. VARDEMAN \$ 37,246; BRENDA SIMPSON \$ 37,483; HOWARD T. WALPOLE \$ 40,422; JOHN TURNER \$ 32,401; JOHN A. WILLIAMSON \$ 41,258; LOUIS SMITH, JR. \$ 68,284; PENNY VIGNEAU \$ 28,322; TAD GOMEZ \$ 20,008. CAROL H. BURRELL, PRESIDENT AND CEO OF NORTHEAST GEORGIA HEALTH SYSTEM, INC., BEGAN HER CAREER AT NORTHEAST GEORGIA HEALTH SYSTEM IN 1999. SHE WAS PROMOTED TO PRESIDENT AND CEO IN JULY 2011. HER FIRST FULL YEAR AS CEO WAS COMPLETED IN 2012, WHICH IS REFLECTED IN HER PAY AND DEFERRED COMPENSATION. THE CONTRIBUTION TO THE 457(F) EXECUTIVE RETIREMENT PLAN ON HER BEHALF FOR 2017 (\$851,311) WAS COMPUTED BASED ON HER AGE, LENGTH OF EMPLOYMENT, AND CURRENT POSITION WITH NORTHEAST GEORGIA HEALTH SYSTEM, INC. IN ADDITION, BEGINNING IN DECEMBER 2017, NORTHEAST GEORGIA HEALTH SYSTEM, INC. INVESTED IN A JOINTLY-OWNED SPLIT DOLLAR LIFE INSURANCE PLAN FOR MS. BURRELL. THE ASSET VALUE AS OF SEPTEMBER 30, 2018 IS \$3,377,206 AND IS REPORTED ON FORM 990, PART X, LINE 15, OTHER ASSETS. EMPLOYER PAYMENT FROM 457(F) PLAN (INCLUDING VESTED EARNINGS ON PREVIOUSLY REPORTED COMPENSATION): ANTHONY HERDENER \$ 56,850; TRACY M. VARDEMAN \$ 26,741; JOHN A. WILLIAMSON \$ 33,009; LINDA NICHOLSON \$ 21,360; SAMUEL O. JOHNSON \$ 45,282; SONJA MCLENDON \$ 28,394; HAROLD WALPOLE \$ 116,827.</p>

Additional Data

Software ID:  
Software Version:  
EIN: 58-1694098  
Name: NORTHEAST GEORGIA MEDICAL CENTER INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1TIM SCULLY MD MEMBER, THC PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	361,260	0	18,000	9,450	25,316	414,026	0
1BRIAN D STEINES CHIEF FINANCIAL OFFICER - NGHS	(i)	0	0	0	0	0	0	0
	(ii)	275,952	113,700	5,597	3,808	11,824	410,881	0
2CAROL BURRELL PRESIDENT & CEO	(i)	0	0	0	0	0	0	0
	(ii)	924,661	256,500	42,444	903,153	11,201	2,137,959	0
3CHAD HATFIELD PRESIDENT - NGMC BARROW	(i)	0	0	0	0	0	0	0
	(ii)	206,868	32,808	715	22,784	16,680	279,855	0
4CHRISTOPHER PARAVATE CHIEF INFORMATION OFFICER - NGHS	(i)	0	0	0	0	0	0	0
	(ii)	324,936	57,179	1,707	49,180	31,441	464,443	0
5DANIEL TUFFY PRESIDENT OF PHYSICIAN SERVICES	(i)	0	0	0	0	0	0	0
	(ii)	146,590	25,000	764	2,735	11,360	186,449	0
6DEBORAH WEBER CHIEF HUMAN RESOURCES OFFICER - NGHS	(i)	0	0	0	0	0	0	0
	(ii)	272,138	45,112	22,367	43,824	23,164	406,605	0
7MELISSA TYMCHUK CHIEF OF STAFF, INTERIM MCF PRES	(i)	0	0	0	0	0	0	0
	(ii)	147,021	26,202	22,313	13,458	21,032	230,026	0
8SAMUEL JOHNSON MD CHIEF MEDICAL OFFICER - NGHS	(i)	0	0	0	0	0	0	0
	(ii)	400,830	124,013	25,524	60,095	27,642	638,104	43,368
9STEPHEN KELLY CHIEF COMPLIANCE OFFICER - NGHS	(i)	0	0	0	0	0	0	0
	(ii)	186,077	35,158	18,700	33,725	28,901	302,561	0
10BRENDA SIMPSON CHIEF NURSING OFFICER - NGMC	(i)	0	0	0	0	0	0	0
	(ii)	306,266	47,845	7,088	46,933	23,195	431,327	0
11JOHN WILLIAMSON PRES NGMC - BRA & SOUTH MKT LDR	(i)	0	0	0	0	0	0	0
	(ii)	324,282	101,507	20,620	71,726	28,014	546,149	31,614
12LOUIS SMITH JR PRES - NGMC - SA/PA OPER	(i)	0	0	0	0	0	0	0
	(ii)	548,909	80,993	21,047	77,734	31,865	760,548	0
13TINA WALDEN VP OPERATIONS - NGPG	(i)	0	0	0	0	0	0	0
	(ii)	219,073	36,002	10,332	60,760	16,141	342,308	0
14ELYSE GATES VP REVENUE CYCLE - NGHS	(i)	0	0	0	0	0	0	0
	(ii)	230,197	41,494	770	32,203	1,648	306,312	0
15LINDA NICHOLSON VP CORP FIN REPORTING/CONTROLLER - N	(i)	0	0	0	0	0	0	0
	(ii)	213,424	62,513	15,587	73,052	29,220	393,796	20,457
16ROY GRIFFIN JR VP FIN PLAN & DEC SUPPORT - NGHS	(i)	0	0	0	0	0	0	0
	(ii)	204,954	40,198	18,793	35,607	28,641	328,193	0
17SONJA MCLENDON VP CHIEF OF OPER EXCELLENCE - NGHS	(i)	0	0	0	0	0	0	0
	(ii)	261,165	79,080	19,467	43,749	31,128	434,589	27,194
18TRACY VARDEMAN VP STRATEGIC PLAN/MARKETING - NGHS	(i)	0	0	0	0	0	0	0
	(ii)	290,446	84,480	22,609	80,706	19,705	497,946	25,611
19HOWARD WALPOLE VP MEDICAL AFFAIRS - NGMC	(i)	0	0	0	0	0	0	0
	(ii)	315,662	173,419	25,521	49,872	18,899	583,373	0



Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21JOHN DELZELL JR VP MEDICAL EDUCATION - NGMC	(i)	0	0	0	0	0	0	0
	(ii)	144,927	20,000	706	2,046	5,238	172,917	0
1JOHN TURNER VP POST ACUTE CARE - NGMC	(i)	0	0	0	0	0	0	0
	(ii)	263,040	42,830	3,927	41,850	23,561	375,208	0
2PENNY VIGNEAU VP HEART & VASCULAR SERV - NGMC	(i)	0	0	0	0	0	0	0
	(ii)	235,109	33,349	1,819	33,042	7,266	310,585	0
3TAD GOMEZ VP PROFES SUP SERVICES - NGMC	(i)	0	0	0	0	0	0	0
	(ii)	229,597	38,674	1,091	24,324	24,608	318,294	0
4ALAN WILLS EXEC DIRECTOR - HEALTHCONNECTIONS	(i)	0	0	0	0	0	0	0
	(ii)	210,292	26,822	450	7,151	25,038	269,753	0
5HAROLD LAW JR CHIEF TECHNOLOGY OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	213,640	23,840	23,238	8,938	17,368	287,024	0
6PRANAV JAIN CMIO	(i)	0	0	0	0	0	0	0
	(ii)	395,584	35,617	270	9,450	16,607	457,528	0
7RANDALL MILLER CHIEF OF CLINICAL PHYSICS	(i)	0	0	0	0	0	0	0
	(ii)	263,467	17,467	990	41,120	8,408	331,452	0
8RICHARD MATTHEUS CHIEF INFORMATION OFFICER - NGPG	(i)	0	0	0	0	0	0	0
	(ii)	210,453	24,703	9,136	8,470	28,685	281,447	0
9ANTHONY HERDENER FORMER CFO - NGHS, CURRENT EXEC CONS	(i)	0	0	0	0	0	0	0
	(ii)	423,126	180,681	31,759	108,208	20,136	763,910	0
10JAMES BAILEY FMR VP-CMIO/CQO, CUR NGPG PHYS	(i)	0	0	0	0	0	0	0
	(ii)	446,688	0	28,124	9,450	12,605	496,867	0
11DEBRA DUKE FORMER DIR OF DIAGNOSTIC IMAGING	(i)	0	0	0	0	0	0	0
	(ii)	117,317	0	57,147	26,664	28,068	229,196	0

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493227013229									
Schedule K (Form 990)		Supplemental Information on Tax-Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ▶ Attach to Form 990. ▶ Information about Schedule K (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> .										OMB No 1545-0047	
												2017	
		Department of the Treasury Internal Revenue Service Name of the organization NORTHEAST GEORGIA MEDICAL CENTER INC										Open to Public Inspection	
										Employer identification number 58-1694098			
Part I Bond Issues													
(a) Issuer name		(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing		
							Yes	No	Yes	No	Yes	No	
A THE HOSPITAL AUTHORITY OF HALL COUNTY AND THE CITY OF GAINESVILLE (2010A)		58-6002388	362762KB1	02-18-2010	311,522,031	REFUND PRINCIPAL AND INTEREST OF SERIES 2007G AND SERIES 2008B-H BONDS		X		X		X	
B THE HOSPITAL AUTHORITY OF HALL COUNTY AND THE CITY OF GAINESVILLE (2010B)		58-6002388	362762KS4	02-18-2010	246,724,247	REFUND PRINCIPAL AND INTEREST OF SERIES 2007G AND SERIES 2008B-H BONDS		X		X		X	
C THE HOSPITAL AUTHORITY OF HALL COUNTY AND THE CITY OF GAINESVILLE (2011A)		58-6002388	NONEAVAIL	08-26-2011	46,625,000	REFUND PRINCIPAL AND INTEREST OF SERIES 2008A BOND		X		X		X	
D THE HOSPITAL AUTHORITY OF HALL COUNTY AND THE CITY OF GAINESVILLE (2014A)		58-6002388	362762LE4	12-11-2014	227,171,226	PAY THE COST OF ISSUING 2014A, REFUND PORTION OF 2010B AND ALL OF 2012 BONDS		X		X		X	
Part II Proceeds													
					A		B		C		D		
1 Amount of bonds retired . . . . .													
2 Amount of bonds legally defeased . . . . .					62,685,000		27,175,000						
3 Total proceeds of issue . . . . .					306,081,501		249,569,381		46,625,000		227,214,996		
4 Gross proceeds in reserve funds . . . . .					7,744,640		5,060,433						
5 Capitalized interest from proceeds . . . . .													
6 Proceeds in refunding escrows . . . . .									46,625,000				
7 Issuance costs from proceeds . . . . .					7,297,582		703		200,000		783,066		
8 Credit enhancement from proceeds . . . . .													
9 Working capital expenditures from proceeds . . . . .													
10 Capital expenditures from proceeds . . . . .					57,074,032						88,715,198		
11 Other spent proceeds . . . . .													
12 Other unspent proceeds . . . . .													
13 Year of substantial completion . . . . .					2013		2013		2011		2017		
					Yes No		Yes No		Yes No		Yes No		
14 Were the bonds issued as part of a current refunding issue? . . . . .					X		X		X		X		
15 Were the bonds issued as part of an advance refunding issue? . . . . .							X		X		X		
16 Has the final allocation of proceeds been made? . . . . .					X		X		X		X		
17 Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .					X		X		X		X		
Part III Private Business Use													
					A		B		C		D		
					Yes No		Yes No		Yes No		Yes No		
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .							X		X		X		
2 Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .					X		X		X		X		
For Paperwork Reduction Act Notice, see the Instructions for Form 990.													
Cat No 50193E													
Schedule K (Form 990) 2017													

**Part III Private Business Use** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X		X		X	
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X		X		X		X	
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶	0 260 %		0 260 %		0 260 %		0 260 %	
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶	0 010 %		0 010 %		0 010 %		0 010 %	
<b>6</b> Total of lines 4 and 5 . . . . .	0 270 %		0 270 %		0 270 %		0 270 %	
<b>7</b> Does the bond issue meet the private security or payment test? . . .		X		X		X		X
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X		X		X
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X		X		X	

**Part IV Arbitrage**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .	X		X			X		X
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .					X		X	
<b>b</b> Exception to rebate? . . . . .						X		X
<b>c</b> No rebate due? . . . . .						X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X		X	X			X
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X		X			X
<b>b</b> Name of provider . . . . .	JP MORGAN		JP MORGAN		CITIBANK NA			
<b>c</b> Term of hedge . . . . .	1800 0000000000 %		1800 0000000000 %		1300 0000000000 %			
<b>d</b> Was the hedge superintegrated? . . . . .		X		X		X		
<b>e</b> Was the hedge terminated? . . . . .		X		X		X		

