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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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.

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

A For the 2019 calendar year, or tax year beginning 10-01-2019 , and ending 09-30-2020

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

D Employer identification number
58-1694098

E Telephone number
(770) 219-6659

G Gross receipts \$ 1,341,991,414

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 ▶

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:
IMPROVING THE HEALTH OF THE COMMUNITY IN ALL WE DO.

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) 3 14

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 11

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 10,488

6 Total number of volunteers (estimate if necessary) 6 605

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 2,055,641

b Net unrelated business taxable income from Form 990-T, line 39 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 747,436 40,295,200

9 Program service revenue (Part VIII, line 2g) 1,302,590,272 1,272,778,234

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 24,133,984 8,526,239

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 856,824 707,310

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,328,328,516 1,322,306,983

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 2,452,694 1,683,643

14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 434,558,698 487,701,375

16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0

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

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 729,032,449 754,845,416

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 1,166,043,841 1,244,230,434

19 Revenue less expenses. Subtract line 18 from line 12 162,284,675 78,076,549

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 1,845,989,165 1,937,388,441

21 Total liabilities (Part X, line 26) 1,154,823,547 1,251,987,182

22 Net assets or fund balances. Subtract line 21 from line 20 691,165,618 685,401,259

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
BRIAN D STEINES CFO
Type or print name and title

2021-08-11
Date

Paid Preparer Use Only

Print/Type preparer's name
Firm's name ▶ PYA P C
Firm's address ▶ 2220 SUTHERLAND AVE
KNOXVILLE, TN 37919

Preparer's signature
Date

Check ☐ if self-employed
PTIN P00364912
Firm's EIN ▶ 62-1517792
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 (2019)

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

NORTHEAST GEORGIA MEDICAL CENTER IS AN AFFILIATE OF NORTHEAST GEORGIA HEALTH SYSTEM (NGHS) AND IS ON A MISSION OF IMPROVING THE HEALTH OF THE COMMUNITY IN ALL WE DO. NGHS IS A NOT-FOR-PROFIT ORGANIZATION AND IS THE PARENT COMPANY FOR THE FOLLOWING AFFILIATES:- NORTHEAST GEORGIA MEDICAL CENTER, INC. (GAINESVILLE AND BRASELTON CAMPUSES)- NORTHEAST GEORGIA MEDICAL CENTER BARLOW- NORTHEAST GEORGIA MEDICAL CENTER LUMPKIN- THE MEDICAL CENTER FOUNDATION, INC. (NGHS FOUNDATION)- NORTHEAST GEORGIA PHYSICIANS GROUP- THE HEART CENTER OF NORTHEAST GEORGIA MEDICAL CENTER- THE MEDICAL CENTER AUXILIARY

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 \$ 1,077,712,558 including grants of \$ 1,683,643) (Revenue \$ 1,240,197,342)
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 ► 1,077,712,558

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 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	9	No
10 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	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes
34	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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
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	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	658
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

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

Form **990** (2019)

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
1a Enter the number of voting members of the governing body at the end of the tax year	1a 14		
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 Enter the number of voting members included in line 1a, above, who are independent	1b 11		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13 Did the organization have a written whistleblower policy?	13	Yes
14 Did the organization have a written document retention and destruction policy?	14	Yes
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	Yes
b Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	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-A 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:
 ▶ ELENA BARBERIS 743 SPRING STREET GAINESVILLE, GA 30501 (770) 219-6659

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

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

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

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

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

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

[illegible]

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								12,458,459	0	1,086,848

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 ▶ 627

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
MEDIFIS INC PO BOX 5068 NEW YORK, NY 10087	STAFFING SERVICES	18,538,526
EPIC SYSTEMS CORPORATION PO BOX 88314 MILWAUKEE, WI 53288	SOFTWARE LICENSE AND MAINTENANCE	12,571,914
ANESTHESIA ASSOCIATES OF GAINESVILLE PO BOX 1076 GAINESVILLE, GA 30503	ANESTHESIA SERVICES	6,739,527
GE PRECISION HEALTHCARE LLC PO BOX 96483 CHICAGO, IL 60693	BIOMEDICAL EQUIPMENT MAINTENANCE	5,946,599
UNIDINE CORPORATION PO BOX 102289 ATLANTA, GA 30368	NUTRITIONAL SERVICES	5,016,378

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 364

Form 990 (2019)		Page 9				
Part VIII		Statement of Revenue				
Check if Schedule O contains a response or note to any line in this Part VIII						
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	1,406,257			
	e Government grants (contributions)	1e	38,888,943			
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a - 1f:\$	1g				
	h Total. Add lines 1a-1f		40,295,200			
Program Service Revenue	Business Code					
	2a NET PATIENT SVC REV	621400	1,240,349,220	1,240,349,220		
	b PHARMACY	446110	15,579,209		15,579,209	
	c OTHER REVENUE	900099	10,249,363		10,249,363	
	d CAFETERIA REVENUE	722210	4,544,801		4,544,801	
	e LAB REVENUE	621500	2,055,641	2,055,641		
	f All other program service revenue.					
g Total. Add lines 2a-2f		1,272,778,234				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		28,165,282		28,165,282	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real	(ii) Personal			
		6a	887,457			
		b Less: rental expenses	6b	29,463		
	c Rental income or (loss)	6c	857,994			
	d Net rental income or (loss)		857,994		857,994	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		7a		15,925		
		b Less: cost or other basis and sales expenses	7b	19,602,745	52,223	
	c Gain or (loss)	7c	-19,602,745	-36,298		
	d Net gain or (loss)		-19,639,043		-19,639,043	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		8a			
	b Less: direct expenses		8b			
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19		9a			
b Less: direct expenses		9b				
c Net income or (loss) from gaming activities						
10aGross sales of inventory, less returns and allowances		10a				
b Less: cost of goods sold		10b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11aPARTNERSHIP INCOME		621990	-150,684	-150,684		
b						
c						
d All other revenue						
e Total. Add lines 11a-11d			-150,684			
12 Total revenue. See instructions			1,322,306,983	1,240,198,536	2,055,641	
					39,757,606	

Form 990 (2019)

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,683,643	1,683,643		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,917,673	856,899	2,060,774	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	400,002,605	370,139,230	29,863,375	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	14,050,315	12,832,574	1,217,741	
9 Other employee benefits	42,646,513	38,950,340	3,696,173	
10 Payroll taxes	28,084,269	25,650,205	2,434,064	
11 Fees for services (non-employees):				
a Management	110,904,793	23,855,079	87,049,714	
b Legal	963,781	880,250	83,531	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	2,428,877	2,218,366	210,511	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	91,945,034	83,976,158	7,968,876	
12 Advertising and promotion	181,459	165,732	15,727	
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	11,155,343	10,188,509	966,834	
17 Travel	643,608	587,826	55,782	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	34,030,597	31,081,165	2,949,432	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	79,801,849	72,885,423	6,916,426	
23 Insurance	4,795	4,379	416	
24 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.)				
a SUPPLIES	161,499,353	147,502,204	13,997,149	
b BAD DEBT EXPENSE	108,338,333	108,338,333		
c MEDICAL SUPPLIES	71,819,705	71,819,705		
d EQUIPMENT RENTAL & MAIN	58,605,468	53,526,132	5,079,336	
e All other expenses	22,522,421	20,570,406	1,952,015	
25 Total functional expenses. Add lines 1 through 24e	1,244,230,434	1,077,712,558	166,517,876	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		15,502,240	1	67,439,139
	2	Savings and temporary cash investments		109,057	2	154,136
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		99,859,867	4	98,741,342
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net		408,993	7	384,909
	8	Inventories for sale or use		10,451,690	8	16,735,235
	9	Prepaid expenses and deferred charges		4,068,746	9	2,343,563
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,406,094,794		
	b	Less: accumulated depreciation	10b	785,955,548		
				629,391,341	10c	620,139,246
	11	Investments—publicly traded securities		1,076,381,828	11	1,126,137,248
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets		1,202,743	14	1,668,780
15	Other assets. See Part IV, line 11		8,612,660	15	3,644,843	
16	Total assets. Add lines 1 through 15 (must equal line 34)		1,845,989,165	16	1,937,388,441	
Liabilities	17	Accounts payable and accrued expenses		134,049,625	17	122,959,345
	18	Grants payable			18	
	19	Deferred revenue			19	133,862,004
	20	Tax-exempt bond liabilities		980,177,286	20	961,802,437
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		40,596,636	25	33,363,396
	26	Total liabilities. Add lines 17 through 25		1,154,823,547	26	1,251,987,182
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions		691,165,618	27	685,401,259
	28	Net assets with donor restrictions			28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		691,165,618	32	685,401,259
33	Total liabilities and net assets/fund balances		1,845,989,165	33	1,937,388,441	

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,322,306,983
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,244,230,434
3	Revenue less expenses. Subtract line 2 from line 1	3	78,076,549
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	691,165,618
5	Net unrealized gains (losses) on investments	5	-54,285,569
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-29,555,339
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	685,401,259

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

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** 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:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 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:
☐ Separate basis ☐ Consolidated basis ☒ Both consolidated and separate basis
- c** 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.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

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

Form 990 (2019)

Form 990, Part III, Line 4a:

NORTHEAST GEORGIA MEDICAL CENTER, INC. (NGMC) INCLUDES CAMPUSES IN GAINESVILLE AND BRASELTON, GEORGIA AND IS AFFILIATED WITH NGMC BARROW AND NGMC LUMPKIN. AS A PART OF NORTHEAST GEORGIA HEALTH SYSTEM, NGMC SERVES MORE THAN A MILLION PEOPLE ACROSS 19 COUNTIES IN OUR REGION. SEE SCHEDULE O FOR PROGRAM SERVICE ACCOMPLISHMENTS CONTINUATION. **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
DEBORAH MACK MEMBER	1.00	X						0	0	0
DJ CAMPBELL MD MEMBER	1.00	X						227,481	0	0
EUGENE CINDEA MD MEMBER	1.00	X						0	0	0
GREG OURS MEMBER	1.00	X						0	0	0
HOLT HARRISON MD MEMBER, PHYSICIAN - NGPG	1.00 40.00	X						733,856	0	36,692
JOHN NIX CHAIR	1.00 1.00	X						0	0	0
KAYE ANN HERTH MEMBER	1.00	X						0	0	0
LUA BLANKENSHIP MEMBER	1.00	X						0	0	0

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			
PHILLIPPA LEWIS-MOSS VICE CHAIR	1.00	X						0	0	0
PRESTON BOWEN 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
TIM SCULLY MD MEMBER, PHYSICIAN - NGHS/THC PHYSICIAN	1.00 40.00	X						328,135	0	32,249
CAROL BURRELL PRESIDENT & CEO	1.00 40.00			X				1,562,139	0	84,398
BRIAN D STEINES CHIEF FINANCIAL OFFICER	1.00 40.00			X				840,389	0	107,221
STEPHEN KELLY CHIEF COMPLIANCE OFFICER	1.00 40.00			X				316,884	0	52,647
MICHAEL COVERT CHIEF OPERATING OFFICER	40.00 1.00			X				201,605	0	0
SAMUEL JOHNSON MD CHIEF MEDICAL OFFICER - NGHS	1.00 40.00				X			594,781	0	80,717

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			
TRACY VARDEMAN CHIEF STRATEGY EXECUTIVE - NGHS	1.00 40.00				X			509,295	0	118,157
BRENDA SIMPSON CHIEF NURSING EXECUTIVE - NGMC	40.00 1.00				X			470,031	0	70,781
JOHN DELZELL JR VP MEDICAL EDUCATION - NGMC	40.00 1.00				X			482,920	0	71,033
JOHN A WILLIAMSON PRESIDENT NGMC BRASELTON	40.00 40.00				X			571,447	0	117,917
ANDREW GREEN NGMC PHYSICIAN	40.00 40.00					X		898,763	0	34,134
CHARLES RICHART NGMC PHYSICIAN	40.00 40.00					X		674,917	0	36,439
FRANK G LAKE NGMC PHYSICIAN	40.00 40.00					X		672,862	0	31,987
JAMEELA HARPER NGMC PHYSICIAN	40.00 40.00					X		475,240	0	29,823
JAMES WOLFE NGMC PHYSICIAN	40.00 0.00					X		1,277,883	0	42,100
LOUIS SMITH JR FORMER PRESIDENT - NGMC - SYSTEM ACUTE/POST-ACUTE	0.00 0.00						X	1,191,670	0	112,127

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			
DEBORAH WEBER FORMER CHIEF HR OFFICER - NGHS	0.00						X	428,161	0	28,426

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No. 1545-0047

2019

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) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual 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 Total. 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 Public support. Subtract line 5 from line 4.						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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 ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 33 1/3% support test—2018. 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 stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
17a 10%-facts-and-circumstances test—2019. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 10%-facts-and-circumstances test—2018. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a 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>		
3a		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a 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>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c		
5a 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 Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
6		
7 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>		
7		
8 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>		
8		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9a		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9b		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10a		
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>		
10b		

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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 A family member of a person described in (a) above?		
c 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>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a 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 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>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a 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 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>		

Part V

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

<div>1</div> <div><input type="checkbox"/></div> <div>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.</div>			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><input type="checkbox"/></div> 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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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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	Employer identification number 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f 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
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		69,063
j	Total. Add lines 1c through 1i			69,063
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	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
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

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

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

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: -AMERICAN ACADEMY OF FAMILY PHYSICIANS -AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS -AMERICAN ACADEMY OF SLEEP MEDICINE -AMERICAN ASSOCIATION OF CARDIOVASCULAR AND PULMONARY REHABILITATION -AMERICAN ASSOCIATION OF DIABETES EDUCATORS -AMERICAN COLLEGE OF CARDIOLOGY -AMERICAN COLLEGE OF HEALTHCARE EXECUTIVES -AMERICAN COLLEGE OF PHYSICIANS -AMERICAN COLLEGE OF SURGEONS -AMERICAN HEALTH INFORMATION MANAGEMENT ASSOCIATION -AMERICAN MEDICAL ASSOCIATION -AMERICAN ORGANIZATION OF NURSING LEADERSHIP -ASSOCIATION FOR PROFESSIONALS IN INFECTION CONTROL AND EPIDEMIOLOGY -ASSOCIATION OF REHABILITATION NURSES -ASSOCIATION OF SCIENCE ENGINEERING TECHNOLOGY -ASSOCIATION OF WOMEN'S HEALTH OBSTETRIC AND NEONATAL NURSES -AMERICAN SOCIETY OF ECHOCARDIOLOGY -AMERICAN SOCIETY OF RADIOLOGIC TECHNOLOGISTS -AMERICAN SOCIETY FOR HEALTHCARE ENGINEERING -COLLEGE OF AMERICAN PATHOLOGISTS -COLLEGE OF HEALTHCARE INFORMATION MANAGEMENT EXECUTIVES -EMERGENCY NURSES ASSOCIATION -GEORGIA ALLIANCE OF COMMUNITY HOSPITALS -GEORGIA HEALTH CARE ASSOCIATION -GEORGIA HOSPITAL ASSOCIATION -GREATER HALL CHAMBER OF COMMERCE -NATIONAL HOSPICE AND PALLIATIVE CARE ORGANIZATION -SOCIETY OF DIAGNOSTIC MEDICAL SONOGRAPHY A PORTION OF THESE DUES IS DESIGNATED FOR LOBBYING ACTIVITIES BY THESE ORGANIZATIONS.

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in 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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 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

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

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

8 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

9 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.

b 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) 2019

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

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

☐

b

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

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

Part V

Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	21,656,841	20,784,579	19,765,400	18,583,043
b	Contributions	3,457,050	3,238,108	4,000,666	3,314,674
c	Net investment earnings, gains, and losses	-100,742	98,280	113,308	150,450
d	Grants or scholarships				
e	Other expenditures for facilities and programs	1,265,325	2,665,485	3,737,972	2,291,945
f	Administrative expenses	71,342	-201,359	-643,177	-9,178
g	End of year balance	23,676,482	21,656,841	20,784,579	19,765,400

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 ▶ 23.520 %

c

Temporarily restricted endowment ▶ 76.480 %

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
3a(i)		No
3a(ii)	Yes	
3b	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
1a	Land	9,170,006		9,170,006
b	Buildings	660,507,629	256,630,868	403,876,761
c	Leasehold improvements	13,227,319	10,636,348	2,590,971
d	Equipment	697,105,871	514,067,104	183,038,767
e	Other	26,083,969	4,621,228	21,462,741
Total.	Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶			620,139,246

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	
(2) ESTIMATED THIRD PARTY PAYER SETTLEMENTS	7,784,436
(3) CAPITALIZED LEASES	9,408,185
(4) DEFERRED COMPENSATION	15,791,474
(5) DUE FROM AFFILIATES	379,301
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	33,363,396

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.

1	Total revenue, gains, and other support per audited financial statements	1	1,156,008,074
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-54,285,569
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	160,180
e	Add lines 2a through 2d	2e	-54,125,389
3	Subtract line 2e from line 1	3	1,210,133,463
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,428,877
b	Other (Describe in Part XIII.)	4b	109,744,643
c	Add lines 4a and 4b	4c	112,173,520
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1,322,306,983

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.

1	Total expenses and losses per audited financial statements	1	1,130,402,735
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	29,463
e	Add lines 2a through 2d	2e	29,463
3	Subtract line 2e from line 1	3	1,130,373,272
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,428,877
b	Other (Describe in Part XIII.)	4b	111,428,285
c	Add lines 4a and 4b	4c	113,857,162
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1,244,230,434

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, 2020 AND 2019, RESPECTIVELY, MANAGEMENT DOES NOT BELIEVE NGMC HOLDS ANY UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE UNDER GENERALLY ACC EPTED ACCOUNTING PRINCIPLES. IT IS NGMC'S POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES RE LATED TO INCOME TAX MATTERS AS AN OPERATING EXPENSE WHERE APPLICABLE.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	RENTAL EXPENSES 29,463. PARTNERSHIP INCOME NOT ON BOOKS 130,717.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	NON-OPERATING EXPENSES 1,406,310. ESTIMATED PROVISION FOR BAD DEBTS 108,338,333.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	RENTAL EXPENSES 29,463.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	NON-OPERATING EXPENSES 1,406,310. ESTIMATED PROVISION FOR BAD DEBTS 108,338,333. PARTNERSHIP EXPENSES NOT ON BOOKS 208. CONTRIBUTIONS IN NET ASSETS 1,683,434.