**Part IV Arbitrage** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . .	X		X		X		X	

**Part V Procedures To Undertake Corrective Action**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493227013229									
Schedule K (Form 990)		Supplemental Information on Tax-Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ▶ Attach to Form 990. ▶ Information about Schedule K (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> .										OMB No 1545-0047	
												2017	
		Department of the Treasury Internal Revenue Service Name of the organization NORTHEAST GEORGIA MEDICAL CENTER INC										Open to Public Inspection	
										Employer identification number 58-1694098			
Part I Bond Issues													
(a) Issuer name		(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing		
							Yes	No	Yes	No	Yes	No	
A THE HOSPITAL AUTHORITY OF HALL COUNTY AND THE CITY OF GAINESVILLE (2014B)		58-6002388	362762LB0	12-11-2014	135,500,000	PAY THE COST OF ISSUING 2014B, REFUND PORTION OF 2010A AND ALL OF 2012 BONDS		X		X		X	
B THE HOSPITAL AUTHORITY OF HALL COUNTY AND THE CITY OF GAINESVILLE (2017A)		58-6002388	362762LT1	02-09-2017	185,966,677	PAY THE COST OF ISSUING 2017A, ADVANCE REFUND PORTION OF 2010A		X		X		X	
C THE HOSPITAL AUTHORITY OF HALL COUNTY AND THE CITY OF GAINESVILLE (2017B)		58-6002388	362762MM5	02-09-2017	160,203,063	PAY THE COST OF ISSUING 2017B, ADVANCE REFUND PORTION OF 2010B		X		X		X	
D THE HOSPITAL AUTHORITY OF HALL COUNTY AND THE CITY OF GAINESVILLE (2017C)		58-6002388	362762NV4	02-09-2017	75,000,000	PAY THE COST OF ISSUING 2017C, PAY OR REIMBURSE FOR CAPITAL PROJECTS		X		X		X	
Part II Proceeds													
					A		B		C		D		
1 Amount of bonds retired . . . . .													
2 Amount of bonds legally defeased . . . . .													
3 Total proceeds of issue . . . . .					135,503,243		185,966,974		160,203,280		75,000,115		
4 Gross proceeds in reserve funds . . . . .													
5 Capitalized interest from proceeds . . . . .													
6 Proceeds in refunding escrows . . . . .													
7 Issuance costs from proceeds . . . . .					462,303		573,363		475,282		327,853		
8 Credit enhancement from proceeds . . . . .													
9 Working capital expenditures from proceeds . . . . .													
10 Capital expenditures from proceeds . . . . .					71,006,069								
11 Other spent proceeds . . . . .													
12 Other unspent proceeds . . . . .									7		3		
13 Year of substantial completion . . . . .					2017		2017		2017		2017		
					Yes No		Yes No		Yes No		Yes No		
14 Were the bonds issued as part of a current refunding issue? . . . . .					X		X		X		X		
15 Were the bonds issued as part of an advance refunding issue? . . . . .					X		X		X		X		
16 Has the final allocation of proceeds been made? . . . . .					X		X		X		X		
17 Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .					X		X		X		X		
Part III Private Business Use													
					A		B		C		D		
					Yes No		Yes No		Yes No		Yes No		
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .					X		X		X		X		
2 Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .					X		X		X		X		
For Paperwork Reduction Act Notice, see the Instructions for Form 990.													
Cat No 50193E													
Schedule K (Form 990) 2017													

**Part III Private Business Use** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X		X		X	
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X		X		X		X	
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶	0 260 %		0 260 %		0 260 %		0 260 %	
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶	0 010 %		0 010 %		0 010 %		0 010 %	
<b>6</b> Total of lines 4 and 5 . . . . .	0 270 %		0 270 %		0 270 %		0 270 %	
<b>7</b> Does the bond issue meet the private security or payment test? . . .		X		X		X		X
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X		X		X
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X		X		X	

**Part IV Arbitrage**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X		X		X		X
<b>2</b> If "No" to line 1, did the following apply? . . . .								
<b>a</b> Rebate not due yet? . . . . .	X		X		X		X	
<b>b</b> Exception to rebate? . . . . .		X		X		X		X
<b>c</b> No rebate due? . . . . .		X		X		X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X		X		X		X
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . .	X		X		X		X	

**Part V Procedures To Undertake Corrective Action**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

Schedule K  
(Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
NORTHEAST GEORGIA MEDICAL CENTER INC

Employer identification number  
58-1694098

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
▶ Attach to Form 990.  
▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A THE HOSPITAL AUTHORITY OF HALL COUNTY AND THE CITY OF GAINESVILLE (2017D)	58-6002388		02-09-2017	75,000,000	PAY THE COST OF ISSUING 2017D, PAY OR REIMBURSE FOR CAPITAL PROJECTS		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired . . . . .								
2	Amount of bonds legally defeased . . . . .								
3	Total proceeds of issue . . . . .	75,171,934							
4	Gross proceeds in reserve funds . . . . .								
5	Capitalized interest from proceeds . . . . .								
6	Proceeds in refunding escrows . . . . .								
7	Issuance costs from proceeds . . . . .	217,428							
8	Credit enhancement from proceeds . . . . .								
9	Working capital expenditures from proceeds . . . . .								
10	Capital expenditures from proceeds . . . . .	42,953,556							
11	Other spent proceeds . . . . .								
12	Other unspent proceeds . . . . .	32,000,950							
13	Year of substantial completion . . . . .								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . . .		X						
15	Were the bonds issued as part of an advance refunding issue? . . . . .		X						
16	Has the final allocation of proceeds been made? . . . . .		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X							

Part III Private Business Use											
		A		B		C		D			
		Yes	No	Yes	No	Yes	No	Yes	No		
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X								
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .	X									



**Part III Private Business Use** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X							
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X							
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X							
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . ▶	0 260 %							
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶	0 010 %							
<b>6</b> Total of lines 4 and 5 . . . . .	0 270 %							
<b>7</b> Does the bond issue meet the private security or payment test? . . .		X						
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X							

**Part IV Arbitrage**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X						
<b>2</b> If "No" to line 1, did the following apply? . . . .								
<b>a</b> Rebate not due yet? . . . . .	X							
<b>b</b> Exception to rebate? . . . . .		X						
<b>c</b> No rebate due? . . . . .		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X						
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X						
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . .	X							

**Part V Procedures To Undertake Corrective Action**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization  
NORTHEAST GEORGIA MEDICAL CENTER INC

Employer identification number  
58-1694098

Part I

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

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

2

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

3

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

Part II

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) JOHN DELZELL JR	VP MEDICAL EDUCATION - NGMC	SIGN-ON ADVANCE UNDER WRITTEN PROMISSORY NOTE AND APPLICABLE INTEREST		X	20,000	9,167		No	Yes		Yes	
(2) TAD GOMEZ	VP PROFESSIONAL SUPPORT SERVICES - NGMC	SIGN-ON/RELOCATION UNDER WRITTEN PROMISSORY NOTE AND APPLICABLE INTEREST		X	29,187	4,867		No	Yes		Yes	
Total						▶ \$ 14,034						

Part III

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) AUNDREA STEVENS	AUNDREA STEVENS IS SISTER TO JACK KEENER, BOARD MEMBER	91,458	AUNDREA STEVENS IS EMPLOYED BY NORTHEAST GEORGIA MEDICAL CENTER, INC		No
(2) BRADEE ADERHOLT	CAROL BURRELL, PRESIDENT & CEO, IS A FAMILY MEMBER OF BRADEE ADERHOLT	44,150	BRADEE ADERHOLT IS EMPLOYED BY NORTHEAST GEORGIA MEDICAL CENTER, INC		No
(3) JAMES NICHOLSON	SON OF LINDA NICHOLSON, OFFICER OF NGMC	45,732	JAMES NICHOLSON IS EMPLOYED BY NORTHEAST GEORGIA MEDICAL CENER, INC		No

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
------------------	-------------

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493227013229
<b>SCHEDULE O</b> (Form 990 or 990-EZ)  <small>Department of the Treasury <del>Internal Revenue Service</del></small>	<b>Supplemental Information to Form 990 or 990-EZ</b> Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> .		OMB No 1545-0047
			<b>2017</b> <b>Open to Public Inspection</b>
Name of the organization NORTHEAST GEORGIA MEDICAL CENTER INC		Employer identification number  58-1694098	