SCHEDULE H
(Form 990)

Hospitals

OMB No. 1545-0047

2019

Open to Public Inspection

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury

Name of the organization

NORTHEAST GEORGIA MEDICAL CENTER INC

Employer identification number

58-1694098

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	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			
3	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. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free 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 Did the organization use FPG as a factor in determining eligibility for providing discounted 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 _____ % c 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.	3a	Yes	
		3b	Yes	
4	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"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	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?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	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
a Financial Assistance at cost (from Worksheet 1)			65,175,462		65,175,462	5.240 %
b Medicaid (from Worksheet 3, column a)			136,517,596	104,823,052	31,694,544	2.550 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			2,983,339	1,297,921	1,685,418	0.140 %
d Total Financial Assistance and Means-Tested Government Programs			204,676,397	106,120,973	98,555,424	7.930 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).	254,651		3,434,681	1,620	3,433,061	0.280 %
f Health professions education (from Worksheet 5)			4,242,662	529,508	3,713,154	0.300 %
g Subsidized health services (from Worksheet 6)			261,022,648	246,470,112	14,552,536	1.170 %
h Research (from Worksheet 7)			1,330,772	539,017	791,755	0.060 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,066,529		1,066,529	0.090 %
j Total. Other Benefits	254,651		271,097,292	247,540,257	23,557,035	1.900 %
k Total. Add lines 7d and 7j	254,651		475,773,689	353,661,230	122,112,459	9.830 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing	0	0				
2 Economic development	0	0				
3 Community support	5	26,000	554,927	164,420	390,507	0.030 %
4 Environmental improvements	1	0	5,000	500	4,500	0 %
5 Leadership development and training for community members	1	0	2,500	250	2,250	0 %
6 Coalition building	2	0	38,069	500	37,569	0 %
7 Community health improvement advocacy	0	0				
8 Workforce development	6	402	1,866,598	500	1,866,098	0.150 %
9 Other	0	0				
10 Total	15	26,402	2,467,094	166,170	2,300,924	0.180 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	108,338,333	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	228,199,267
6 Enter Medicare allowable costs of care relating to payments on line 5	6	275,689,287
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-47,490,020
8 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

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes	
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	9b	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 %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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

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

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

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

	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
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
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
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	6b	Yes
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.NGHS.COM</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>HABERSHAMMEDICAL.COM;STEPHENS COUNTYHOSPITAL.COM</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>WWW.NGHS.COM</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c 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			
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	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:	13	Yes
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 150.000000000000 % and FPG family income limit for eligibility for discounted care of 300.000000000000 %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input type="checkbox"/> Asset level			
d <input type="checkbox"/> Medical indigency			
e <input type="checkbox"/> Insurance status			
f <input type="checkbox"/> Underinsurance discount			
g <input checked="" type="checkbox"/> Residency			
h <input type="checkbox"/> Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	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):	15	Yes
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
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			
c <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			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16	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):	16	Yes
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): WWW.NGHS.COM/FINANCIAL-ASSISTANCE			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): WWW.NGHS.COM/FINANCIAL-ASSISTANCE			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): WWW.NGHS.COM/FINANCIAL-ASSISTANCE			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <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)			
f <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)			
g <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			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <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			
j <input checked="" 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
17 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?	17 Yes	
18 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:		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <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 d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 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?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <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 d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 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):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 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?	21 Yes	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <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
22		
23		No
24		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, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

[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? 28

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

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.

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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.

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Form and Line Reference	Explanation
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, INCLUDING NGMC BARROW AND NGMC LUMPKIN. THE REPORT IS AVAILABLE ON THE ORGANIZATION'S WEBSITE (WWW.NGHS.COM) AND IS ALSO PUBLISHED ANNUALLY IN ITS MAGAZINE, COMMUNICARE.

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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.

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Form and Line Reference	Explanation
PART I, LINE 7G:	SUBSIDIZED HEALTH SERVICES WERE FOR NEONATAL INTENSIVE CARE UNIT, LAURELWOOD (MENTAL HEALTH), AND INPATIENT MEDICINE. NO COSTS WERE ATTRIBUTABLE TO PHYSICIANS.

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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 \$108,338,333. THE ESTIMATED PROVISION FOR BAD DEBTS IS REPORTED AS A DEDUCTION FROM PATIENT SERVICE REVENUE.

Form and Line Reference	Explanation
<p>PART II, COMMUNITY BUILDING ACTIVITIES:</p>	<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, 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. A FEW OF THE COMMUNITY BUILDING ACTIVITIES INCLUDED IN PART II INCLUDE: COMMUNITY SUPPORT: COVID-19 OUTREACH IN PARTNERSHIP WITH COMMUNITY LEADERS: BY APRIL 2020, 50% OF CONFIRMED COVID-19 CASES WERE IN THE LATINO POPULATION, WHICH WAS DISPROPORTIONATE CONSIDERING 29% OF HALL COUNTY'S POPULATION IS LATINO. THIS PROMPTED NGMC TO GATHER AN OUTREACH COMMITTEE AND COMMUNITY-WIDE COLLABORATIVE TO SUPPORT AND EDUCATE THE LATINO COMMUNITY THROUGH GRASSROOTS EFFORTS. THE GROUP PROVIDED EDUCATION AND INFORMATION FOR BUSINESSES AND THE GENERAL COMMUNITY, PARTNERED WITH AREA SCHOOL SYSTEMS TO PROVIDE MASKS, CLEANING SUPPLIES, AND ONE-ON-ONE EDUCATION TO CHILDREN AND THEIR FAMILIES, ORGANIZED COVID-19 TESTING EVENTS, PROVIDED HEALTH MESSAGING FOR THE COMMUNITY TO USE WITH THEIR CIRCLES OF INFLUENCE, AND POSTED DAILY UPDATES ON NGHS'S PUBLIC WEBSITE AND SOCIAL MEDIA CHANNELS TO SHARE DATA, RESOURCES AND TRENDS ABOUT COVID-19 AT WWW.NGHS.COM/COVID-19. THE PREVALENCE OF COVID-19 IN THESE COMMUNITIES ALSO LED TO THE CREATION OF THE GAINESVILLE AGAINST COVID-19 TASK FORCE WHICH INCLUDED LOCAL HISPANIC LEADERS, NGMC PHYSICIANS, THE NORTHEAST GEORGIA LATINO CHAMBER OF COMMERCE AND OTHERS. NGMC REPRESENTATIVES CHRISTY MOORE AND ANTONIO RIOS, M.D., SERVED ON THIS TASK FORCE WHICH WAS BORN OUT OF THE GOVERNOR'S VISIT TO HALL COUNTY IN MAY 2020 WITH GEORGIA DEPARTMENT OF PUBLIC HEALTH COMMISSIONER, KATHLEEN TOOMEY, M.D. THE COMMUNITY COVID-19 LEADERSHIP COALITION, A COMMUNITY-WIDE COLLABORATIVE, WAS FORMED IN SEPTEMBER 2020 THAT INCLUDED NGMC, LONGSTREET CLINIC, GOOD NEWS CLINIC, DISTRICT 2 PUBLIC HEALTH, GREATER HALL CHAMBER OF COMMERCE AND OTHER LOCAL ORGANIZATIONS TO IMPLEMENT A UNIFIED PLAN FOR THE HALL COUNTY-GAINESVILLE AREA TO PREVENT THE SPREAD OF COVID-19, WITH A GOAL TO MEET AND SUSTAIN THE WORLD HEALTH ORGANIZATION'S TARGET OF NO MORE THAN 5% OF THOSE TESTED ARE POSITIVE FOR COVID-19 - PROTECTING THE MENTAL AND PHYSICAL HEALTH OF ALL AREA RESIDENTS AND SUPPORTING A HEALTHY ECONOMY GOING FORWARD. FROM THIS, LOCAL BUSINESSES AND GOVERNMENT ENTITIES JOINED TOGETHER TO CREATE THE "WE ARE HALL IN" CAMPAIGN TO SET THE STANDARD FOR COVID-19 PREVENTION. THOSE WHO ARE "HALL IN" PLEDGE TO WEAR A MASK WHEN APPROPRIATE, PRACTICE SOCIAL DISTANCING AND ABIDE BY OTHER HEALTH AND SAFETY GUIDELINES. LEARN MORE AT WWW.WEAREHALLIN.COM. COALITION BUILDING: NGMC PROVIDED SUPPORT TO UNITED WAY OF HALL COUNTY, BOTH MONETARILY AND IN MANPOWER. UNITED WAY UNITES PEOPLE, ORGANIZATIONS AND RESOURCES WITHIN THE COMMUNITY TO BUILD A STRONGER, HEALTHIER AND SAFER HALL COUNTY. NGMC CONTRIBUTES AS A CORPORATE SPONSOR FOR UNITED WAY ACTIVITIES THROUGHOUT THE YEAR, AND 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. THE PURPOSE OF THE ONE HALL INITIATIVE IS TO BREAK THE CYCLE OF POVERTY IN HALL COUNTY BY GAINING THE PERSPECTIVES OF THOSE DIRECTLY EXPERIENCING POVERTY AND WORKING SIDE BY SIDE WITH COMMUNITY AGENCIES TO DEVELOP STRATEGIES TO ADDRESS THE NEEDS. NORTHEAST GEORGIA HEALTH SYSTEM IS ALSO A CONTRIBUTING PARTNER IN UNITED WAY'S ONE HALL MENTAL AND BEHAVIORAL HEALTH SUBCOMMITTEE. UNDER UNITED WAY'S ONE HALL FRAMEWORK, THE 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 GREATER COLLABORATION. NGHS, UNITED WAY OF HALL COUNTY, AND OTHER NON-PROFITS IN HALL COUNTY ARE WORKING TOGETHER ON A COORDINATED COMMUNITY NETWORK TO CREATE A SHARED DATA PLATFORM TO BECOME MORE EFFICIENT WHEN SERVING THOSE WHO HAVE SOCIAL NEEDS THAT IMPACT OVERALL WELLBEING. THIS PLATFORM WILL B</p>

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES:	<p>E USED TO MAKE REFERRALS TO RESOURCES AND PROVIDE A UNIVERSAL METHOD TO TRACK OUTCOMES, RESULTING IN BETTER, MORE COORDINATED CARE. NGMC IS A LEADING PARTNER IN THE REACH OUT CAMPAIGN TO DESTIGMATIZE THE NEED FOR MENTAL HEALTH SERVICES. NGMC'S FAMILY MEDICINE RESIDENCY PROGRAM DIRECTOR MONICA NEWTON, DO, MPH SERVES AS CO-CHAIR OF THE MENTAL AND BEHAVIORAL HEALTH SUBCOMMITTEE.</p> <p>WORKFORCE DEVELOPMENT: IN THE YOUTH APPRENTICESHIP PROGRAM, HIGH SCHOOL STUDENTS WORK IN THE HOSPITAL FOR ONE CLASS PERIOD IN THEIR DAY AND ROTATE THROUGH MULTIPLE DEPARTMENTS. IN FY20, 354 STUDENTS PARTICIPATED REPRESENTING 11 AREA HIGH SCHOOLS. 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 FY20, 16 STUDENTS PARTICIPATED IN THIS PROGRAM.</p>

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Form and Line Reference	Explanation
PART III, LINE 2:	PATIENT ACCOUNTS RECEIVABLE ARE REDUCED BY AN ESTIMATED ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS. IN EVALUATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE, NORTHEAST GEORGIA MEDICAL CENTER 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 ESTIMATED ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS.

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Form and Line Reference	Explanation
PART III, LINE 4:	BAD DEBT EXPENSE REPORTED ON LINE 2 REPRESENTS GROSS CHARGES WRITTEN OFF DURING THE FISCAL YEAR NET OF ANY RECOVERIES. BAD DEBTS ARE DISCUSSED IN THE FOOTNOTES AS A COMPONENT OF NET PATIENT SERVICE REVENUE, BUT DO NOT HAVE THEIR OWN FOOTNOTE.

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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.

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Form and Line Reference	Explanation
PART III, LINE 9B:	<p>EACH BILLING CYCLE FOR THE FIRST 120 DAYS OF STATEMENTS CONTAINS CONTACT INFORMATION FOR FINANCIAL ASSISTANCE INFORMATION. A PLAIN LANGUAGE SUMMARY OF OUR FINANCIAL ASSISTANCE POLICY IS PROVIDED AT DAY 90. FOR DAYS 121-180, TWO BAD DEBT COLLECTION LETTERS ARE MAILED WITH CONTACT INFORMATION FOR FINANCIAL ASSISTANCE INFORMATION. DURING THE 180 DAYS PRIOR TO PLACEMENT WITH AN EXTERNAL COLLECTION AGENCY, REGULAR PHONE CALLS ARE MADE THAT INCLUDE NOTIFICATION OF THE FINANCIAL ASSISTANCE POLICY AND HOW TO OBTAIN ASSISTANCE WITH THE APPLICATION PROCESS. DURING THE FIRST 60 DAYS OF PLACEMENT WITH EXTERNAL COLLECTIONS VENDOR, NO REPORTING TO CREDIT BUREAUS MAY TAKE PLACE, AND THE VENDOR PROVIDES ALL PATIENTS WITH AN OPPORTUNITY TO REQUEST FINANCIAL ASSISTANCE CONSIDERATION, INCLUDING RETURNING THE ACCOUNT TO US. WITH AGGREGATED MULTIPLE EPISODES OF PATIENT ACCOUNTS, FOR PURPOSES OF MEASURING 120 AND 240 DAYS, THE FIRST POST-DISCHARGE BILLING STATEMENT WILL BE USED.</p>

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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 HEALTH INEQUITIES IN THE COMMUNITIES IT SERVES. A LISTING OF THE RESOURCES IS 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 WITH THE GREATER HALL CHAMBER OF COMMERCE WHICH, THROUGH VISION 3030, 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. THREE NGHS STAFF ARE ON THE 2020-2021 BOARD OF DIRECTORS. - 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: BODY-MASS INDEX (HEIGHT/WEIGHT), A1C, BLOOD PRESSURE, CHOLESTEROL, LDL, AND MICROALBUMIN. 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. - WE ALSO MONITOR THE COUNTY HEALTH RANKINGS PUBLISHED BY THE ROBERT WOOD JOHNSON FOUNDATION (HTTP://WWW.COUNTYHEALTHRANKINGS.ORG/ABOUT-PROJECT).</p>

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Form and Line Reference	Explanation
PART VI, LINE 3:	<p>WE HAVE SIGNAGE POSTED THROUGHOUT THE EMERGENCY DEPARTMENT (ED) AND AT REGISTRATION AREAS. OUR NGHS, THE HEART CENTER AT NGMC, AND NGPG WEBSITES PROVIDE A PLAIN LANGUAGE SUMMARY ALONG WITH A COPY OF OUR APPLICATION AND POLICY IN ENGLISH AND SPANISH. OUR PATIENT PORTAL, MYCHART, PROVIDES AN ONLINE APPLICATION. WE HAVE PLAIN LANGUAGE SUMMARIES OF OUR FINANCIAL ASSISTANCE POLICY FOR PATIENTS AT REGISTRATION. REGISTRARS OFFER FINANCIAL ASSISTANCE APPLICATIONS TO PATIENTS WHO EXPRESS A NEED OR ARE NOT ABLE TO PAY AT TIME OF SERVICE. FINANCIAL NAVIGATORS COMPLETE BED-SIDE SCREENING FOR SELF-PAY BEDDED PATIENTS AND EMERGENCY DEPARTMENT PATIENTS DURING OUR SERVICE HOURS. MISSED PATIENTS ARE CALLED AND MAILED FINANCIAL ASSISTANCE APPLICATIONS. FINANCIAL NAVIGATORS COMPLETE FINANCIAL SCREENING FOR PATIENTS WHO ARE TO BE SCHEDULED FOR MEDICALLY URGENT SERVICES. WE HAVE WORK QUEUES THAT IDENTIFY POTENTIALLY ELIGIBLE PATIENTS. THESE PATIENTS ARE CALLED AND MAILED FINANCIAL ASSISTANCE APPLICATIONS. OUR CUSTOMER SERVICE TEAM PROVIDES INFORMATION AND COMPLETES REFERRALS. EACH STATEMENT AND COLLECTION LETTER INCLUDES AN ANNOUNCEMENT ABOUT FINANCIAL ASSISTANCE BEING AVAILABLE ALONG WITH OUR PHONE NUMBER AND URL. OUR LONG-TERM PAYMENT PLAN BROCHURE INCLUDES AN ANNOUNCEMENT ABOUT FINANCIAL ASSISTANCE BEING AVAILABLE ALONG WITH OUR PHONE NUMBER AND URL. OUR EXTERNAL COLLECTION AGENCIES ARE TRAINED TO PROVIDE EDUCATION AND RETURN ACCOUNTS TO US IF A PATIENT IS IDENTIFIED AS POTENTIALLY ELIGIBLE. ALSO, AVAILABLE ONLINE AT HTTPS://WWW.NGHS.COM/FINANCIAL-ASSISTANCE.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4:	<p>POPULATION: FROM 2010 TO 2019, THE HEALTH SYSTEM'S TOTAL SERVICE AREA ("TSA") POPULATION GREW AN ESTIMATED 2.0% PER YEAR ON AVERAGE COMPARED TO THE STATE OF GEORGIA AT 1.0% AND THE US AT 0.7%. POPULATION FOR THE TSA IN 2019 IS ESTIMATED TO BE 989,845 REPRESENTING A TOTAL GROWTH RATE OF 19.9% SINCE 2010, COMPARED TO THE STATE OF GEORGIA'S GROWTH (9.3%) AND THE US (5.3%) OVER THE SAME TIME PERIOD. THE TSA'S POPULATION GROWTH RATE IS PROJECTED TO OUTPACE GEORGIA AND THE US THROUGH AT LEAST 2021, THUS CONTINUING TO DRIVE ABOVE AVERAGE DEMAND FOR HEALTH CARE SERVICES. SOURCES: US CENSUS BUREAU; ESRI, INC.</p> <p>HOUSEHOLD INCOME AND HOME VALUES: MEDIAN HOUSEHOLD INCOME FOR THE TSA IS CURRENTLY \$51,790 COMPARED TO THE STATE OF GEORGIA AT \$58,700. THE MEDIAN HOME VALUE FOR THE TSA IS CURRENTLY \$185,800 COMPARED TO THE STATE OF GEORGIA AT \$176,000. SOURCES: US CENSUS BUREAU; ESRI, INC.</p> <p>EMPLOYMENT: THE UNEMPLOYMENT RATE FOR THE NGHS TOTAL SERVICE AREA WAS 3.0% IN 2019 COMPARED WITH THE STATE OF GEORGIA AT 3.5% AND THE U.S. AT 3.7%. 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: US BUREAU OF LABOR STATISTICS; ESRI, INC.</p>