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>NORTHEAST GEORGIA HEALTH SYSTEM, INC , (NGHS) IS A GEORGIA, NOT-FOR-PROFIT CORPORATION THAT PROVIDES HEALTHCARE SERVICES TO THE RESIDENTS OF NORTHEAST GEORGIA PRIMARILY THROUGH THE OPERATION OF ITS AFFILIATES INCLUDING NORTHEAST GEORGIA MEDICAL CENTER, INC (NGMC), WHICH IS ALSO A GEORGIA, NOT-FOR-PROFIT CORPORATION. NGMC OPERATES A 557-LICENSED BED INPATIENT FACILITY IN GAINESVILLE AND A 100-LICENSED BED INPATIENT FACILITY IN BRASELTON. IN JANUARY 2017, NGHS ACQUIRED NGMC BARROW, LLC (REFERRED TO AS "BARROW"), A 56-BED HOSPITAL LOCATED IN WINDER. IN JULY 2018, NGHS ACQUIRED NGMC LUMPKIN (FORMERLY CHESTATEE REGIONAL HOSPITAL), TO INCLUDE EMERGENCY SERVICES, 10 INPATIENT BEDS AND OTHER SUPPORT SERVICES IN DAHLONEGA AND SURROUNDING COMMUNITIES. TOGETHER, NGMC GAINESVILLE, BRASELTON AND BARROW PROVIDE A COMPREHENSIVE RANGE OF ACUTE CARE AND SPECIALTY SERVICES AND SERVE THE AREA'S LOW-INCOME, UNINSURED, UNDERINSURED AND OTHER VULNERABLE POPULATIONS. NGMC GAINESVILLE SERVES AS THE REGIONAL SAFETY NET HOSPITAL, WITH APPROXIMATELY HALF OF ITS PATIENTS COMING FROM OUTSIDE OF HALL COUNTY. NGMC GAINESVILLE, BRASELTON AND BARROW REINVEST ALL FUNDS IN EXCESS OF OPERATING EXPENSES INTO HEALTHCARE SERVICES FOR THE COMMUNITY. NGHS RECEIVES NO TAX REVENUE FROM HALL OR OTHER COUNTIES SERVED, AND SERVICES ARE FUNDED BY REVENUE GENERATED FROM OPERATIONS. LOCATED IN GEORGIA'S FASTEST GROWING REGION, THE 68-YEAR-OLD HOSPITAL NGMC GAINESVILLE HAS EXPANDED CONSIDERABLY IN RECENT YEARS TO MEET DEMAND, INVESTING A QUARTER OF A BILLION DOLLARS TO UPDATE ITS AGING PLANT AND ANOTHER \$200 MILLION-PLUS TO BUILD THE NGMC BRASELTON CAMPUS AND EXPAND ITS SERVICES TO INCLUDE OBSTETRICS AND RADIATION THERAPY. IN ADDITION TO THIS, NGMC HAS INVESTED OVER \$7 MILLION IN BARROW, ADDING A VARIETY OF STATE-OF-THE-ART EQUIPMENT. NGMC GAINESVILLE &amp; BRASELTON NORTHEAST GEORGIA MEDICAL CENTER'S CANCER SERVICES IS THE ONLY PROGRAM IN GEORGIA AND ONE OF ONLY 24 PROGRAMS IN THE NATION TO RECEIVE THE 2018 OUTSTANDING ACHIEVEMENT AWARD BY THE AMERICAN COLLEGE OF SURGEONS (ACS) COMMISSION ON CANCER (COC). NGMC HAS ALSO BEEN RECOGNIZED IN RECENT YEARS AS GEORGIA'S #1 HOSPITAL FOR OVERALL HOSPITAL CARE, OVERALL SURGICAL CARE, HEART CARE, ORTHOPEDIC SURGERY, WOMEN'S CARE AND MORE. IN 2018, NGMC GAINESVILLE AND BRASELTON PROVIDED CHARITY CARE TO HALL COUNTY RESIDENTS AT A COST OF \$23.3 MILLION WITH ANOTHER \$22.4 MILLION TO REGIONAL RESIDENTS OUTSIDE OF HALL COUNTY. NGMC RECEIVES NO LOCAL TAX REVENUE FROM HALL COUNTY, OR ANY OTHER COUNTIES, TO SUPPORT OPERATIONS OR CARE PROVIDED TO INDIGENT RESIDENTS. NGMC'S CHARITY CARE POLICY PROVIDES FINANCIAL ASSISTANCE UP TO 300 PERCENT OF THE POVERTY LEVEL. MANY HOSPITALS PROVIDE CHARITY ADJUSTMENTS ONLY TO THE LEVEL THAT MATCHES THE STATE DEFINITION OF MEDICALLY INDIGENT BUT NOT AT THE LEVEL THAT NGMC OFFERS. THE HOSPITAL IS A KEY PARTICIPANT AND FISCAL SPONSOR IN PROGRAMS AIMED AT TREATING LOW-INCOME AND UNINSURED PATIENTS, INCLUDING THE GOOD NEWS CLINICS, THE L</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>ARGEST FREE HEALTH CARE CLINIC IN GEORGIA, AND HEALTH ACCESS, A LOCAL SERVICE THAT MATCHES FINANCIALLY ELIGIBLE PATIENTS TO SPECIALTY PHYSICIANS AND PROVIDES ACCESS TO CARE, AMONG OTHER SERVICES. ADDITIONALLY - SINCE 2000, NGMC GAINESVILLE HAS PROVIDED NEARLY THREE TIMES THE AMOUNT OF INDIGENT AND CHARITY CARE SET FORTH IN REQUIREMENTS BY THE GEORGIA DEPARTMENT OF COMMUNITY HEALTH FOR SUCCESSFUL PASSAGE OF A CERTIFICATE OF NEED FOR NEW SERVICES, AND, UNLIKE MANY GEORGIA NOT-FOR-PROFIT HOSPITALS HELD TO THE SAME REQUIREMENTS, NGMC DOES NOT RECEIVE TAX FUNDING FROM ITS LOCAL COUNTY TO HELP FUND INDIGENT CARE TO AREA RESIDENTS - NGMC IS THE PRIMARY HOSPITAL FOR LOW-INCOME PATIENTS IN GAINESVILLE-HALL COUNTY AND THROUGHOUT THE REGION IN COUNTIES SUCH AS BANKS, LUMPKIN, RABUN, UNION AND WHITE, WHERE MANY KEY MEDICAL SPECIALTIES ARE NOT AVAILABLE - NGMC GAINESVILLE IS NUMBER 3 IN TOP HOSPITALS FOR NET UNCOMPENSATED CARE (\$63.2 M) PROVIDED IN GA. BASED ON SFY 2018 ICTF TOTAL HOSPITAL SPECIFIC DSH LIMITS, MANY OF THE HOSPITALS ON THE LIST RECEIVED LOCAL TAX DOLLARS, WHILE NGMC DID NOT, (SFY (STATE FISCAL YEAR) RUNS FROM JULY 1-JUNE 30) NGMC SERVES AS A FINANCIAL ENGINE FOR THE LOCAL ECONOMY. IN 2017 (LATEST NUMBERS AVAILABLE), NGMC GAINESVILLE AND BRASELTON CAMPUSES SURPASSED THE \$1.8 BILLION MARK IN LOCAL AND STATE ECONOMIC IMPACT, ACCORDING TO A REPORT BY THE GEORGIA HOSPITAL ASSOCIATION, WHICH APPLIED AN ECONOMIC MULTIPLIER TO THE HOSPITAL'S DIRECT EXPENDITURES TO ACCOUNT FOR THE "RIPPLE" EFFECT THE HOSPITAL'S SPENDING HAS ON OTHER SECTORS OF THE LOCAL AND STATE ECONOMIES. THE REPORT FOUND THAT THROUGH ITS ECONOMIC IMPACT, NGMC SUSTAINED MORE THAN 13,800 FULL-TIME JOBS THROUGHOUT THE REGION AND THE STATE. IN ADDITION TO 5,600 FULL-TIME EMPLOYEES, UNDER IRS LAW, A TAX-EXEMPT ORGANIZATION, CLASSIFIED AS A 501(C)(3) CHARITY, IS REQUIRED TO HAVE A MISSION THAT WILL BENEFIT ITS COMMUNITY, REINVEST ALL SURPLUS FUNDS IN THE ORGANIZATION IN A WAY THAT BENEFITS THE COMMUNITY, COMPENSATE EXECUTIVES, CONTRACTORS AND OTHER EMPLOYEES IN ACCORDANCE TO FAIR MARKET VALUE, REMAIN ACCOUNTABLE TO THE COMMUNITY, REFRAIN FROM PARTICIPATING IN POLITICAL CAMPAIGNS FOR OR AGAINST CANDIDATES AND/OR LOBBY AS A SUBSTANTIAL PART OF ITS ACTIVITIES, AND, REMAIN FINANCIALLY ACCOUNTABLE TO THE COMMUNITY BY NOT ALLOWING ANY PORTION OF ITS NET EARNINGS TO BENEFIT ANY PRIVATE SHAREHOLDER OR INDIVIDUAL. AS A NOT-FOR-PROFIT HOSPITAL, NGMC CARRIES ADDITIONAL RESPONSIBILITIES, AS ESTABLISHED BY THE IRS IN 1965, OPERATE A FULL-TIME EMERGENCY ROOM THAT IS AVAILABLE TO ALL PEOPLE, REGARDLESS OF THEIR ABILITY TO PAY, - NGMC GAINESVILLE HAD 105,571 ER VISITS, OPERATING THE FOURTH BUSIEST EMERGENCY DEPARTMENT IN GEORGIA - IN FY18, 21% OF ALL NGMC GAINESVILLE AND BRASELTON EMERGENCY ROOM VISITS WERE MADE BY SELF-PAY PATIENTS, PROVIDE NON-EMERGENCY SERVICES TO ANYONE ABLE TO PAY, AND MEDICALLY NECESSARY SERVICES TO ANYONE IN THE NGHS SERVICE AREA NOT ABLE TO PAY, - NORTHEAST GEORGIA HEALTH</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS	<p>             H SYSTEM PROVIDES HIGH QUALITY, ADVANCED SPECIALTY AND PRIMARY HEALTHCARE SERVICES TO THE NORTHEAST GEORGIA COMMUNITY, SERVING 1 MILLION PEOPLE IN MORE THAN 18 COUNTIES IN FY18, N GMC'S PAYOR MIX AT GAINESVILLE AND BRASELTON WAS 60% MEDICARE/MEDICAID, 29% COMMERCIAL INS URANCE AND 8% SELF-PAY PARTICIPATE IN MEDICAID AND MEDICARE, - 60% OF PATIENTS SERVED BY NGMC GAINESVILLE AND BRASELTON IN FY18 WERE MEDICAID AND MEDICARE PATIENTS, CREATE A GOVER NING BOARD THAT IS REPRESENTATIVE OF THE COMMUNITY IT SERVES, - MORE THAN 90 COMMUNITY MEM BERS ARE ACTIVELY INVOLVED IN GOVERNANCE THROUGH NORTHEAST GEORGIA HEALTH SYSTEM, NGMC AND OTHER SUBSIDIARY BOARDS AND COMMITTEES ALLOW MEDICAL STAFF PRIVILEGES TO ANY PROFESSIONA L WHO IS QUALIFIED AND APPLIES, AND, - NGMC HAS A MEDICAL STAFF OF OVER 700 PHYSICIANS REP RESENTING NUMEROUS ADVANCED SPECIALTIES SUCH AS GYNCOLOGIC ONCOLOGY, ELECTROPHYSIOLOGY, C ARDIAC SURGERY, CRITICAL CARE MEDICINE, SURGICAL TRAUMA, NEONATOLOGY, PERINATOLOGY AND TEL EMEDICINE REINVEST SURPLUS FUNDS IN OPERATIONS - AS NOT-FOR-PROFIT ORGANIZATIONS, THE RE VENUE GENERATED BY NGMC AND ITS PARENT ORGANIZATION, NORTHEAST GEORGIA HEALTH SYSTEM, ABOV E OPERATING EXPENSES IS REINVESTED INTO THE COMMUNITY EXAMPLES INCLUDE CONSTRUCTION OF NE W MEDICAL FACILITIES, SUCH AS THE HOSPITAL IN BRASELTON OFFERING 24/7 EMERGENCY ROOM SERVI CES NOT PREVIOUSLY AVAILABLE TO LOCAL RESIDENTS, INVESTMENTS IN ADVANCED MEDICAL TECHNOLOG Y SUCH AS ROBOTIC SURGICAL SYSTEMS AND STATE OF THE ART RADIATION THERAPY EQUIPMENT, AND D EVELOPMENT OF A LEVEL 2 TRAUMA CENTER NGMC PARTICIPATES IN THE INDIGENT CARE TRUST FUND ( ICTF), A PROGRAM ESTABLISHED IN 1990, WHICH EXPANDS MEDICAID ELIGIBILITY AND SERVICES, SUP PORTS RURAL HEALTH CARE FACILITIES THAT SERVE THE MEDICALLY INDIGENT AND FUNDS PRIMARY HEA LTH CARE PROGRAMS FOR MEDICALLY INDIGENT GEORGIANS GEORGIA'S DISPROPORTIONATE SHARE HOSPI TAL (DSH) PROGRAM IS FUNDED THROUGH THE ICTF, AND ASSISTS HOSPITALS AND OTHER HEALTH PROVI DERS THAT CARE FOR HIGH PROPORTIONS OF MEDICAID, UNINSURED AND/OR LOW-INCOME PATIENTS IN 2018, NGMC RECEIVED \$8 8 MILLION IN NET FUNDS ALLOCATED THROUGH THE MEDICAID DSH (ICTF) PR OGRAM TO PARTIALLY OFFSET A FINANCIAL LOSS OF \$63 2 MILLION IN COST THE MEDICAL CENTER INC URRED TREATING UNINSURED AND MEDICAID PATIENTS IN ADDITION, NGMC RECEIVED \$10 1 MILLION I N NET FUNDS ALLOCATED THROUGH THE MEDICAID UPL PROGRAM TO ADJUST MEDICAID PAYMENTS UPWARD TO MATCH MEDICARE PAYMENT LEVELS           </p>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>NGMC GAINESVILLE AND BRASELTON VALUE COOPERATIVE EFFORTS WITH COMMUNITY ORGANIZATIONS AND OTHER HEALTHCARE PROVIDERS TO IMPROVE THE HEALTH STATUS OF AREA RESIDENTS. THIS IS DEMONSTRATED THROUGH MANY PARTNERSHIPS RANGING FROM SERVING AS LEAD AGENCY OF SAFE KIDS GAINESVILLE/HALL COUNTY, TO PARTNERING WITH OTHER ORGANIZATIONS SUCH AS GOOD NEWS CLINICS AND THE PUBLIC HEALTH DEPARTMENT TO REACH AT-RISK POPULATIONS IN NEED OF HEALTH CARE. IN FY18, NGMC GAINESVILLE AND BRASELTON PROVIDED OVER \$8 MILLION IN COMMUNITY BENEFIT PROGRAMS/OUTREACH. HEALTH EDUCATION WAS PROVIDED THROUGH FREE COMMUNITY LECTURES, HEALTH SCREENINGS, AND VARIOUS SUPPORT GROUPS. NGMC ALSO OFFERED MANY COMMUNITY EDUCATION SEMINARS FOR HEALTH PROFESSIONALS IN THE COMMUNITY, REGION AND STATE, AS WELL AS FOR STUDENTS PURSUING CAREERS IN HEALTH. IN ADDITION, NGMC PROVIDED SUPPORT TO OTHER LOCAL NON-PROFIT ORGANIZATIONS THAT SERVE THE COMMUNITY. WHAT DRIVES NGMC'S COMMUNITY HEALTH IMPROVEMENT ACTIVITIES? NGMC, WITH INPUT FROM THE COMMUNITY, COMPLETED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN 2016. THE ASSESSMENT FOCUSED MAINLY ON THE NEEDS OF THE COMMUNITY'S MOST VULNERABLE POPULATIONS, PARTICULARLY THOSE WITH LOW-INCOMES WHO ARE UNINSURED. INPUT FROM THE COMMUNITY WAS GATHERED THROUGH FOCUS GROUPS AND INTERVIEWS. THE STUDY CULMINATED IN THE IDENTIFICATION OF THE FOLLOWING 5 PRIORITY HEALTH NEEDS ACROSS THE REGION: SEPTICEMIA, ACCESS TO CARE, DIABETES, CANCER AND INJURY. THE 5 HEALTH PRIORITIES FIT HAND-IN-GLOVE WITH THE STRATEGIC DIRECTION OF THE ORGANIZATION. MENTAL AND BEHAVIORAL HEALTH IS A PRIORITY FOR NGMC. A LISTENING SESSION WAS HELD WITH OVER 60 STAKEHOLDERS IN THE COMMUNITY, RANGING FROM BEHAVIORAL HEALTH COUNSELING AGENCIES, TO SCHOOLS AND BUSINESSES. FROM THIS, A STEERING COMMITTEE EMERGED THAT IS BEING HOUSED UNDER UNITED WAY'S ONE HALL. WITHIN THE ONE HALL FRAMEWORK, THE STEERING COMMITTEE IS WORKING BETTER TO COORDINATE MENTAL HEALTH SERVICES IN NORTHEAST GEORGIA THROUGH NEW FORMS OF CONNECTIVITY WHICH WILL INCLUDE A SHARED PLATFORM AND NAVIGATION SYSTEM, PROVIDING MENTAL HEALTH FIRST AID TRAINING TO TARGETED AUDIENCES, AND COLLABORATION. PROCEEDS FROM THE 2019 MEDICAL CENTER OPEN WILL GO TOWARD A STUDENT SUCCESS CENTER LOCATED ON THE CAMPUS OF GAINESVILLE HIGH SCHOOL AND WILL BE AVAILABLE TO STUDENTS THROUGHOUT HALL COUNTY. THE CENTER WILL ADDRESS ACADEMIC AND WORKFORCE DEVELOPMENT WHILE ALSO INCREASING ACCESS, COLLABORATION AND EDUCATION REGARDING MENTAL AND BEHAVIORAL HEALTH SUPPORTS. NGMC'S EMERGENCY DEPARTMENTS HAVE PARTNERED WITH THE GEORGIA COUNCIL ON SUBSTANCE ABUSE TO IMPLEMENT THE ED-CARES (CERTIFIED ADDICTION RECOVERY SPECIALISTS) PROGRAM WHICH CONNECTS PEOPLE WHO HAVE BEEN ADMITTED TO EMERGENCY ROOMS FOR AN OPIOID-RELATED OVERDOSE WITH TRAINED PEER RECOVERY COACHES WHO PLAY AN IMPORTANT ROLE IN HELPING PEOPLE AVOID ANOTHER OVERDOSE AND ENCOURAGING THEM TO SEEK TREATMENT. NGMC IS THE ONLY HOSPITAL SYSTEM IN GEORGIA TO PROVIDE THIS SUPPORT, WHICH IS PROVIDED.</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>IN ALL THREE EMERGENCY DEPARTMENTS (AT GAINESVILLE, BRASELTON AND BARROW) NGMC IS THE FIRST IN THE NATION TO OFFER THE CARES PROGRAM IN ITS NEONATAL INTENSIVE CARE UNITS (NICU) TO HELP FAMILIES OF BABIES BORN WITH NEONATAL ABSTINENCE SYNDROME (NAS) FIND A PATH TO RECOVERY. NGMC ALSO HAS DEDICATED NICU STAFF EDUCATING THE FAMILIES ON HOW TO CARE FOR THEIR INFANT WITH NAS. FOR MORE INFORMATION ABOUT PROGRESS ON THESE AND OTHER HEALTH PRIORITIES, GO TO <a href="http://WWW.NGHS.COM/CHNA-OUTCOME">WWW.NGHS.COM/CHNA-OUTCOME</a>. THE FOLLOWING CONTAINS ADDITIONAL HIGHLIGHTS OF COMMUNITY BENEFIT ACTIVITIES PROVIDED BY NGMC IN FY18, OFTEN PARTNERING WITH OTHER ORGANIZATIONS AND INDIVIDUALS IN THE COMMUNITY PARTNERING TO REACH THE UNINSURED. NGMC WORKS COOPERATIVELY WITH OTHER AREA HEALTHCARE PROVIDERS TO CARE FOR AREA RESIDENTS, PARTICULARLY THE INDIGENT POPULATION. PARTNERS INCLUDE, BUT ARE NOT LIMITED TO, NGMC, THE NORTHEAST GEORGIA PHYSICIANS GROUP (NGPG) PRIMARY CARE CLINIC AT HALL COUNTY HEALTH DEPARTMENT, THE LONGSTREET CLINIC, MEDLINK (FEDERALLY QUALIFIED HEALTH CENTER), AREA PHYSICIANS AND INDIGENT CLINICS SUCH AS GOOD NEWS CLINICS IN GAINESVILLE AND GOOD SHEPHERD CLINIC OF DAWSON COUNTY. GOOD NEWS CLINICS (GNC) NGMC PROVIDES FUNDING TO GNC (THE LARGEST FREE CLINIC IN GEORGIA) THAT HELPS PROVIDE MEDICATIONS, MEDICAL SUPPLIES AND OTHER SUPPORT. FOUNDED IN 1992, GNC IS A CHRISTIAN MINISTRY THAT PROVIDES MEDICAL AND DENTAL CARE TO THE INDIGENT AND UNINSURED POPULATION AT NO CHARGE. THIRTY-NINE PHYSICIANS, 5 MID-LEVEL PROVIDERS, 43 DENTISTS AND ONE DENTAL HYGIENIST VOLUNTEER TO TREAT PATIENTS AT GNC. IN ADDITION, 256 SPECIALIST PHYSICIANS VOLUNTEER TO TREAT PATIENTS IN THEIR OFFICES THROUGH HEALTH ACCESS INITIATIVE. IN FY18, OVER \$560,000 WAS DONATED TO HELP GNC PROVIDE CARE TO INDIGENT PATIENTS WHO WERE AT OR BELOW 150% OF THE FEDERAL POVERTY GUIDELINES AND DID NOT QUALIFY FOR OTHER PROGRAMS. TO PROVIDE INTEGRATION BETWEEN GNC, NGHS, AND OTHER PROVIDERS IN THE COMMUNITY, NGMC IS WORKING TO HELP SUPPORT THE IMPLEMENTATION OF A HIGH-LEVEL ELECTRONIC MEDICAL RECORD SYSTEM TO IMPROVE COORDINATION OF CARE AND OUTCOMES FOR THIS VULNERABLE PATIENT POPULATION. EVA JOHNSON, NGMC NURSE PRACTITIONER AND HEART FAILURE DISEASE MANAGER, HELPED ESTABLISH AND NOW RUNS THE HEART FAILURE CLINIC AT GNC. EVA HAS WORKED WITH GOOD NEWS CLINIC TO SUCCESSFULLY APPLY FOR GRANTS THAT AWARDED FUNDING FOR MEDICATIONS, BLOOD PRESSURE CUFFS AND SCALES FOR PATIENTS IN THE HEART FAILURE CLINIC. THIS PROJECT HAS BEEN EXTREMELY SUCCESSFUL, HOLDING THE 30-DAY HOSPITAL READMISSIONS TO ONE PATIENT IN 2018. DUE TO THE SUCCESS OF THE GOOD NEWS CLINIC'S HEART FAILURE CLINIC, EVA WAS GIVEN BRENDA UNIVERSITY'S MASTERS IN THE ART OF NURSING - HEALERS AMONG US AWARD IN FEBRUARY, 2018. NGPG PRIMARY CARE CLINIC AT THE HALL COUNTY HEALTH DEPARTMENT. NGMC FUNDS AND STAFFS A PRIMARY CARE CLINIC AT THE HALL COUNTY HEALTH DEPARTMENT TO IMPROVE ACCESS TO PRIMARY HEALTHCARE SERVICES FOR LOW-INCOME PEOPLE IN OUR COMMUNITY. IN FY18, NGMC CONTRIBUTED</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>\$938,386 TO PROVIDE THIS CLINIC PRENATAL CARE PROGRAM AT THE HEALTH DEPARTMENT NGMC, THE LONGSTREET CLINIC, AND HALL COUNTY HEALTH DEPARTMENT PARTNER TO IMPROVE BIRTH OUTCOMES BY INCREASING EARLY PRENATAL CARE FOR LOW-INCOME, UNINSURED AND UNDER-INSURED PREGNANT WOMEN VIA THE HEALTH DEPARTMENT'S PRIMARY CARE CLINIC YEARLY SUPPORT FROM NGMC IS APPROXIMATELY \$200,000 INDIGENT PATIENT FUND AT NGMC, FINANCIAL ASSISTANCE IS PROVIDED FOR INDIGENT PATIENTS TO OBTAIN URGENTLY NEEDED DISCHARGE MEDICATIONS AND TRANSPORTATION INDIVIDUALS ELIGIBLE FOR THESE FUNDS ARE PATIENTS WHOSE NEEDS CANNOT BE MET THROUGH PRIMARY INSURANCE, THEIR OWN PERSONAL FUNDS, GOVERNMENT PROGRAMS OR OTHER CHARITABLE SERVICES THIS HELPS TO ENSURE MEDICATION COMPLIANCE AND MAXIMIZE CONDITIONS FOR RECOVERY AND RECUPERATION THE MEDICAL CENTER FOUNDATION PROVIDES FUNDING FOR THIS CHARITY CARE NGMC'S CHARITY CARE POLICY REMOVES BARRIERS FOR LOW-INCOME POPULATIONS WITHIN OUR SERVICE AREA BEGINNING WITH FREE, MEDICALLY NECESSARY CARE FOR PATIENTS WHOSE GROSS FAMILY INCOME IS 0 TO 150% OF THE FEDERAL POVERTY LEVEL (FPL) ADJUSTED FOR FAMILY SIZE FURTHER, PATIENTS FROM OUR SERVICE AREA, WHOSE FPL IS FROM 151 TO 300%, MAY QUALIFY FOR AN ADJUSTMENT EQUIVALENT TO THE HOSPITAL'S MEDICARE REIMBURSEMENT RATE PLUS AN ADDITIONAL 40% DISCOUNT TO THE MEDICARE REIMBURSEMENT RATE TOTAL CHARITY CARE COST FOR FY18 \$23.3 MILLION FOR HALL COUNTY WITH ANOTHER \$22.4 MILLION FOR REGIONAL RESIDENTS OUTSIDE OF HALL COUNTY FINANCIAL NAVIGATORS NGMC HAS FINANCIAL ASSISTANCE COUNSELORS WHO HELP PATIENTS BECOME INSURED, BE IT THROUGH MEDICAID, PEACHCARE OR OTHER PROGRAMS THIS TEAM FOCUSES ON BEING ADVOCATES FOR UNINSURED AND UNDER-INSURED PATIENTS, AIDING THEM IN FINDING VIABLE MEANS TO ACCESS CARE THEY FIND THE BEST SOLUTIONS FOR HELPING PATIENTS APPLY FOR MEDICAID OR DISABILITY, ACCESSING HEALTHCARE EXCHANGES OR PROCESSING CHARITY APPLICATIONS WHEN APPROPRIATE PATIENT NAVIGATORS NGMC HAS A CANCER PATIENT NAVIGATION PROGRAM TO PROVIDE CANCER PATIENTS WITH GUIDANCE THROUGHOUT THEIR CANCER JOURNEY, AND THEY ARE SEEN AS A "LIVING RESOURCE DIRECTORY" FOR PATIENTS</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>CLINICAL RESEARCH NGMC'S OFFICE OF RESEARCH IS RESPONSIBLE FOR OVERSEEING THE QUALITY, SCIENTIFIC INTEGRITY, ACADEMIC IMPACT, REGULATORY COMPLIANCE AND FINANCIAL RESPONSIBILITY OF CLINICAL HUMAN SUBJECT RESEARCH CONDUCTED AT NGHS. IN FY18, NGMC HAD AN AVERAGE OF 35 CLINICAL TRIAL RESEARCH STUDIES AVAILABLE TO PATIENTS IN THE COMMUNITY AND ENROLLED APPROXIMATELY 250 PATIENTS INTO CLINICAL TRIALS. CANCER STUDIES COVER THE SPECTRUM OF BREAST, LUNG, COLON, PROSTATE, BLADDER AND THYROID CANCERS, AND STUDIES IN CARDIOLOGY INCLUDE INNOVATIVE THERAPIES AND DEVICES FOR USE IN TREATING CARDIOVASCULAR DISEASE. RESEARCH IMPACTS THE STANDARD OF CARE, IMPROVING THE CARE THAT PATIENTS RECEIVE. NGMC'S ONCOLOGY RESEARCH PROGRAM, THROUGH THE GEORGIA NCORP (NATIONAL CANCER INSTITUTE COMMUNITY ONCOLOGY RESEARCH PROGRAM), RECEIVED RECOGNITION AS A HIGH PERFORMING RESEARCH SITE MEMBER. GEORGIA NCORP PROVIDES GEORGIANS WITH ACCESS TO STATE-OF-THE-ART CANCER PREVENTION, SCREENING, CONTROL, TREATMENT AND POST TREATMENT TRIALS IN 41 LOCATIONS THROUGHOUT THE STATE. NGMC WAS RECOGNIZED FOR RESULTS IN MEETING OR EXCEEDING GOALS FOR PROVIDING PATIENTS ACCESS TO CANCER RESEARCH TRIALS. NGMC'S CARDIOLOGY RESEARCH PROGRAM WAS RECOGNIZED BY MAJOR SPONSORS AS A TOP ENROLLING SITE THROUGH PARTICIPATION IN PHARMACEUTICAL AND DEVICE CLINICAL TRIALS IN CARDIOLOGY WITH OUTCOMES THAT HAVE THE POTENTIAL TO IMPROVE STANDARD OF CARE FOR PATIENTS THROUGHOUT THE U.S. AND AROUND THE WORLD. PARTNERING IN THE COMMUNITY NGMC VOLUNTEERS. IN FY18, 758 NGMC VOLUNTEERS CONTRIBUTED 69,655 VOLUNTEER HOURS, EQUIVALENT TO 41 FULL TIME EMPLOYEES AND A VALUE OF OVER \$1.7 MILLION TO THE ORGANIZATION (INCLUSIVE OF GAINESVILLE, BRASELTON AND B ARROW). WHILE THESE FIGURES ARE NOT INCLUDED IN THE QUANTITATIVE PORTION OF THE COMMUNITY BENEFIT REPORT, THEY SHOW THE DEPTH OF SUPPORT THE COMMUNITY GIVES NGMC. 118 TEENS PARTICIPATED IN THE TEEN VOLUNTEER PROGRAM IN 2018. THE TEENS REPRESENTED 29 DIFFERENT SCHOOLS WITHIN THE AREA. PARTNERSHIP FOR A DRUG FREE HALL (DFH) AT NGMC, THE NUMBER OF OPIOID OVERDOSE PATIENTS ARRIVING IN THE EMERGENCY DEPARTMENTS HAS INCREASED FROM 281 PATIENTS IN 2015 TO 696 IN 2016. HALL COUNTY'S RESPONSE TO THE OPIOID EPIDEMIC IS THE COLLABORATIVE PARTNERSHIP FOR A DRUG FREE HALL (DFH) MODELED AFTER A PARTNERSHIP FORMED IN GWINNETT COUNTY LED BY SENATOR RENEE UNTERMAN, SHE, ALONG WITH DEB BAILEY, EXECUTIVE DIRECTOR OF GOVERNMENTAL AFFAIRS AT NGHS, DALLAS GAY, FORMER NGHS BOARD MEMBER, AND JUDY BROWNELL, DIRECTOR OF PREVENTION AT CENTER POINT, PULLED TOGETHER A DIVERSE GROUP OF AGENCIES IN HALL COUNTY TO FORM THIS PARTNERSHIP. DFH IS DEDICATED TO PROVIDING THE PEOPLE OF HALL COUNTY WITH INFORMATION, RESOURCES AND ACTIONS TO ADDRESS DRUG ABUSE. THE DFH NOT MY FAMILY FORUMS FOR AWARENESS AND EDUCATION TARGETED FAMILIES, EDUCATING OVER 745 PEOPLE LIVE IN GAINESVILLE. ADDITIONAL RESOURCES, SUCH AS, FORUM RECORDINGS, PARENT SUPPORT GROUP INFORMATION AND MORE CAN BE FOUND AT <a href="http://drugfreehall">HTTP://DRUGFREEHALL</a></p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>ORG VISIT <a href="http://OPIOIDOVERDOSERESCUE.COM">HTTP //OPIOIDOVERDOSERESCUE COM</a> TO COMPLETE THE VIDEO TRAINING ON 3 STEPS TO SAVE A LIFE FALLS PREVENTION EXPO/ GETTING OLDER &amp; BETTER WORKSHOP THE 2018 FALLS PREVENTION EXPO WAS HELD JOINTLY WITH THE GETTING OLDER &amp; BETTER WORKSHOP, SPONSORED BY THE MEDICAL CENTER AUXILIARY, AND PROVIDED BY BRENAU UNIVERSITY IVESTER COLLEGE OF HEALTH SCIENCES, LEGACY LINK AREA AGENCY ON AGING, AND TRAUMA &amp; ACUTE CARE SERVICES OF NORTHEAST GEORGIA MEDICAL CENTER (A SUBGROUP OF THE NORTHEAST GEORGIA FALLS COALITION) ABOUT 200 SENIORS AND CAREGIVERS ATTENDED ON FRIDAY, SEPTEMBER 21, 2018 AT THE GAINESVILLE CIVIC CENTER WHERE THEY PARTICIPATED IN EXERCISE DEMONSTRATIONS, SCREENINGS, AND GROUP-FACILITATED EDUCATION PROVIDED BY MANY COMMUNITY ORGANIZATIONS THAT VOLUNTEERED THEIR SERVICES NGMC PARTNERED WITH LEGACY LINK AREA AGENCY ON AGING AND STEPHENS COUNTY SENIOR CENTER TO PROVIDE FALL PREVENTION EDUCATION CLASSES ADDITIONALLY, NGMC'S TRAUMA OUTREACH COORDINATOR TRAVELED ON ROUTE WITH MEALS ON WHEELS PROVIDING ONE-ON-ONE AWARENESS AND RESOURCES ABOUT FALLS TO STEPHENS COUNTY RESIDENTS READ LEARN SUCCEED IN AN EFFORT TO IMPROVE SCHOOL READINESS AND LITERACY FOR OUR COMMUNITY'S CHILDREN, NGMC PARTNERED WITH THE UNITED WAY OF HALL COUNTY'S READ LEARN SUCCEED INITIATIVE TO PRODUCE A CHILDREN'S BOOK PRINTED IN ENGLISH AND SPANISH, "WELCOME TO THE WORLD," PROVIDES EDUCATION ABOUT THE IMPORTANCE OF READING TO CHILDREN EVERY DAY, FOR AT LEAST 15 MINUTES, STARTING AT BIRTH THE BOOK ALSO INCLUDES KEEPSAKE PAGES FOR BABY'S FIRST FOOTPRINTS AND HANDPRINTS FUNDED BY THE MEDICAL CENTER AUXILIARY, 4,625 COPIES IN ENGLISH AND 1,125 IN SPANISH WERE DISTRIBUTED FOR ALL BABIES BORN AT NGMC GAINESVILLE AND NGMC BRASELTON NGMC IS ACTIVELY INVOLVED IN VISION 2030 (<a href="http://WWW.VISION2030.ORG">WWW.VISION2030.ORG</a>), A COMMUNITY-WIDE PROGRAM SPONSORED BY THE GREATER HALL CHAMBER OF COMMERCE AN NGMC EMPLOYEE CURRENTLY SERVES ON THE BOARD OF VISION 2030 WHICH FOCUSES ON THE CREATION OF A CULTURE OF COMMUNITY WELLNESS, THE SUPPORT AND MAINTENANCE OF LIFELONG LEARNING, THE BUILDING OF AN ECONOMY AROUND EMERGING LIFE SCIENCES, THE ENCOURAGEMENT OF INNOVATIVE GROWTH/INFRASTRUCTURE DEVELOPMENT AND THE PROMOTION OF CULTURAL INTEGRATION NGMC IS ALSO AN ACTIVE PARTNER ON OTHER CHAMBER COMMITTEES SUCH AS THE HEALTHCARE COMMITTEE AND THE HEALTH INITIATIVE CONSORTIUM NGMC IS ALSO A PARTNER IN HALLMARK, WHICH IS A COMMUNITY INVESTMENT PLAN THAT ADDRESSES ECONOMIC DEVELOPMENT, EDUCATION, GOVERNMENT AND COMMUNITY DEVELOPMENT THROUGH PARTNERSHIP THE MEDICAL CENTER FOUNDATION (MCF) RAISES FUNDS TO BENEFIT THE COMMUNITY THE MCF IS THE FUNDRAISING ARM OF NGMC AND RAISES FUNDS TO IMPROVE THE HEALTH OF THE COMMUNITY THE FOUNDATION'S OPERATING EXPENSES ARE SUPPORTED BY NGMC SO THAT DONATED FUNDS CAN BE USED TO SUPPORT NGMC PROJECTS AND COMMUNITY HEALTH IMPROVEMENT INITIATIVES FOLLOWING ARE ITEMS OF INTEREST TO NOTE - SINCE 1997, APPROXIMATELY \$4.1 MILLION HAS BEEN RAISED FOR COMMUNITY HEALTH IMPROVEMENT PROJECTS</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A	THROUGH THE MEDICAL CENTER OPEN - THE 2017 MEDICAL CENTER OPEN GOLF TOURNAMENT, WHICH WAS HELD IN FY18, RAISED A RECORD-BREAKING \$320,000 TO FUND THE PURCHASE OF A MOBILE SIMULATI ON UNIT FOR TRAINING OF NORTHEAST GEORGIA HEALTH SYSTEM EMPLOYEES AT ALL LOCATIONS THROUGH OUT THE 18-COUNTY SERVICE REGION THIS MOBILE TRAINING UNIT WILL ALLOW CARE PROVIDERS TO P REPARE FOR LIFE-THREATENING SITUATIONS AND PERFECT THE SKILLS NEEDED TO SAVE A LIFE OVER 100 COMMUNITY VOLUNTEERS, 200 SPONSORS AND 200 PLAYERS MADE THE TOURNAMENT A SUCCESS! - TH ROUGH THE EMPLOYEE GIVING CLUB KNOWN AS WATCH (WE ARE TARGETING COMMUNITY HEALTH), MEMBERS HAVE DONATED MORE THAN \$9 5 MILLION IN SUPPORT OF CAPITAL IMPROVEMENTS, COMMUNITY INITIAT IVES, EQUIPMENT AND ENHANCED PATIENT CARE SINCE THE PROGRAM'S INCEPTION IN 1999