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Form and Line Reference	Explanation
PART VI, LINE 5:	<p>NORTHEAST GEORGIA MEDICAL CENTER'S BOARD OF DIRECTORS IS COMPRISED OF 15 MEMBERS AND REPRESENTS THE COMMUNITIES DIRECTLY SERVED BY THE ORGANIZATION. BOARD MEMBERS PROVIDE LEADERSHIP THAT SUPPORTS THE ORGANIZATION'S MISSION TO IMPROVE THE HEALTH OF THE COMMUNITY. PRACTITIONERS AT NGHS ENTITIES UNDERGO EXTENSIVE ONBOARDING PRIOR TO BEING AFFILIATED WITH THE HEALTH SYSTEM, SECURING STANDARD OF CARE AND SAFETY TO OUR COMMUNITY. 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. 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, WITH 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 ALONG WITH NGMC GAINESVILLE AND BRASELTON INCLUDE NGMC BARROW, NGMC LUMPKIN, NORTHEAST GEORGIA PHYSICIANS GROUP, THE NORTHEAST GEORGIA HEALTH SYSTEM FOUNDATION, NORTHEAST GEORGIA HEALTH PARTNERS, RIVER PLACE MEDICAL OFFICE PLAZA 1, AND THE HEART CENTER, LLC.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.NGMC BARROW, LLC, PROVIDES EMERGENCY CARE, SURGERY, ORTHOPEDICS, HEART CARE, IMAGING /RADIOLOGY, LABORATORY SERVICES, PULMONARY REHABILITATION, WOUND HEALING, STROKE CARE AND MORE. SINCE JOINING NORTHEAST GEORGIA HEALTH SYSTEM IN 2017, NGMC BARROW HAS BEEN NAMED ONE OF TOP 5 SMALL HOSPITALS IN THE STATE BY GEORGIA TREND MAGAZINE, ACHIEVED DESIGNATION AS A PRIMARY STROKE TREATMENT CENTER, AND ADDED 3D MAMMOGRAPHY TO BETTER DETECT BREAST CANCER.NGMC LUMPKIN, LLC, (FORMERLY CHESTATEE REGIONAL HOSPITAL) WAS ACQUIRED IN JULY 2018 BY NGHS TO INCLUDE EMERGENCY SERVICES, 10 INPATIENT BEDS, AND OTHER SUPPORT SERVICES IN DAHLONEGA AND SURROUNDING COMMUNITIES. THE NORTHEAST GEORGIA HEALTH SYSTEM 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 500 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 19 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.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	GA

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

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		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			X			

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.	<p>PART V, SECTION B, LINE 5: THE FOLLOWING ORGANIZATIONS HAVE PARTNERED AND COLLABORATED TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FOR COMMUNITIES THEY (CHNA PARTNERS) SERVE IN NORTHEASTERN GEORGIA: - DISTRICT 2 PUBLIC HEALTH - HABERSHAM MEDICAL CENTER - NORTH EAST GEORGIA MEDICAL CENTER GAINESVILLE - NORTHEAST GEORGIA MEDICAL CENTER BRASELTON - NORTHEAST GEORGIA MEDICAL CENTER BARROW - NORTHEAST GEORGIA MEDICAL CENTER LUMPKIN - STEPHENS COUNTY HOSPITALTHESE CHNA PARTNERS UNDERSTAND THE IMPORTANCE OF SERVING THE HEALTH NEEDS OF THEIR COMMUNITIES. BEGINNING IN NOVEMBER 2018, THE CHNA PARTNERS BEGAN THE PROCESS OF ASSESSING THE HEALTH NEEDS OF THE COMMUNITIES SERVED BY THE HOSPITAL FACILITIES AND THE HEALTH DEPARTMENT WITH A COLLABORATIVE COMMUNITY HEALTH NEEDS ASSESSMENT. IBM WATSON HEALTH (WATSON HEALTH) WAS ENGAGED TO HELP COLLECT AND ANALYZE THE DATA FOR THIS PROCESS, AND TO COMPILE A FINAL REPORT TO BE MADE PUBLICLY AVAILABLE BY SEPTEMBER 30, 2019; WATSON HEALTH DELIVERS ANALYTIC TOOLS, BENCHMARKS, AND STRATEGIC CONSULTING SERVICES TO THE HEALTHCARE INDUSTRY, COMBINING RICH DATA ANALYTICS IN DEMOGRAPHICS, INCLUDING THE COMMUNITY NEEDS INDEX , PLANNING, AND DISEASE PREVALENCE ESTIMATES, WITH EXPERIENCED STRATEGIC CONSULTANTS TO DELIVER COMPREHENSIVE AND ACTIONABLE COMMUNITY HEALTH NEEDS ASSESSMENTS.THE COMMUNITIES SERVED BY EACH OF THE CHNA PARTNERS OVERLAPPED AND COMBINED TO INCLUDE ALL OR PART OF 16 COUNTIES IN NORTHEAST GEORGIA. WHILE A COLLABORATIVE APPROACH WAS UTILIZED, A NEEDS ANALYSIS WAS CONDUCTED FOR EACH CHNA PARTNER'S DEFINED COMMUNITY; COMMUNITY-SPECIFIC SUBSECTIONS ARE INCLUDED IN THE REPORT. NORTHEAST GEORGIA HEALTH SYSTEM (NGHS) DEFINED FOUR COMMUNITIES SERVED BY THEIR FOUR HOSPITAL FACILITIES: NGHS GREATER BRASELTON SERVICE AREA (GBSA), NGHS PRIMARY SERVICE AREA (PSA), NGHS SECONDARY SERVICE AREA 400 (SSA 400), AND NGHS SECONDARY SERVICE AREA NORTH (SSA NORTH).WATSON HEALTH CONDUCTED EIGHT (8) FOCUS GROUPS WITH A TOTAL OF 75 PARTICIPANTS AS WELL AS 25 KEY INFORMANT INTERVIEWS TO GATHER THE INPUT OF PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITIES SERVED THROUGHOUT THE REGION. THE FOCUS GROUPS AND INTERVIEWS SOLICITED FEEDBACK FROM LEADERS AND REPRESENTATIVES WHO SERVE THE COMMUNITY AND HAVE INSIGHT INTO COMMUNITY NEEDS.PARTICIPATION IN THE WATSON HEALTH INTERVIEW AND FOCUS GROUPS INCLUDED INPUT FROM AT LEAST ONE STATE, LOCAL, OR REGIONAL GOVERNMENTAL PUBLIC HEALTH DEPARTMENT (OR EQUIVALENT DEPARTMENT OR AGENCY) WITH KNOWLEDGE, INFORMATION , OR EXPERTISE RELEVANT TO THE HEALTH NEEDS OF THE COMMUNITY, AS WELL AS INDIVIDUALS OR ORGANIZATIONS WHO SERVED AND/OR REPRESENTED THE INTERESTS OF MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS IN THE COMMUNITY.PARTICIPATION FROM COMMUNITY LEADERS/GROUPS, PUBLIC HEALTH ORGANIZATIONS, OTHER HEALTHCARE ORGANIZATIONS, AND OTHER HEALTHCARE PROVIDERS ENSURED THAT THE INPUT RECEIVED REPRESENTED THE BROAD INTERESTS OF THE COMMUNITY SERVED. ADDITIONAL QUALITATIVE DATA SO</p>

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.	URCES SUPPLEMENTED THE FOCUS GROUPS AND INTERVIEWS. THESE INCLUDED A HALL COUNTY HEALTH SURVEY OF UNINSURED INDIVIDUALS (199 SURVEYS COMPLETED); HALL COUNTY MENTAL AND BEHAVIORAL HEALTH LISTENING SESSIONS (60+ PARTICIPANTS FROM KEY STAKEHOLDER ORGANIZATIONS); AND QUALITATIVE FINDINGS FROM UNION GENERAL & CHATUGE REGIONAL HOSPITALS 2018 CHNA REPORTS (148 COMMUNITY-BASED SURVEYS, FOUR KEY INFORMANT INTERVIEWS).IN JUNE 2019, A SESSION WAS HELD WITH THE CHNA PARTNERS AND THEIR COMMUNITY ADVISORS TO IDENTIFY AND PRIORITIZE THE SIGNIFICANT HEALTH NEEDS FOR EACH CHNA PARTNER'S COMMUNITY. THE MEETING WAS MODERATED BY WATSON HEALTH .