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>COMMUNITY EDUCATION SAFE KIDS COALITION WORKS TO KEEP KIDS SAFE THE GAINESVILLE-HALL COUNTY SAFE KIDS COALITION, LED BY NGMC, IS PART OF SAFE KIDS WORLDWIDE, THE FIRST AND ONLY NATIONAL ORGANIZATION DEDICATED SOLELY TO THE PREVENTION OF UNINTENTIONAL CHILDHOOD INJURY, WHICH IS THE NATION'S NUMBER ONE KILLER OF CHILDREN AGES 19 AND UNDER THIS PROGRAM PROVIDES AFFORDABLE SAFETY EQUIPMENT SUCH AS CAR SEATS, BIKE HELMETS, AND LIFE JACKETS TO AREA CHILDREN IN NEED WORKING WITH A COALITION MADE UP OF LAW ENFORCEMENT, AREA SCHOOLS, COMMUNITY VOLUNTEERS AND OTHERS, SAFE KIDS PROVIDES EDUCATIONAL MATERIALS AND PROGRAMS THAT TEACH CHILDREN AND THEIR PARENTS HOW TO AVOID ACCIDENTS AND INJURIES SAFE KIDS CONTINUED THE WORK OF INJURY PREVENTION FOR FAMILIES IN THE HALL COUNTY COMMUNITY IN 2018 THANKS TO THE SUPPORT OF MCF AND THE MEDICAL CENTER AUXILIARY PROCEEDS FROM MARKETPLACE (AN ANNUAL FUNDRAISING EVENT OF THE MEDICAL CENTER AUXILIARY, WHICH BENEFITS HEALTHCARE SERVICES OF NGMC) IN FY18, MEMBERS OF THE GAINESVILLE-HALL COUNTY SAFE KIDS COALITION PROVIDED OVER 126 PROGRAMS AND EVENTS THAT REACHED AN ESTIMATED 33,526 CHILDREN AND THEIR FAMILY MEMBERS, TEACHERS AND CAREGIVERS THROUGH THESE PROGRAMS, OVER 10,580 SAFETY ITEMS WERE DISTRIBUTED TO FAMILIES IN NEED OF THEM T2 DIABETES PROGRAM THIS PROGRAM OFFERS GROUP SUPPORT AND ENCOURAGEMENT IN WEEKLY AND MONTHLY SESSIONS AND USES AN EVIDENCE-BASED LIFESTYLE PROGRAM TO HELP PARTICIPANTS (WITH ELEVATED RISK FOR DEVELOPING DIABETES) UNDERSTAND AND CHOOSE METHODS TO DECREASE RISK OF GETTING DIABETES NGMC HAS PARTNERED WITH YMCA GAINESVILLE AND BRADAKINS YMCA IN WINDER TO OFFER PREVENT T2 PROGRAM WITHIN THE FACILITIES TO FURTHER EXPAND ACCESS TO THE PROGRAM, NGMC PARTNERED WITH GOOD NEWS CLINIC FOR THEIR REGISTERED DIETITIAN TO HELP FACILITATE THE GAINESVILLE PREVENT T2 GROUP THIS PROGRAM IS ALSO AVAILABLE IN SPANISH ACCORDING TO THE CDC, LOSING 5%-7% OF WEIGHT BY REDUCING CALORIES AND INCREASING PHYSICAL ACTIVITY WILL REDUCE THE RISK OF DEVELOPING TYPE 2 DIABETES BY 58% WITH 26 TOTAL PARTICIPANTS IN THE PROGRAM, THE AVERAGE WEIGHT LOSS WAS 9.3 POUNDS NGMC ACHIEVED FULL RECOGNITION STATUS THROUGH CDC FOR PREVENT T2 PROGRAMS FULL RECOGNITION MEANS THAT A PROGRAM HAS DEMONSTRATED EFFECTIVENESS BY ACHIEVING ALL OF THE PERFORMANCE CRITERIA DETAILED IN THE CDC'S DIABETES PREVENTION RECOGNITION PROGRAM STANDARDS RESPECTING CHOICES ADVANCED CARE PLANNING GUNDERSON RESPECTING CHOICES ADVANCE CARE PLANNING IS AN EVIDENCE-BASED MODEL OF ADVANCED CARE PLANNING THAT HONORS AN INDIVIDUAL'S GOALS AND VALUES FOR CURRENT AND FUTURE HEALTH CARE THIS PROGRAM IS DESIGNED TO CREATE A CULTURE OF OPEN DISCUSSION ABOUT END OF LIFE CARE IN NORTHEAST GEORGIA SO THAT FAMILIES ARE RELIEVED OF UNNECESSARY STRESS THIS PROJECT IS FUNDED BY THE MEDICAL CENTER FOUNDATION'S HEALTHY JOURNEY CAMPAIGN, WHICH FUNDS THE TRAINING AND MATERIALS NEEDED TO EDUCATE THE COMMUNITY ON IMPLEMENTING THIS MODEL HOSPICE BEREAVEMENT CAMPS, SUP</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>PORT GROUPS AND OUTREACH HOSPICE OF NGMC PROVIDED MULTIPLE BEREAVEMENT SUPPORT GROUPS AND EDUCATION FOR THOSE GRIEVING A LOSS OR CARING FOR A LOVED ONE WITH AN ILLNESS (SUCH AS DE MENTIA), AND TWO CAMPS FOR CHILDREN DEALING WITH THE LOSS OF SOMEONE CLOSE TO THEM IN FY18, OVER 4,513 INDIVIDUALS WERE SERVED THROUGH THESE PROGRAMS. NGMC PROVIDES VITAL COMMUNITY PROFESSIONAL EDUCATION AT HOME AND THROUGHOUT THE STATE. NORTHEAST GEORGIA STEMI SUMMIT HOSTED EACH YEAR BY NGMC, THE NORTHEAST GEORGIA STEMI SUMMIT BRINGS TOGETHER PARAMEDICS, EMS STAFF AND DOCTORS FROM ACROSS THE STATE. THEY MEET TO DISCUSS THE STATE OF THE NORTHEAST GEORGIA REGIONAL STEMI SYSTEM A COLLABORATIVE EFFORT PROVIDING CRITICAL CARE AND RAPID RESPONSE IN 18 COUNTIES ACROSS THE REGION TO PEOPLE SUFFERING A SEVERE HEART ATTACK KNOWN AS STEMI (S-T SEGMENT ELEVATION MYOCARDIAL INFARCTION). KEYNOTE SPEAKERS AT THE CONFERENCE INCLUDE THE NATION'S LEADING CARDIOLOGISTS AND EXPERTS IN THE STUDY OF REGIONAL APPROACHES TO HEART ATTACK CARE. THE 2018 CONFERENCE EDUCATED MORE THAN 1,500 MEDICAL PROFESSIONALS AND FIRST RESPONDERS. INFECTION PREVENTION SYMPOSIUM THE NORTHEAST GEORGIA REGIONAL INFECTION PREVENTION SYMPOSIUM IS A FREE CONFERENCE OFFERED TO ANY HEALTHCARE PROVIDER THROUGHOUT THE STATE BY NGMC'S INFECTION PREVENTION &amp; CONTROL DEPARTMENT. WITH 140 ATTENDEES, THIS CONFERENCE FOCUSED ON INCREASING KNOWLEDGE ON INFECTION PREVENTION. MANY OF THE SMALL RURAL FACILITIES THROUGHOUT GEORGIA HAVE LIMITED TO NO ACCESS TO INFECTION PREVENTION AND CONTROL EDUCATION. REGIONAL TRAUMA ADVISORY COMMITTEE (RTAC) SYMPOSIUM AS PART OF THE STATE OF GEORGIA'S TRAUMA SYSTEM, THE REGIONAL TRAUMA ADVISORY COMMITTEE (RTAC) DEVELOPS AND MAINTAINS THE REGION'S TRAUMA SYSTEM PLAN AND MONITORS SYSTEM COMPLIANCE AND IMPROVEMENT ACTIVITIES. NGMC PARTNERS WITH OTHER EMS AGENCIES, PARTICIPATING HOSPITALS, LOCAL GOVERNMENTS AND THE PUBLIC AS A PART OF THIS COMMITTEE AND THE ANNUAL RTAC SYMPOSIUM, WHICH PROVIDED EDUCATION TO 600 HEALTH PROFESSIONALS IN THE REGION IN FY18. ADDITIONALLY, NGMC TRAUMA STAFF PROVIDED TRAINING IN THE COMMUNITY FOR THE STOP THE BLEED CAMPAIGN, A SCHOOL RESPONSE PROGRAM DESIGNED TO ENABLE TEACHERS, NURSES, AND STAFF TO RENDER IMMEDIATE, POTENTIALLY LIFE-SAVING MEDICAL AID TO INJURED STUDENTS OR CO-WORKERS WHILE AWAITING THE ARRIVAL OF PROFESSIONAL RESPONDERS. NGMC STAFF ALONG WITH REGION 2 RTAC MEMBERS TRAINED 9,346 TEACHERS, ADMINISTRATORS, AND OTHER SCHOOL STAFF AT 149 SCHOOLS (ELEMENTARY, MIDDLE AND HIGH SCHOOL). WORKFORCE DEVELOPMENT NGMC CONTINUES TO SERVE AS A "PIPELINE" TO HELP GET MORE QUALIFIED PEOPLE INTERESTED IN HEALTHCARE POSITIONS AND HELP PROVIDE TRAINING AND EDUCATION TO STUDENTS. THIS TRAINING AND EDUCATION IS DONE THROUGH A VARIETY OF AVENUES FROM JOB SHADOWING TO THE NURSE EXTERN PROGRAM AND PHARMACY RESIDENCY PROGRAM, AS WELL AS SIGNIFICANT SUPPORT TO Foothills Area Health Education Centers (AHEC) (<a href="https://www.foothillsahec.org">HTTPS://WWW.FOOTHILLSAHEC.ORG</a>) COORDINATED BY AHEC, NGMC HOSTED ITS FI</p>



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>RST HEALTH CAREERS SYMPOSIUM FOR MORE THAN 140 HIGH SCHOOL HEALTH SCIENCE STUDENTS WITHIN THE HALL COUNTY SCHOOL SYSTEM, WHERE STUDENTS MET WITH NGMC PROFESSIONALS THROUGHOUT DIFFERENT AREAS WITHIN THE HOSPITAL GRADUATE MEDICAL EDUCATION (GME) NORTHEAST GEORGIA MEDICAL CENTER'S GME PROGRAM IS DESIGNED TO TRAIN RESIDENTS TO BE LEADERS IN THE MEDICAL FIELD AS WELL AS IN THE COMMUNITY MEDICAL STUDENTS WILL RECEIVE HANDS-ON TRAINING IN ONE OF SIX MEDICAL SPECIALTIES INTERNAL MEDICINE, FAMILY MEDICINE, GENERAL SURGERY, OB/GYN, PSYCHIATRY AND EMERGENCY MEDICINE (CURRENTLY ACCREDITED IN INTERNAL MEDICINE, FAMILY MEDICINE, AND GENERAL SURGERY) NGMC EXPECTS THIS PROGRAM TO GROW TO 170 RESIDENTS BY 2024, WHICH WOULD MAKE THIS PROGRAM ONE OF THE LARGEST IN THE STATE, AND EXPECTS ITS FIRST STUDENTS IN JULY 2019 YOUTH APPRENTICESHIP AND MENTORSHIP PROGRAM IN THE YOUTH APPRENTICESHIP PROGRAM, HIGH SCHOOL STUDENTS WORK IN THE HOSPITAL FOR ONE CLASS PERIOD IN THEIR DAY AND ROTATE THROUGH MULTIPLE DEPARTMENTS THIS YEAR, 80 STUDENTS PARTICIPATED ADDITIONALLY, WITH THE HALL COUNTY SCHOOLS HONORS MENTORSHIP PROGRAM, JUNIORS AND SENIORS ARE MATCHED WITH A HEALTHCARE PROFESSIONAL IN THEIR AREA OF INTEREST AS PART OF A REAL-LIFE CAREER EXPERIENCE IN AN HONORS LEVEL ELECTIVE IN FY18, 19 STUDENTS PARTICIPATED IN THIS PROGRAM PROJECT SEARCH NGMC PROVIDES EMPLOYMENT AND EDUCATION OPPORTUNITIES FOR INDIVIDUALS WITH MILD TO MODERATE DISABILITIES THE PROGRAM IS DEDICATED TO WORKFORCE DEVELOPMENT THAT BENEFITS THE INDIVIDUAL, COMMUNITY AND WORKPLACE EMPLOYERS ARE CHALLENGED TO INCREASE EMPLOYMENT OPPORTUNITIES FOR QUALIFIED PERSONS WITH DISABILITIES AND TO ADVOCATE ON BEHALF OF THEIR EMPLOYMENT TO OTHER ORGANIZATIONS IN THEIR COMMUNITIES THE HIGH SCHOOL TRANSITION PROGRAM IS A ONE-YEAR EDUCATIONAL PROGRAM FOR STUDENTS WITH DISABILITIES IN THEIR LAST YEAR OF HIGH SCHOOL IT IS TARGETED FOR STUDENTS WHOSE MAIN GOAL IS COMPETITIVE EMPLOYMENT IN FY18, 17 STUDENTS, ONE JOB COACH AND ONE INSTRUCTOR PARTICIPATED THE STUDENTS WORK 20 HOURS PER WEEK IN EACH ASSIGNED DEPARTMENT MENTORS ARE ASSIGNED IN EACH DEPARTMENT AND ATTEND A MONTHLY MEETING TO DISCUSS PROGRESS/NEEDS OF STUDENTS SUPPORT OF COMMUNITY EFFORTS TO IMPROVE HEALTH EVERY DAY, EMPLOYEES OF NORTHEAST GEORGIA MEDICAL CENTER GO ABOUT THE BUSINESS OF CARING FOR THE HEALTH OF THE PEOPLE OF OUR COMMUNITY THEY ARE NURSES AT THE BEDSIDE, THERAPISTS HELPING PEOPLE LEARN TO WALK AGAIN, COOKS PREPARING MEALS, ADMINISTRATORS PLANNING FOR THE FUTURE, OR OFFICE PERSONNEL PUSHING THROUGH THE DETAILS CARING FOR OUR COMMUNITY IS PART OF THEIR EVERYDAY ROUTINE AND WHEN ASKED TO GIVE BACK TO SUPPORT HEALTHCARE THROUGH THE FOUNDATION CAMPAIGNS, THEY DO GENEROUSLY AND PASSIONATELY WHEN IT COMES TO SUPPORTING MCF'S EMPLOYEE GIVING CLUB, WATCH, OVER 3,500 EMPLOYEES DONATED ABOUT \$800,000 IN 2018</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>COMMUNITY SUPPORT INFANT MORTALITY, CANCER, HEART DISEASE 962 NGMC EMPLOYEES WALKED FOR A AMERICAN HEART WALK, MARCH FOR BABIES AND RELAY FOR LIFE AS PART OF THE MEDICAL CENTER FOUNDATION'S HEALTHY JOURNEY CAMPAIGN, WATCH MEMBERS CONTRIBUTED A SIGNIFICANT DONATION TOWARD THE WALKS IN ADDITION TO SPONSORSHIPS PROVIDED BY NGMC BLOOD DRIVES IN FY18, NGMC HOSTED 24 DRIVES, RESULTING IN 637 DONORS AND OVER 579 PINTS OF BLOOD UNITED WAY PACESETTER &amp; MORE NGMC HAS PARTNERED WITH UNITED WAY TO ENGAGE EMPLOYEES AND LEADERS IN THE COMMUNITY NGHS EMPLOYEES CONTRIBUTED \$120,468 TO UNITED WAY AS A PACESETTER COMPANY ENCOURAGING MEDICAL VOLUNTEERING NGMC PROVIDES INFORMATION AT PHYSICIAN ORIENTATION TO ENCOURAGE PHYSICIANS TO STEP UP TO VOLUNTEER OPPORTUNITIES THROUGH LOCAL FREE CLINICS AS WELL AS HEALTH ACCESS NGPG ALSO ENCOURAGES PHYSICIANS TO GIVE OF THEIR TIME VOLUNTEERING AT THESE LOCATIONS THROUGH VARIOUS PHYSICIAN LEADERSHIP COUNCILS, NGMC PHYSICIANS ACTIVELY PARTICIPATE IN COMMUNITY OUTREACH, INCLUDING EDUCATIONAL SEMINARS, SCREENINGS, CANCER PREVENTION OPPORTUNITIES LEADING THE WAY TWENTY-SEVEN NGMC LEADERS REPORTED THAT THEY LEAD OR SUPPORT COMMUNITY, CIVIC, OR PROFESSIONAL ORGANIZATIONS ON THEIR BOARD OF DIRECTORS OR AS A PARTICIPATING MEMBER IN ADDITION TO THIS, NGPG ADVANCED PRACTICE PROVIDERS SUPPORTED 53 EVENTS IN THE COMMUNITY AND PROVIDED 10,880 HOURS OF GME INSTRUCTION TO MEDICAL, PHYSICIAN ASSISTANT, AND NURSE PRACTITIONER STUDENTS CAROL BURRELL, NGHS PRESIDENT AND CEO, HAS BEEN NAMED TO GEORGIA TREND MAGAZINE'S LIST OF THE 100 MOST INFLUENTIAL GEORGIANS FOR THE FIFTH YEAR IN A ROW FOR HER CONTRIBUTION TO MAKING LIFE BETTER FOR GEORGIANS KERRY SMITH, EXECUTIVE DIRECTOR OF LONG TERM CARE AT NGHS, WAS ELECTED NORTHEAST COUNCIL PRESIDENT FOR THE GEORGIA HEALTH CARE ASSOCIATION, A NON-PROFIT ASSOCIATION OF SKILLED NURSING CARE CENTERS, ASSISTED LIVING CENTERS, AND HOME AND COMMUNITY-BASED CASE MANAGERS DR ANTONIO RIOS, CHIEF PHYSICIAN EXECUTIVE FOR NGPG, WAS HONORED BY GOOD NEWS CLINICS WITH THE 2018 SAM POOLE VOLUNTEER OF THE YEAR AWARD DR RIOS SERVES ON THE GOOD NEWS CLINICS AND DISTRICT 2 PUBLIC HEALTH BOARDS HE IS ALSO THE CHAIRMAN OF THE GEORGIA BOARD FOR PHYSICIAN WORKFORCE WHERE HE IS COMMITTED TO FURTHERING THE BOARD'S MISSION TO IDENTIFY THE PHYSICIAN WORKFORCE NEEDS OF GEORGIA COMMUNITIES AND TO MEET THOSE NEEDS THROUGH THE SUPPORT AND DEVELOPMENT OF MEDICAL EDUCATION PROGRAMS DR JOHN DELZELL, VP OF MEDICAL EDUCATION AND DESIGNATED INSTITUTIONAL OFFICIAL FOR GRADUATE MEDICAL EDUCATION, WAS APPOINTED BY GOVERNOR NATHAN DEAL TO THE GEORGIA BOARD FOR PHYSICIANS WORKFORCE DR SAM JOHNSON, CHIEF MEDICAL OFFICER AT NGHS, SERVES AS CHAIRMAN ON ONE HALL UNITED AGAINST POVERTY UNITED WAY UNITES PEOPLE, ORGANIZATIONS AND RESOURCES WITHIN THE COMMUNITY TO BUILD A STRONGER, HEALTHIER AND SAFER HALL COUNTY THE PURPOSE OF THE ONE HALL INITIATIVE IS TO BREAK THE CYCLE OF POVERTY IN HALL COUNTY BY GAINING THE PERSPECTIVES OF THOSE</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>SE DIRECTLY EXPERIENCING POVERTY AND WORKING SIDE BY SIDE WITH COMMUNITY AGENCIES TO DEVEL OP STRATEGIES TO ADDRESS THE NEEDS THE GREATER HALL CHAMBER OF COMMERCE'S HEALTHY HALL AW ARDS OF EXCELLENCE ARE PRESENTED TO THOSE IN HEALTHCARE MAKING A SIGNIFICANT IMPACT ON QUA LITY OF LIFE THE FOLLOWING NGMC EMPLOYEES WERE RECOGNIZED CAROL BURRELL, NGHS PRESIDENT AND CEO (OUTSTANDING HEALTHCARE ADMINISTRATOR), APRILL EXLEY, NGMC (NURSE OF THE YEAR), DR J JEFFREY MARSHALL, THE HEART CENTER OF NGMC (PHYSICIAN SPECIALIST OF THE YEAR), AND DR ANTONIO RIOS, NGPG (PRIMARY CARE PHYSICIAN OF THE YEAR) NORTHEAST GEORGIA HEALTH SYSTEM EARNED THE 2018 COMMUNITY WELLNESS AWARD (GWINNETT CHAMBER HEALTHCARE AWARDS) FOR THE HEA LTH SYSTEM'S OPIOID INITIATIVE IN RECENT YEARS, NGHS IN PARTNERSHIP WITH OTHER HALL COUNT Y REPRESENTATIVES PLAYED KEY ROLES IN THE PASSAGE OF SIGNIFICANT OPIOID-RELATED LEGISLATIO N, AS WELL AS, PROGRAMS FOR RECOVERY EXECUTIVE DIRECTOR OF GOVERNMENTAL AFFAIRS FOR NGHS, DEB BAILEY, RN, BSN, MSN, AND DALLAS GAY, FORMER NGHS BOARD MEMBER, WERE INSTRUMENTAL IN THESE CHANGE EFFORTS FOR FULL DETAILS ABOUT THIS EFFORT, VISIT WWW NGHS COM FOR THE FALL 2018 ISSUE OF COMMUNICARE, FIGHTING THE OPIOID EPIDEMIC NGMC BARROW NGMC BARROW PROVIDED CHARITY CARE TO BARROW COUNTY RESIDENTS AT A COST OF \$2 3 MILLION IN 2018 WITH ANOTHER \$73 8 THOUSAND PROVIDED TO REGIONAL RESIDENTS OUTSIDE BARROW COUNTY NGMC BARROW RECEIVES NO L OCAL TAX REVENUE FROM ANY OF THE COUNTIES IT SERVES TO SUPPORT OPERATIONS OR CARE PROVIDED TO INDIGENT RESIDENTS THE ORGANIZATION'S CHARITY CARE POLICY PROVIDES FINANCIAL ASSISTAN CE UP TO 300% OF THE POVERTY LEVEL MANY HOSPITALS PROVIDE CHARITY ADJUSTMENTS ONLY TO THE LEVEL THAT MATCHES THE STATE DEFINITION OF MEDICALLY INDIGENT BUT NOT AT THE LEVEL THAT NG MC OFFERS NGMC SERVES AS A FINANCIAL ENGINE FOR THE LOCAL ECONOMY IN 2017 (LATEST NUMBER S AVAILABLE), NGMC BARROW HAD \$66 9 MILLION IN LOCAL AND STATE ECONOMIC IMPACT, ACCORDING TO A REPORT BY THE GEORGIA HOSPITAL ASSOCIATION, WHICH APPLIED AN ECONOMIC MULTIPLIER TO T HE HOSPITAL'S DIRECT EXPENDITURES TO ACCOUNT FOR THE "RIPPLE" EFFECT THE HOSPITAL'S SPENDI NG HAS ON OTHER SECTORS OF THE LOCAL AND STATE ECONOMIES THE REPORT FOUND THAT THROUGH IT S ECONOMIC IMPACT, NGMC BARROW SUSTAINED ABOUT 400 FULL-TIME JOBS THROUGHOUT THE REGION AN D THE STATE IN ADDITION TO OVER 160 FULL TIME EMPLOYEES UNDER IRS LAW, A TAX-EXEMPT ORGAN IZATION, CLASSIFIED AS A 501(C)(3) CHARITY, IS REQUIRED TO HAVE A MISSION THAT WILL BENEF IT ITS COMMUNITY, REINVEST ALL SURPLUS FUNDS IN THE ORGANIZATION IN A WAY THAT BENEFITS TH E COMMUNITY, COMPENSATE EXECUTIVES, CONTRACTORS AND OTHER EMPLOYEES IN ACCORDANCE TO FAIR MARKET VALUE, REMAIN ACCOUNTABLE TO THE COMMUNITY, REFRAIN FROM PARTICIPATING IN POLITICAL CAMPAIGNS FOR OR AGAINST CANDIDATES AND/OR LOBBY AS A SUBSTANTIAL PART OF ITS ACTIVITIES, AND, REMAIN FINANCIALLY ACCOUNTABLE TO THE COMMUNITY BY NOT ALLOWING ANY PORTION OF ITS N ET EARNINGS TO BENEFIT ANY PRI</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>VATE SHAREHOLDER OR INDIVIDUAL AS A NOT-FOR-PROFIT HOSPITAL, NGMC BARROW CARRIES ADDITIONAL RESPONSIBILITIES AS ESTABLISHED BY THE IRS IN 1965 OPERATE A FULL-TIME EMERGENCY ROOM THAT IS AVAILABLE TO ALL PEOPLE, REGARDLESS OF THEIR ABILITY TO PAY, - NGMC BARROW OPERATES A 24-HOUR ER IN FY18, 28% OF ALL NGMC BARROW EMERGENCY ROOM VISITS WERE MADE BY SELF-PAY PATIENTS, ACCORDING TO THE GEORGIA HOSPITAL ASSOCIATION, PROVIDE NON-EMERGENCY SERVICES TO ANYONE ABLE TO PAY, AND MEDICALLY NECESSARY SERVICES TO ANYONE IN THE NGHS SERVICE AREA NOT ABLE TO PAY, - NORTHEAST GEORGIA HEALTH SYSTEM PROVIDES HIGH QUALITY, ADVANCED SPECIALTY AND PRIMARY HEALTHCARE SERVICES TO THE NORTHEAST GEORGIA COMMUNITY, SERVING 1 MILLION PEOPLE IN MORE THAN 18 COUNTIES IN FY18, NGMC'S PAYOR MIX AT BARROW WAS 58% FOR MEDICARE/ MEDICAID, 25% FOR COMMERCIAL INSURANCE AND 17% FOR SELF-PAY PARTICIPATE IN MEDICAID AND MEDICARE, - 58% OF PATIENTS SERVED BY BARROW WERE MEDICAID AND MEDICARE PATIENTS CREATE A GOVERNING BOARD THAT IS REPRESENTATIVE OF THE COMMUNITY IT SERVES, - MORE THAN 90 COMMUNITY MEMBERS ARE ACTIVELY INVOLVED IN GOVERNANCE THROUGH NORTHEAST GEORGIA HEALTH SYSTEM, NGMC AND OTHER SUBSIDIARY BOARDS AND COMMITTEES ALLOW MEDICAL STAFF PRIVILEGES TO ANY PROFESSIONAL WHO IS QUALIFIED AND APPLIES, AND, - NGMC BARROW HAS A MEDICAL STAFF OF OVER 280 PHYSICIANS REPRESENTING NUMEROUS ADVANCED SPECIALTIES SUCH AS EMERGENCY SERVICES, SURGERY AND PROCEDURES, INTENSIVE CARE, OUTPATIENT SURGERY, RESPIRATORY THERAPY, WOUND CARE, IMAGING SERVICES AND TELEMEDICINE REINVEST SURPLUS FUNDS IN OPERATIONS, - AS A NOT-FOR-PROFIT ORGANIZATION, THE REVENUE GENERATED ABOVE OPERATING EXPENSES IS REINVESTED INTO THE COMMUNITY IN 2017, NGMC EXPANDED ITS ACCESS IN CARDIAC AND CANCER CARE TO BARROW NGHS SPENT NEARLY \$7 MILLION ON NEW EQUIPMENT FOR BARROW, SUCH AS A NEW CT SCANNER AND 3D MAMMOGRAPHY NGMC BARROW, LLC (BARROW) VALUES