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 6A: THE FOLLOWING ORGANIZATIONS HAVE PARTNERED AND COLLABORATED TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FOR COMMUNITIES THEY (CHNA PARTNERS) SERVE IN NORTHEASTERN GEORGIA: -HABERSHAM MEDICAL CENTER-NORTHEAST GEORGIA MEDICAL CENTER GAINESVILLE-NORTHEAST GEORGIA MEDICAL CENTER BRASELTON-NORTHEAST GEORGIA MEDICAL CENTER BARROW-NORTHEAST GEORGIA MEDICAL CENTER LUMPKIN-STEPHENS COUNTY HOSPITAL

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 6B: THE FOLLOWING NON-HOSPITAL ORGANIZATION HAS PARTNERED AND COLLABORATED WITH NGMC TO CONDUCT A CHNA FOR THE COMMUNITY IT SERVES IN NORTHEASTERN GEORGIA:-DISTRICT 2 PUBLIC HEALTH

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.	<p>PART V, SECTION B, LINE 11: NGMC DEFINED FOUR COMMUNITIES SERVED BY THEIR FOUR HOSPITAL FACILITIES: NGHS GREATER BRASELTON SERVICE AREA (GBSA), NGHS PRIMARY SERVICE AREA (PSA), NGHS SECONDARY SERVICE AREA 400 (SSA 400), AND NGHS SECONDARY SERVICE AREA NORTH (SSA NORTH). BASED ON RESULTS OF THE 2019 CHNA, THE FOLLOWING FIVE PRIORITIES WERE ADOPTED BY THE ORGANIZATION AND REPRESENT THOSE ON WHICH WE CAN HAVE THE MOST IMPACT BASED ON PRIORITIZATION CRITERIA:- BEHAVIORAL AND MENTAL HEALTH (ALL NGHS SERVICE AREAS)- ACCESS TO CARE (ALL NGHS SERVICE AREAS)- DIABETES (GBSA, SSA 400, SSA NORTH)- CARDIOVASCULAR DISEASE (SSA 400)- SEPTICEMIA (ALL NGHS SERVICE AREAS)FOR DETAILS ON HOW NGMC IS ADDRESSING THE SIGNIFICANT NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA, GO TO: HTTPS://WWW.NGHS.COM/WP-CONTENT/UPLOADS/2020/08/IMPLEMENTATION-PLAN-2020-UPDATED.PDF.SPECIFIC TO NGMC, THE HEALTH NEEDS NGMC CHOSE NOT TO ADDRESS THROUGH THE PRIORITIZATION PROCESS INCLUDE THE FOLLOWING:- PSA: FOOD ACCESS AND NUTRITION, MATERNAL AND CHILD HEALTH, SOCIAL ISOLATION.- GBSA: MATERNAL AND CHILD HEALTH, PHYSICAL ACTIVITY, INJURY AND DEATH, VIOLENCE, CHILD ABUSE, INCOME, EDUCATION, ACCESS TO DENTAL CARE, CANCER, TRANSPORTATION.- SSA NORTH: MATERNAL AND CHILD HEALTH, CARDIOVASCULAR DISEASE, INCOME, PHYSICAL ACTIVITY, VIOLENCE, CHILD ABUSE, EDUCATION, ACCESS TO DENTAL CARE, EMPLOYMENT, CEREBROVASCULAR DISEASE, SOCIAL ISOLATION, CANCER, COPD AND RESPIRATORY DISEASE, INJURY AND DEATH.- SSA 400: MATERNAL AND CHILD HEALTH, SMOKING, VIOLENCE/CHILD ABUSE, INCOME, ACCESS TO DENTAL CARE, SOCIAL ISOLATION, CANCER, TRANSPORTATION.THIS IS NOT TO SAY THAT NGMC DOES NOT HAVE ANY ACTIVITY RELATED TO THESE ISSUES. THE ORGANIZATION HAD TO CHOOSE WHERE IT COULD HAVE THE MOST IMPACT BASED ON PRIORITIZATION CRITERIA, AND SOME OF THE NEEDS NOT CHOSEN STILL RELATE TO CHOSEN HEALTH PRIORITIES. FOR INSTANCE, ACCESS TO CARE IS A PRIORITY ACROSS THE REGION. WHILE TRANSPORTATION ON ITS OWN DID NOT MAKE THE HEALTH PRIORITY LIST, IT WOULD BE AN ISSUE CONSIDERED IN ACCESS TO CARE ISSUES. AND WHILE CANCER WAS NOT CHOSEN AS A COMMUNITY HEALTH IMPROVEMENT PRIORITY, NGMC ALREADY HAS AN INTERNAL EMPHASIS ON THIS HEALTH ISSUE AND WILL REPORT ITS ACTIVITY VIA THE ANNUAL COMMUNITY BENEFIT REPORT.</p>

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 16J: PATIENTS MAY SUBMIT A FINANCIAL ASSISTANCE APPLICATION VIA OUR ONLINE PATIENT PORTAL APP VERSION OF MYCHART.

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 - NGMC NICD 1404 RIVER PLACE SUITE 100 BUFORD, GA 30517	TESTING AND DIAGNOSTIC CENTER
2 3 - IMAGING CENTER - BRASELTON 1515 RIVER PLACE BRASELTON, GA 30517	IMAGING / RADIOLOGY CENTER
3 4 - BRASELTON RADIATION THERAPYPHYSICS 1515 RIVER PLACE STE 120 BRASELTON, GA 30517	RADIATION THERAPY
4 5 - LAURELWOOD 200 WISTERIA DRIVE GAINESVILLE, GA 30501	MENTAL HEALTH SERVICES
5 6 - TOCCOA CANCER CENTER 1640 FALLS ROAD TOCCOA, GA 30577	CANCER SERVICES
6 7 - IMAGING CENTER - DAWSONVILLE 108 PROMINENCE COURT DAWSONVILLE, GA 30534	IMAGING / RADIOLOGY CENTER
7 8 - NEW HORIZONS LIMESTONE NORTH 2020 BEVERLY ROAD NE GAINESVILLE, GA 30501	LONG TERM CARE
8 9 - REHABILITATION INSTITUTE 597 SOUTH ENOTA DRIVE NE GAINESVILLE, GA 30501	REHABILITATION SERVICES
9 10 - WOUND OSTOMY CONTINENCEHYPERBARIC THER 675 WHITE SULPHUR ROAD GAINESVILLE, GA 30501	WOUND HEALING CENTER
10 11 - NEW HORIZONS LANIER PARK WEST 675 WHITE SULPHUR ROAD GAINESVILLE, GA 30501	LONG TERM CARE
11 12 - SLEEP LAB 1466 JESSE JEWELL PKWY GAINESVILLE, GA 30501	SLEEP DISORDER CENTER
12 13 - HEALTHLINK LAB AT RIVERPLACE 1515 RIVER PLACE STE 170 BRASELTON, GA 30517	CLINICAL LABORATORY
13 14 - CUMMING OP DIAGNOSTIC CARDIOLOGY 900 SANDERS ROAD CUMMING, GA 30041	DIAGNOSTIC CARDIOLOGY
14 15 - REHAB - BRASELTON 1515 RIVER PLACE STE 290 BRASELTON, GA 30517	REHABILITATION SERVICES

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)
16 16 - GYN ONCOLOGY INFUSION SERVICES 1498 JESSE JEWELL PARKWAY SUITE C HALL, GA 30501	GYNECOLOGIC ONCOLOGY
1 17 - BUFORD OUTPATIENT IMAGING 3425 BUFORD DRIVE SUITE 100 BUFORD, GA 30519	IMAGING / RADIOLOGY CENTER
2 18 - REHAB - FRIENDSHIP (BUFORD) 4889 GOLDEN PKWY SUITE 150 BUFORD, GA 30518	REHABILITATION SERVICES
3 19 - REHAB - DAWSONVILLE 5959 HIGHWAY 53E SUITE 200 DAWSONVILLE, GA 30534	REHABILITATION SERVICES
4 20 - REHAB - CLEVELAND 640-A HELEN HWY CLEVELAND, GA 30528	REHABILITATION SERVICES
5 21 - REHAB - DAHLONEGA 95 MORRISON MOORE PKWY DAHLONEGA, GA 30533	REHABILITATION SERVICES
6 22 - HEALTHLINK LAB AT DAWSONVILLE 108 PROMINENCE COURT DAWSONVILLE, GA 30534	CLINICAL LABORATORY
7 23 - ESSENTIALLY FOR WOMEN - LACTATION CENTER 825 JESSE JEWELL PKWY GAINESVILLE, GA 30501	LACTATION CENTER
8 24 - NGMC NEUROPHYSIOLOGY 1404 RIVER PLACE SUITE 403 BRASELTON, GA 30517	NEUROPHYSIOLOGY
9 25 - DIABETES EDUCATION 675 WHITE SULPHUR ROAD GAINESVILLE, GA 30501	DIABETES SERVICES
10 26 - BARIATRIC SERVICES 675 WHITE SULPHUR ROAD GAINESVILLE, GA 30501	BARIATRIC WEIGHT LOSS SERVICES
11 27 - BUFORD OUTPATIENT IMAGING CENTER 3425 BUFORD DRIVE BUFORD, GA 30519	IMAGING / RADIOLOGY CENTER
12 28 - BARIATRIC WEIGHT MGMTNUTRITION COUNSEL 1515 RIVER PLACE SUITE 190 BRASELTON, GA 30517	BARIATRIC WEIGHT LOSS SERVICES

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

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

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) NGHHS FOUNDATION 743 SPRING STREET GAINESVILLE, GA 30501	58-1694820	501(C)(3)	1,683,434				OPERATING SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1
- 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. APPROVAL IS OBTAINED PRIOR TO DISBURSEMENT.