COOPERATIVE EFFORTS WITH COMMUNITY ORGANIZATIONS AND OTHER HEALTHCARE PROVIDERS TO IMPROVE THE HEALTH STATUS OF AREA RESIDENTS THE ORGANIZATION DEMONSTRATES THIS THROUGH COMMUNITY PARTNERSHIPS RANGING FROM FREE HEALTH SCREENINGS AT LOCAL HEALTH FAIRS TO PROVIDING A MEETING SPACE FOR OTHER NON-PROFIT ORGANIZATIONS, SUCH AS THE ROTARY CLUB OF WINDER IN FY18, BARROW PROVIDED OVER \$214,000 IN COMMUNITY BENEFIT PROGRAMS/OUTREACH BARROW OFFERED MANY COMMUNITY EDUCATION SEMINARS ON TOPICS RANGING FROM HEALTHY COOKING DEMOS TO HEART HEALTH AND MORE IN ADDITION, BARROW PROVIDED SUPPORT TO OTHER LOCAL NON-PROFIT ORGANIZATIONS THAT SERVE THE COMMUNITY</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>WHAT DRIVES BARROW'S COMMUNITY HEALTH IMPROVEMENT ACTIVITIES? NGMC, WITH INPUT FROM THE COMMUNITY, COMPLETED A REGION-WIDE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN 2016 THAT INCLUDED BARROW AND SURROUNDING COUNTIES (BEFORE BARROW WAS ACQUIRED BY NGMC) THROUGH THE CHNA. LUNG CANCER WAS IDENTIFIED AS A HEALTH PRIORITY FOR BARROW COUNTY ACCORDING TO THE NATIONAL CANCER INSTITUTE 2008-2012. BARROW COUNTY HAS A LUNG CANCER INDICATOR VALUE OF 87.9, WELL ABOVE ITS NEIGHBOR GWINNETT COUNTY'S VALUE OF 54.1 AND THE STATE BENCHMARK OF 68.8. ADDITIONALLY, ACCORDING TO THE GEORGIA DEPARTMENT OF PUBLIC HEALTH'S GEORGIA TOBACCO USE SURVEILLANCE REPORT, IN 2015, APPROXIMATELY 4% OF MIDDLE SCHOOL STUDENTS AND 53,000 OR 13% OF HIGH SCHOOL STUDENTS IN GEORGIA SMOKE CIGARETTES. AS PART OF THE RESPONSE TO COMMUNITY HEALTH PRIORITIES IDENTIFIED THROUGHOUT THE REGION, NGMC PARTNERED WITH BARROW COUNTY SCHOOLS TO IMPLEMENT "TAR WARS" TO 2,258 ELEMENTARY SCHOOL STUDENTS. "TAR WARS" IS A TOBACCO-FREE EDUCATION PROGRAM FOR FOURTH AND FIFTH GRADE STUDENTS DEVELOPED BY THE AMERICAN ACADEMY OF FAMILY PHYSICIANS TO TEACH KIDS ABOUT THE DANGERS OF TOBACCO USE, THE COST ASSOCIATED WITH USING TOBACCO PRODUCTS, AND THE ADVERTISING TECHNIQUES USED BY THE TOBACCO INDUSTRY TO MARKET THEIR PRODUCTS TO YOUTH. ONCOLOGY SERVICES ALSO PROVIDED COMMUNITY EDUCATION IN BARROW COUNTY AT LOCAL HEALTH FAIRS, AS WELL AS, THREE LUNG CANCER SUPPORT GROUPS THAT WE'RE HELD DURING FY18, WITH THE PROGRAM CONTINUING INTO FY19. IN ADDITION, NGMC RECEIVED A GRANT FROM THE GEORGIA HEALTHY FAMILY ALLIANCE TO PROMOTE AWARENESS AND ACCESS TO LOW DOSE CT SCANS FOR LUNG CANCER SCREENING FOR INDIGENT PATIENTS IN BARROW COUNTY. THIS PROGRAM WILL INCREASE ACCESS AND ASSIST THOSE WITHOUT INSURANCE COVERAGE TO RECEIVE PROACTIVE SCREENING. FOR MORE INFORMATION ABOUT NGMC'S OVERALL COMMUNITY HEALTH IMPROVEMENT PLAN, GO TO WWW.NGHS.COM/CHNA-OUTCOME. THE FOLLOWING OVERALL HIGHLIGHTS OF COMMUNITY BENEFIT ACTIVITIES PROVIDED BY BARROW IN FY18: CHARITY CARE. LIKE NGMC GAINESVILLE AND BRASELTON, BARROW'S CHARITY CARE POLICY REMOVES BARRIERS FOR LOW-INCOME POPULATIONS WITHIN OUR SERVICE AREA BEGINNING WITH FREE, MEDICALLY NECESSARY CARE FOR PATIENTS WHOSE GROSS FAMILY INCOME IS 0 TO 150% OF THE FEDERAL POVERTY LEVEL (FPL) ADJUSTED FOR FAMILY SIZE. PATIENTS FROM OUR SERVICE AREA WHOSE FPL IS FROM 151 TO 300% MAY QUALIFY FOR AN ADJUSTMENT EQUIVALENT TO THE HOSPITAL'S MEDICARE REIMBURSEMENT RATE PLUS AN ADDITIONAL 40% DISCOUNT TO THE MEDICARE REIMBURSEMENT RATE. TOTAL CHARITY CARE COST FOR BARROW IN FY18: \$2.3 MILLION WITH ANOTHER \$738,000 PROVIDED TO REGIONAL RESIDENTS OUTSIDE BARROW COUNTY. ENCOURAGING MEDICAL VOLUNTEERING THROUGH VARIOUS PHYSICIAN LEADERSHIP COUNCILS, NGMC PHYSICIANS ACTIVELY PARTICIPATE IN COMMUNITY OUTREACH, INCLUDING EDUCATIONAL SEMINARS, SCREENINGS, CANCER PREVENTION OPPORTUNITIES. FINANCIAL NAVIGATORS. BARROW HAS FINANCIAL ASSISTANCE COUNSELORS WHO HELP PATIENTS BECOME INSURED, BE IT THROUGH MEDI</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>CAID, PEACHCARE OR OTHER PROGRAMS THIS TEAM FOCUSES ON BEING ADVOCATES FOR UNINSURED AND UNDER-INSURED PATIENTS, AIDING THEM IN FINDING VIABLE MEANS TO ACCESS CARE THEY FIND THE BEST SOLUTIONS HELPING PATIENTS APPLY FOR MEDICAID OR DISABILITY, ACCESSING HEALTHCARE EXCHANGES OR PROCESSING CHARITY APPLICATIONS WHEN APPROPRIATE PARTNERING IN THE COMMUNITY NG MC BARROW VOLUNTEERS IN FY18, 30 NGMC VOLUNTEERS CONTRIBUTED 2,958 VOLUNTEER HOURS, EQUIV ALENT TO 1 76 FULL TIME EMPLOYEES AND A VALUE OF \$73,000 TO THE ORGANIZATION WHILE THESE FIGURES ARE NOT INCLUDED IN THE QUANTITATIVE PORTION OF THE COMMUNITY BENEFIT REPORT, THEY SHOW THE DEPTH OF SUPPORT THE COMMUNITY GIVES BARROW NGMC'S EMERGENCY DEPARTMENTS HAVE P ARTNERED WITH THE GEORGIA COUNCIL ON SUBSTANCE ABUSE TO IMPLEMENT THE ED-CARES (CERTIFIED ADDICTION RECOVERY SPECIALISTS) PROGRAM WHICH CONNECTS PEOPLE WHO HAVE BEEN ADMITTED TO EM ERGENCY ROOMS FOR AN OPIOID-RELATED OVERDOSE WITH TRAINED PEER RECOVERY COACHES WHO PLAY A N IMPORTANT ROLE IN HELPING PEOPLE AVOID ANOTHER OVERDOSE AND ENCOURAGING THEM TO SEEK TRE ATMENT THE PROGRAM WAS CREATED IN RESPONSE TO THE INCREASING NUMBER OF OVERDOSE FATALITIE S AND SEEKS TO CURTAIL THAT TREND BY BETTER CONNECTING PEOPLE AT HIGH-RISK WITH COMMUNITY SUPPORTS AND SERVICES NGMC IS THE ONLY HOSPITAL SYSTEM IN GEORGIA TO PROVIDE THIS SUPPORT , WHICH IS PROVIDED IN ALL THREE EMERGENCY DEPARTMENTS (AT GAINESVILLE, BRASELTON AND BARR OW) ROTARY CLUB OF WINDER LEADERSHIP IN FY18, SUNITA SINGH, PUBLIC RELATIONS MANAGER FOR BARROW, SERVED AS PRESIDENT OF THE ROTARY CLUB OF WINDER, WHICH BENEFITTED VARIOUS COMMUN ITY PROGRAMS SUCH AS PEACE PLACE, UNITED WAY, AND BOYS &amp; GIRLS CLUB, TO NAME A FEW SUPPOR T OF COMMUNITY EFFORTS TO IMPROVE HEALTH AMERICAN CANCER SOCIETY (ACS) NGMC BARROW WAS TH E PLATINUM SPONSOR FOR THE ACS RELAY FOR LIFE IN BARROW COUNTY THE WALK BENEFITS CANCER R ESEARCH AND COMMUNITY EDUCATION NGMC EMPLOYEES TURNED OUT IN FULL FORCE FOR RELAY FOR LIF E, WITH OVER 327 WALKERS THROUGHOUT THE REGION NORTHEAST GEORGIA HOMELESS VETERANS SHELTE R NGMC BARROW PROVIDED A DONATION TO THE NORTHEAST GEORGIA HOMELESS VETERANS SHELTER, THE ONLY HOMELESS VETERANS SHELTER IN THE NORTHEAST GEORGIA AREA</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>BOYS &amp; GIRLS CLUB NGMC BARROW PROVIDED A DONATION TO THE BOYS &amp; GIRLS CLUB WHICH PROVIDES PROGRAMS THAT EMPOWER YOUTH TO EXCEL IN SCHOOL, BECOME GOOD CITIZENS AND LEAD HEALTHY, PRODUCTIVE LIVES AS A PARTNER IN EDUCATION WITH THE BARROW SCHOOL SYSTEM, NGMC BARROW PROVIDED A DONATION OF MEDICAL SUPPLIES TO STOCK 18 NURSE CLINICS, FUNDED TWO SCHOLARSHIPS FOR TWO HIGH SCHOOL GRADUATES PURSUING A CAREER IN THE MEDICAL FIELD, AND VOLUNTEERED TIME TO SUPPORT THE SPECIAL OLYMPICS AT WINDER BARROW HIGH SCHOOL THE DIABETES EDUCATION PROGRAM EXPANDED TO OFFER INDIVIDUAL AND GROUP CLASSES AT NGMC BARROW NGMC PARTNERED WITH THE YMC A IN WINDER TO OFFER THE PREVENT T2 DIABETES PROGRAM, A PROVEN PROGRAM TO PREVENT OR DELAY TYPE 2 DIABETES THIS COURSE IS TAUGHT BY A CERTIFIED FACILITATOR AND IS DESIGNED TO OFFER THE GROUP SUPPORT AND ENCOURAGEMENT NEEDED TO PREVENT DIABETES THIS PROGRAM OFFERS WEEKLY AND MONTHLY SESSIONS AND USES AN EVIDENCE-BASED LIFESTYLE PROGRAM TO HELP PARTICIPANTS WITH ELEVATED RISK FOR DEVELOPING DIABETES UNDERSTAND AND CHOOSE METHODS TO DECREASE RISK OF GETTING DIABETES ACCORDING TO THE CDC, LOSING 5%-7% OF WEIGHT BY REDUCING CALORIES AND INCREASING PHYSICAL ACTIVITY WILL REDUCE THE RISK OF DEVELOPING TYPE 2 DIABETES BY 58% WITH 26 TOTAL PARTICIPANTS IN THE PROGRAM, THE AVERAGE WEIGHT LOSS WAS 9.3 POUNDS NGMC ACHIEVED FULL RECOGNITION STATUS THROUGH CDC FOR PREVENT T2 PROGRAMS FULL RECOGNITION MEANS THAT A PROGRAM HAS DEMONSTRATED EFFECTIVENESS BY ACHIEVING ALL OF THE PERFORMANCE CRITERIA DETAILED IN THE CDC'S DIABETES PREVENTION RECOGNITION PROGRAM STANDARDS ORGANIZATION OVERVIEW NORTHEAST GEORGIA HEALTH SYSTEM (NGHS) IS A NOT-FOR-PROFIT COMMUNITY HEALTH SYSTEM DEDICATED TO IMPROVING THE HEALTH AND QUALITY OF LIFE OF THE PEOPLE OF NORTHEAST GEORGIA NORTHEAST GEORGIA MEDICAL CENTER (NGMC) HAS THREE HOSPITAL CAMPUSES NGMC GAINESVILLE AND NG MC BRASELTON AND BARROW WITH A TOTAL OF 713 BEDS AND MORE THAN 700 MEDICAL STAFF MEMBERS REPRESENTING MORE THAN 50 SPECIALTIES THE HEALTH SYSTEM OFFERS A FULL RANGE OF HEALTHCARE SERVICES THROUGH NGMC SUCH AS GYNECOLOGIC ONCOLOGY, ELECTROPHYSIOLOGY, CARDIAC SURGERY, CRITICAL CARE MEDICINE, SURGICAL TRAUMA, NEONATOLOGY AND PERINATOLOGY NORTHEAST GEORGIA MEDICAL CENTER'S CANCER SERVICES IS THE ONLY PROGRAM IN GEORGIA AND ONE OF ONLY 24 PROGRAMS IN THE NATION TO RECEIVE THE 2018 OUTSTANDING ACHIEVEMENT AWARD BY THE AMERICAN COLLEGE OF SURGEONS (ACS) COMMISSION ON CANCER (COC) NGMC HAS ALSO BEEN RECOGNIZED IN RECENT YEARS AS GEORGIA'S #1 HOSPITAL FOR OVERALL HOSPITAL CARE, OVERALL SURGICAL CARE, HEART CARE, ORTHOPEDIC SURGERY, WOMEN'S CARE AND MORE LED BY VOLUNTEER BOARDS MADE UP OF COMMUNITY LEADERS, THE HEALTH SYSTEM SERVES 1 MILLION PEOPLE IN MORE THAN 18 COUNTIES ACROSS NORTHEAST GEORGIA AS A NOT-FOR-PROFIT HEALTH SYSTEM, ALL REVENUE GENERATED ABOVE OPERATING EXPENSES IS RETURNED TO THE COMMUNITY THROUGH IMPROVED SERVICES AND INNOVATIVE PROGRAMS NORTHEAST GEORGIA MEDICAL CENTER'S CHARITY</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>CARE POLICY SUPPORTS THE PROVISION OF CARE FOR INDIGENT PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY. NORTHEAST GEORGIA PHYSICIANS GROUP (NGPG) BRINGS TOGETHER MORE THAN 350 TALENTED PHYSICIANS, PHYSICIAN ASSISTANTS, NURSE PRACTITIONERS, MIDWIVES AND OTHER CLINICAL STAFF AT MORE THAN 65 LOCATIONS ACROSS NORTH GEORGIA. NGPG IS THE STATE'S SIXTH-LARGEST PHYSICIAN GROUP, OFFERING EXPERTISE IN MORE THAN 25 SPECIALTIES. SPECIAL NOTES: NGMC USES THE PRECEPTS OUTLINED IN "A GUIDE FOR PLANNING AND REPORTING COMMUNITY BENEFIT," PROVIDED BY THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES AND VHA, INC. FOR THIS REPORT. THE GUIDE'S PURPOSE IS TO HELP NOT-FOR-PROFIT MISSION-DRIVEN HEALTHCARE ORGANIZATIONS DEVELOP, ENHANCE AND REPORT ON THEIR COMMUNITY BENEFIT PROGRAMS. COMMUNITY BENEFIT DEFINITION: PROGRAM OR ACTIVITY MUST ADDRESS A DEMONSTRATED COMMUNITY NEED, AND SEEK TO ADDRESS AT LEAST ONE OF THE FOLLOWING COMMUNITY BENEFIT OBJECTIVES: - IMPROVE ACCESS - ENHANCE POPULATION HEALTH - ADVANCE GENERALIZABLE KNOWLEDGE - RELIEVE GOVERNMENT BURDEN TO IMPROVE HEALTH. THE PROGRAM OR ACTIVITY MUST: - PRIMARILY BENEFIT THE COMMUNITY RATHER THAN THE ORGANIZATION - RESULT IN MEASURABLE EXPENSE TO THE ORGANIZATION IF THE PROGRAM OR ACTIVITY IS PROVIDED PRIMARILY FOR MARKETING PURPOSES, STANDARD PRACTICE, EXPECTED OF ALL HOSPITALS (SUCH AS ACTIVITIES REQUIRED FOR ACCREDITATION, LICENSURE, OR TO PARTICIPATE IN MEDICARE) OR IS PRIMARILY FOR EMPLOYEES (NOT INCLUDING INTERNS, RESIDENTS AND FELLOWS) AND/OR AFFILIATED PHYSICIANS, IT IS NOT COMMUNITY BENEFIT. FOR MORE INFORMATION, CONTACT CHRISTY MOORE, MANAGER, COMMUNITY HEALTH IMPROVEMENT, AT (770) 219-8097 OR GO TO WWW.NGHS.COM</p>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	NORTHEAST GEORGIA HEALTH SYSTEM, INC IS THE SOLE MEMBER OF NORTHEAST GEORGIA MEDICAL CENTER, INC

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE BOARD OF DIRECTORS OF NORTHEAST GEORGIA MEDICAL CENTER IS APPOINTED BY THE BOARD OF NORTHEAST GEORGIA HEALTH SYSTEM, INC - A RELATED 501(C)(3) ORGANIZATION

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE BOARD OF DIRECTORS OF NORTHEAST GEORGIA MEDICAL CENTER IS APPOINTED BY THE BOARD OF NORTHEAST GEORGIA HEALTH SYSTEM, INC - A RELATED 501(C)(3) ORGANIZATION

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	INFORMATION FOR THE FORM 990 WAS PROVIDED TO AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT FOR PREPARATION OF THE RETURN AFTER THE RETURN WAS PREPARED, IT WAS REVIEWED BY SENIOR FINANCIAL MANAGEMENT THE FORM 990 IS MADE AVAILABLE TO MEMBERS OF THE BOARD PRIOR TO FILING

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY EMPLOYEES ATTEST TO THEIR UNDERSTANDING AND REPORTING/DISCLOSURE REQUIREMENTS AT HIRE AND ANNUALLY COMPLIANCE IS MONITORED CONTINUOUSLY THROUGHOUT THE YEAR BY THE BOARD

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>THE COMPENSATION COMMITTEE OF THE NORTHEAST GEORGIA HEALTH SYSTEM BOARD (NGHS BOARD) HAS DEVELOPED AND INSTALLED COMPENSATION POLICIES AND PROCEDURES THAT SEEK TO FURTHER THE PURPOSE OF NGHS AND AFFILIATES AND THE IMPORTANCE OF THESE POLICIES TO ATTRACT AND RETAIN KEY EMPLOYEES. THE COMPENSATION COMMITTEE IS COMPOSED OF VOTING DIRECTORS WHO ARE NOT EMPLOYEES OF NGHS. ALL DECISIONS OF THE COMPENSATION COMMITTEE ARE REVIEWED AND RATIFIED BY THE NGHS BOARD. THE COMMITTEE'S METHODOLOGY AND APPROACH INCORPORATE BOTH QUALITATIVE AND QUANTITATIVE CONSIDERATIONS, WHICH ARE REFLECTED IN THE COMMITTEE'S DETERMINATIONS CONCERNING KEY EMPLOYEE COMPENSATION AND THE SPECIFIC COMPONENTS THEREOF. THE COMPENSATION DECISIONS OF THE COMMITTEE ARE DESCRIBED BELOW AS TO EACH OF THE THREE CATEGORIES: BASE SALARY, ANNUAL BASE SALARIES, AND VARIABLE COMPENSATION. BASE SALARIES ARE SET AT MARKET COMPETITIVE LEVELS WITH HEALTHCARE SYSTEMS OF A SIMILAR SIZE AND COMPLEXITY FROM THROUGHOUT THE COUNTRY. SPECIFICALLY, THE COMMITTEE CONSIDERS PEER GROUP COMPARISONS FROM SURVEY DATA FOR OTHER HEALTH SYSTEMS, RECOMMENDATIONS FROM AN INDEPENDENT COMPENSATION CONSULTANT, RECOMMENDATIONS ON RANGES AND PLACEMENT FROM THE CEO, AND INDIVIDUAL PERFORMANCE ASSESSMENTS FOR EACH POSITION. IN EACH INSTANCE, THE COMMITTEE MEMBERS REACH A CONSENSUS BASED ON THE COMBINATION OF AVAILABLE INFORMATION, AND THE COMMITTEE SETS A BASE SALARY LEVEL FOR EACH KEY EMPLOYEE. PERFORMANCE-BASED VARIABLE COMPENSATION: NUMEROUS PERFORMANCE GOALS ARE QUANTITATIVE IN NATURE, RESULTING IN A PERFORMANCE-BASED VARIABLE COMPENSATION COMPONENT THAT IS WEIGHTED TOWARD ATTAINING NGHS BOARD-APPROVED GOALS AND OBJECTIVES. ANNUAL GOALS AND OBJECTIVES ARE ESTABLISHED THROUGH A FORMAL PLANNING PROCESS INVOLVING BOARD AND COMMUNITY MEMBERS. THE BOARD APPROVES THESE GOALS AND OBJECTIVES AT THE BEGINNING OF EACH YEAR. OFFICERS AND KEY EMPLOYEES RECEIVE CASH AWARDS AS A FORMULA-DRIVEN PERCENTAGE OF BASE SALARY LEVELS BASED ON ACHIEVEMENT AND PREDETERMINED INDIVIDUAL OBJECTIVES. BENEFITS AND RETENTION PROGRAMS: BENEFIT CATEGORIES AND AMOUNTS ARE DETERMINED BY A COMPARISON PROCESS SIMILAR TO DETERMINING BASE SALARIES WITH POSITIONS AND ORGANIZATIONS SIMILAR TO NGHS. INCLUDED IN BENEFITS ARE RETIREMENT PROGRAMS TO ENHANCE RETENTION AND PROGRESS TOWARD LONG-TERM GOALS WITHIN NGHS' MISSION.</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	FINANCIAL STATEMENTS AND STATISTICS ARE FILED QUARTERLY WITH DIGITAL ASSURANCE CERTIFICATION, LLC (DAC BOND) DAC BOND SERVES AS A DISCLOSURE DISSEMINATION AGENT FOR ISSUERS OF MUNICIPAL BONDS ELECTRONICALLY POSTING AND TRANSMITTING INFORMATION TO REPOSITORIES AND INVESTORS ALL OTHER ITEMS ARE AVAILABLE UPON REQUEST

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	INTERCOMPANY DEBT FORGIVENESS -98,845,556 PARTNERSHIP INCOME NOT ON BOOKS -129,443 NET ASSETS RELEASED FROM RESTRICTION 868,386



SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
► Attach to Form 990.  
► Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization  
NORTHEAST GEORGIA MEDICAL CENTER INC

Employer identification number  
58-1694098

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) HEALTHECONNECTIONS LLC 743 SPRING STREET GAINESVILLE, GA 30501 58-1694098	HEALTHCARE	GA	0	0	N/A

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)NORTHEAST GEORGIA HEALTH SYSTEM INC 743 SPRING STREET  GAINESVILLE, GA 30501 58-1694090	HEALTHCARE - PARENT ORG	GA	501(C)(3)	LINE 12C, III-FI	N/A	Yes	
(2)THE MEDICAL CENTER FOUNDATION INC 743 SPRING STREET  GAINESVILLE, GA 30501 58-1694820	FUNDRAISING AND SUPPORT	GA	501(C)(3)	LINE 7	NORTHEAST GEORGIA HEALTH SYSTEM INC	Yes	
(3)NORTHEAST GEORGIA PHYSICIANS GROUP INC 743 SPRING STREET  GAINESVILLE, GA 30501 58-2078064	HEALTHCARE	GA	501(C)(3)	LINE 12B, II	NORTHEAST GEORGIA HEALTH SYSTEM INC	Yes	
(4)THE MEDICAL CENTER AUXILIARY INC 743 SPRING STREET  GAINESVILLE, GA 30501 58-1550576	FUNDRAISING AND SUPPORT	GA	501(C)(3)	LINE 10	NORTHEAST GEORGIA HEALTH SYSTEM INC	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
<b>(1)</b> NORTHEAST GEORGIA HEALTH PARTNERS LLC 743 SPRING STREET GAINESVILLE, GA 30501 58-2131807	PPO DEVELOPMENT	GA	N/A	C					No

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

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

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

a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity . . . . .

1a

No

b Gift, grant, or capital contribution to related organization(s) . . . . .

1b

Yes

c Gift, grant, or capital contribution from related organization(s) . . . . .

1c

Yes

d Loans or loan guarantees to or for related organization(s) . . . . .

1d

Yes

e Loans or loan guarantees by related organization(s) . . . . .

1e

Yes

f Dividends from related organization(s) . . . . .

1f

No

g Sale of assets to related organization(s) . . . . .

1g

No

h Purchase of assets from related organization(s) . . . . .

1h

No

i Exchange of assets with related organization(s) . . . . .

1i

No

j Lease of facilities, equipment, or other assets to related organization(s) . . . . .

1j

Yes

k Lease of facilities, equipment, or other assets from related organization(s) . . . . .

1k

No

l Performance of services or membership or fundraising solicitations for related organization(s) . . . . .

1l

No

m Performance of services or membership or fundraising solicitations by related organization(s) . . . . .

1m

Yes

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .

1n

Yes

o Sharing of paid employees with related organization(s) . . . . .

1o

Yes

p Reimbursement paid to related organization(s) for expenses . . . . .

1p

No

q Reimbursement paid by related organization(s) for expenses . . . . .

1q

No

r Other transfer of cash or property to related organization(s) . . . . .

1r

Yes

s Other transfer of cash or property from related organization(s) . . . . .

1s

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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.

[illegible]

**Part VII**   **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)