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
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. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization NORTHEAST GEORGIA MEDICAL CENTER INC		Employer identification number 58-1694098

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

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.

Schedule J (Form 990) 2019

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, LINE 1A	NORTHEAST GEORGIA MEDICAL CENTER PROVIDED LONG-TERM HOUSING TO DR. JAMES WOLFE, WHO IS ONE OF THE FIVE HIGHEST COMPENSATED EMPLOYEES OF NGMC. DR. WOLFE IS A CARDIOTHORACIC SURGEON AND THE HOUSING IS PROVIDED FOR THE EMPLOYER'S BENEFIT OF HIS PROXIMITY TO PROVIDE MEDICAL SERVICES WHEN HE IS PROVIDING CALL COVERAGE. THIS WAS GROSSED UP FOR TAX PURPOSES AND WAS INCLUDED IN HIS TAXABLE WAGES AND REPORTED IN PART II COLUMN B(III).
PART I, LINE 4B	EMPLOYER CONTRIBUTION TO 457(F) EXECUTIVE RETIREMENT BENEFIT PLAN BRIAN D. STEINES \$ 73,497 SAMUEL O. JOHNSON \$ 53,202 STEPHEN KELLY \$ 27,934 TRACY M. VARDEMAN \$ 40,422 BRENDA SIMPSON \$ 41,646 JOHN DELZELL, JR. \$ 46,233 JOHN A. WILLIAMSON \$ 46,557 LOUIS SMITH, JR. \$ 75,946 CAROL H. BURRELL, PRESIDENT AND CEO: BEGINNING IN DECEMBER 2017, NORTHEAST GEORGIA HEALTH SYSTEM (A RELATED ORGANIZATION) INVESTED IN A JOINTLY-OWNED SPLIT DOLLAR LIFE INSURANCE PLAN FOR MS. BURRELL. THE ASSET VALUE AS OF SEPTEMBER 30, 2020 WAS \$5,328,659. EMPLOYER PAYMENT FROM 457(F) PLAN (INCLUDING VESTED EARNINGS ON PREVIOUSLY REPORTED COMPENSATION): BRENDA SIMPSON \$ 39,036 DEBORAH WEBER \$ 110,764 TRACY M. VARDEMAN \$ 75,460 JOHN A. WILLIAMSON \$ 83,990 SAMUEL O. JOHNSON \$ 53,202 STEPHEN KELLY \$ 26,152 LOUIS SMITH, JR. \$ 288,751

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				
1DJ CAMPBELL MD MEMBER	(i)	227,481	0	0	0	0	227,481	0
	(ii)	0	0	0	0	0	0	0
1HOLT HARRISON MD MEMBER, PHYSICIAN - NGPG	(i)	709,954	0	23,902	9,800	26,892	770,548	0
	(ii)	0	0	0	0	0	0	0
2TIM SCULLY MD MEMBER, PHYSICIAN - NGHS/THC PHYSICI	(i)	249,135	60,000	19,000	9,800	22,449	360,384	0
	(ii)	0	0	0	0	0	0	0
3CAROL BURRELL PRESIDENT & CEO	(i)	1,015,671	502,744	43,724	61,583	22,815	1,646,537	0
	(ii)	0	0	0	0	0	0	0
4BRIAN D STEINES CHIEF FINANCIAL OFFICER	(i)	590,983	201,224	48,182	83,297	23,924	947,610	0
	(ii)	0	0	0	0	0	0	0
5STEPHEN KELLY CHIEF COMPLIANCE OFFICER	(i)	212,703	83,967	20,214	37,734	14,913	369,531	25,112
	(ii)	0	0	0	0	0	0	0
6MICHAEL COVERT CHIEF OPERATING OFFICER	(i)	201,605	0	0	0	0	201,605	0
	(ii)	0	0	0	0	0	0	0
7SAMUEL JOHNSON MD CHIEF MEDICAL OFFICER - NGHS	(i)	418,235	149,992	26,554	63,002	17,715	675,498	53,202
	(ii)	0	0	0	0	0	0	0
8TRACY VARDEMAN CHIEF STRATEGY EXECUTIVE - NGHS	(i)	313,473	158,819	37,003	94,905	23,252	627,452	72,212
	(ii)	0	0	0	0	0	0	0
9BRENDA SIMPSON CHIEF NURSING EXECUTIVE - NGMC	(i)	321,866	121,611	26,554	51,446	19,335	540,812	37,483
	(ii)	0	0	0	0	0	0	0
10JOHN DELZELL JR VP MEDICAL EDUCATION - NGMC	(i)	367,674	96,994	18,252	56,033	15,000	553,953	0
	(ii)	0	0	0	0	0	0	0
11JOHN A WILLIAMSON PRESIDENT NGMC BRASELTON	(i)	373,161	174,354	23,932	94,292	23,625	689,364	80,373
	(ii)	0	0	0	0	0	0	0
12ANDREW GREEN NGMC PHYSICIAN	(i)	878,053	0	20,710	9,800	24,334	932,897	0
	(ii)	0	0	0	0	0	0	0
13CHARLES RICHART NGMC PHYSICIAN	(i)	667,393	0	7,524	9,800	26,639	711,356	0
	(ii)	0	0	0	0	0	0	0
14FRANK G LAKE NGMC PHYSICIAN	(i)	627,338	0	45,524	9,800	22,187	704,849	0
	(ii)	0	0	0	0	0	0	0
15JAMEELA HARPER NGMC PHYSICIAN	(i)	456,012	0	19,228	9,800	20,023	505,063	0
	(ii)	0	0	0	0	0	0	0
16JAMES WOLFE NGMC PHYSICIAN	(i)	1,212,742	0	65,141	9,800	32,300	1,319,983	0
	(ii)	0	0	0	0	0	0	0
17LOUIS SMITH JR FORMER PRESIDENT - NGMC - SYSTEM ACU	(i)	466,511	466,282	258,877	85,746	26,381	1,303,797	204,691
	(ii)	0	0	0	0	0	0	0
18DEBORAH WEBER FORMER CHIEF HR OFFICER - NGHS	(i)	144,452	110,764	172,945	5,688	22,738	456,587	106,542
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTHEAST GEORGIA MEDICAL CENTER INC

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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 (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
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 (2017B)	58-6002388	362762PT7	03-01-2020	401,519,897	PAY COST OF ISSUING 2020A, ADV. REFUND 2010A,2010B,2011A,2014B,2017C,2017D		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	227,214,996		185,966,974		160,203,280		401,519,897	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	783,066		573,363		475,282		1,552,420	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	88,715,198							
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2017		2017		2017		2020	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			X		X		X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, 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	

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
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	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0.240 %		0.240 %		0.240 %		0.240 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0.010 %		0.010 %		0.010 %		0.010 %	
6	Total of lines 4 and 5	0.250 %		0.250 %		0.250 %		0.250 %	
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV

Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
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: 93493228012111
SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to <u>www.irs.gov/Form990</u> for the latest information.		OMB No. 1545-0047
			2019
Department of the Treasury Internal Revenue Service			Open to Public Inspection
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>THE MISSION OF NORTHEAST GEORGIA HEALTH SYSTEM, INC., (NGHS) AND ALL RELATED AFFILIATES IS TO "IMPROVE THE HEALTH OF THE COMMUNITY IN ALL WE DO." LED BY VOLUNTEER BOARDS MADE UP OF COMMUNITY LEADERS, THE HEALTH SYSTEM SERVES MORE THAN 1 MILLION PEOPLE IN 19 COUNTIES ACROSS NORTHEAST GEORGIA. NGHS IS A GEORGIA, NOT-FOR-PROFIT CORPORATION THAT ALONG WITH ITS AFFILIATES, PROVIDES HEALTHCARE SERVICES TO THE RESIDENTS OF NORTHEAST GEORGIA. NGHS OPERATES A 56-BED LICENSED HOSPITAL LOCATED IN WINDER (NGMC BARROW, LLC) AND IN JULY 2018, NGHS ACQUIRED NGMC LUMPKIN, LLC (FORMERLY CHESTATEE REGIONAL HOSPITAL), TO INCLUDE EMERGENCY SERVICES, 10 INPATIENT BEDS AND OTHER SUPPORT SERVICES IN DAHLONEGA AND SURROUNDING COMMUNITIES. NGHS AFFILIATE, NORTHEAST GEORGIA MEDICAL CENTER (NGMC), OPERATES A 557-LICENSED BED INPATIENT FACILITY IN GAINESVILLE, AND A 134-LICENSED BED INPATIENT FACILITY IN BRASELTON. OTHER AFFILIATES INCLUDE NORTHEAST GEORGIA PHYSICIANS GROUP (NGPG), THE NORTHEAST GEORGIA HEALTH SYSTEM FOUNDATION, RIVER PLACE MEDICAL OFFICE PLAZA I, AND THE HEART CENTER, LLC. WHAT DRIVES COMMUNITY HEALTH IMPROVEMENT ACTIVITIES? NORTHEAST GEORGIA HEALTH SYSTEM, WITH INPUT FROM THE COMMUNITY, COMPLETED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN 2019. 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 5 FOLLOWING HEALTH PRIORITIES THAT FIT HAND-IN-GLOVE WITH THE STRATEGIC DIRECTION OF THE ORGANIZATION: BEHAVIORAL AND MENTAL HEALTH; ACCESS TO CARE; DIABETES; CARDIOVASCULAR DISEASE; AND SEPTICEMIA. FOR DETAILS ON HOW NGHS AND AFFILIATES ARE ADDRESSING THE SIGNIFICANT NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA, GO TO: WWW.NGHS.COM/2020-PLAN. VISIT HTTPS://YOUTUBE.U/UPDTTYIGAO8 TO WATCH A VIDEO ABOUT HOW NGHS PARTNERED IN THE COMMUNITY TO CONDUCT THE 2019 CHNA. NGHS, INC. AND AFFILIATES: RESPONSE TO COVID-19 THE UNFORESEEN COVID-19 PANDEMIC QUICKLY BECAME A PRIMARY FOCUS FOR NGHS, NGMC, NGPG AND AFFILIATES. COMMITTED TO IMPROVING THE HEALTH OF OUR COMMUNITY IN ALL WE DO, THE HEALTH SYSTEM PIVOTED IN 2020 TO MEET THE DEMANDS OF THE PANDEMIC, REMAINING FLEXIBLE TO ADDRESS THE RISING NEEDS IN THE COMMUNITY THROUGH THE FOLLOWING ACTIVITIES: COVID-19 TESTING IN PARTNERSHIP WITH GOOD NEWS CLINICS AND DISTRICT 2 PUBLIC HEALTH: NGHS PARTNERED WITH DISTRICT 2 PUBLIC HEALTH AND GOOD NEWS CLINICS TO HOST TWO FREE COVID-19 TESTING EVENTS FOR LOW INCOME AND UNINSURED RESIDENTS OF HALL COUNTY WHO OTHERWISE MAY NOT HAVE HAD THE TESTING. OVER 1,300 PEOPLE WERE TESTED, WITH NEARLY 50% TESTING POSITIVE AT THE FIRST EVENT AND ABOUT ONE-THIRD TESTING POSITIVE AT THE SECOND EVENT. NGMC PROVIDED COVID-19 TESTING KITS, SUPPLIES AND STAFF TO SUPPORT THESE EVENTS. COVID-19 OUTREACH IN PARTNERSHIP WITH COMMUNITY LEADERS: BY APRIL 2020, 50% OF CONFIRMED COVID-19 CASES</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:</p>	<p>SES WERE IN THE LATINO POPULATION, WHICH WAS DISPROPORTIONATE CONSIDERING 29% OF HALL COUN TY'S POPULATION IS LATINO. THIS PROMPTED NGHS TO GATHER AN OUTREACH COMMITTEE AND COMMUNIT Y-WIDE COLLABORATIVE TO SUPPORT AND EDUCATE THE LATINO COMMUNITY THROUGH GRASSROOTS EFFORT S. THE GROUP ACCOMPLISHED THE FOLLOWING: - PRODUCED BI-LINGUAL FLIER S AND POSTERS (FOR BUS INESSES AND COMMUNITY). - DISTRIBUTED FACE MASKS AND CLEANING SUPPLIES TO BUSINESSES AND S CHOO LS. - PARTNERED WITH AREA SCHOOL SYSTEMS TO PROVIDE MASKS, CLEANING SUPPLIES, AND ONE- ON-ONE EDUCATION TO CHILDREN AND THEIR FAMILIES THROUGH LUNCH DELIVERY ROUTES OVER THE SUM MER. - ORGANIZED TESTING EVENTS IN PARTNERSHIP WITH EMORY UNIVERSITY'S ROLLINS SCHOOL OF P UBLIC HEALTH, WHICH ALSO DOUBLED AS CLINICAL TRIALS FOR EMORY TO COMPARE A SALIVA TEST TO THE NASOPHARYNGEAL TESTING FOR THOSE WILLING TO UNDERGO BOTH TESTS. - HOSTED EDUCATIONAL W EBINARS FOR COMMUNITY GROUPS AND CHURCHES. - PRODUCED SPECIALIZED VIDEOS FOR THE LOCAL AUD IENCE. - PROVIDED HEALTH EDUCATION AND MESSAGING FOR THE COMMUNITY TO USE WITH THEIR CIRCL ES OF INFLUENCE. - POSTED DAILY UPDATES ON NGHS' PUBLIC WEBSITE AND SOCIAL MEDIA CHANNELS TO SHARE INFORMATION ON THE NUMBER OF CONFIRMED COVID POSITIVE PATIENTS BEING TREATED IN N GHS FACILITIES, PATIENTS AWAITING TEST RESULTS, AND HALL COUNTY-SPECIFIC INFORMATION. RESO URCES AND TRENDS FOR COVID-19 ARE AVAILABLE TO THE PUBLIC AT WWW.NGHS.COM/COVID-19. THE PR EVALUENCE OF COVID-19 IN THESE COMMUNITIES ALSO LED TO THE CREATION OF THE GAINESVILLE AGAI NST COVID-19 TASK FORCE WHICH INCLUDED LOCAL HISPANIC LEADERS, NGHS PHYSICIANS, THE NORTHE AST GEORGIA LATINO CHAMBER OF COMMERCE AND OTHERS. NGHS REPRESENTATIVES CHRISTY MOORE AND ANTONIO RIOS, M.D., SERVED ON THIS TASK FORCE WHICH WAS BORN OUT OF THE GOVERNOR'S VISIT T O HALL COUNTY IN MAY 2020 WITH GEORGIA DEPARTMENT OF PUBLIC HEALTH COMMISSIONER, KATHLEEN TOOMEY, M.D. COMMUNITY COVID-19 LEADERSHIP COALITION: A COMMUNITY-WIDE COLLABORATIVE WAS F ORMED IN SEPTEMBER 2020 THAT INCLUDED NGHS, LONGSTREET CLINIC, GOOD NEWS CLINIC, DISTRICT 2 PUBLIC HEALTH, GREATER HALL CHAMBER OF COMMERCE AND OTHER LOCAL ORGANIZATIONS TO IMPLEME NT A UNIFIED PLAN FOR THE HALL COUNTY-GAINESVILLE AREA TO PREVENT THE SPREAD OF COVID-19, WITH A GOAL TO MEET AND SUSTAIN THE WORLD HEALTH ORGANIZATION'S TARGET OF NO MORE THAN 5% OF THOSE TESTED ARE POSITIVE FOR COVID-19 PROTECTING THE MENTAL AND PHYSICAL HEALTH OF ALL AREA RESIDENTS AND SUPPORTING A HEALTHY ECONOMY GOING FORWARD. FROM THIS, LOCAL BUSINESSES AND GOVERNMENT ENTITIES JOINED TOGETHER TO CREATE THE "WE ARE HALL IN" CAMPAIGN TO SET T HE STANDARD FOR COVID-19 PREVENTION. THOSE WHO ARE "HALL IN" PLEDGE TO WEAR A MASK WHEN AP PROPRIATE, PRACTICE SOCIAL DISTANCING AND ABIDE BY OTHER HEALTH AND SAFETY GUIDELINES. LEA RN MORE AT WWW.WEAREHALLIN.COM. EPIC AT GOOD NEWS CLINICS: IN JUNE 2020, GOOD NEWS CLINICS (GNC) JOINED NGHS ON THE SAME ELECTRONIC HEALTH RECORD (EHR) SYSTEM, CALLED EPIC. WITH TH E ASSISTANCE OF LOCAL DONORS,</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:</p>	<p>THE NGHS FOUNDATION WAS ABLE TO ACCELERATE THE IMPLEMENTATION OF EPIC FOR GNC, WHICH PROVIDES FREE MEDICAL CARE TO UNDERINSURED AND UNINSURED RESIDENTS IN HALL COUNTY. SHARING THE SAME EHR SYSTEM HELPED TO STREAMLINE COMMUNICATION AND RECORD SHARING BETWEEN NGMC AND GNC, IMPROVING CARE FOR PATIENTS WITH COVID-19 AND OTHER ILLNESSES THROUGHOUT THE COMMUNITY. IN LIGHT OF COVID-19, NGHS IMPLEMENTED A PLAN TO INCREASE ACCESS TO FLU VACCINATIONS IN THE COMMUNITY. NGHS PROVIDED OVER 1,000 FREE FLU VACCINES TO THE COMMUNITY IN 2020 THROUGH DISTRIBUTION TO GOOD NEWS CLINICS, GOOD SHEPHERD CLINIC IN DAWSON COUNTY, COMMUNITY HELPING PLACE IN DAHLONEGA, AND OPEN ARMS CLINIC IN TOCCOA. HEALTH SYSTEM COLLABORATION ACROSS THE STATE: NGHS PARTICIPATED IN A SOCIAL MEDIA CAMPAIGN WITH HOSPITAL PEERS EMORY, GRADY, PIEDMONT, WELLSTAR AND CHILDREN'S HEALTHCARE OF ATLANTA. THE #3WS CAMPAIGN ENCOURAGED PEOPLE TO WEAR A MASK; WATCH YOUR DISTANCE; AND WASH YOUR HANDS. MASK-MAKING AND SUPPLY DISTRIBUTION: NGHS STAFF AND VOLUNTEERS MADE 13,222 MASKS IN 6 WEEKS AND DISTRIBUTED TO THE COMMUNITY TO A SCREENING EVENT AT GOOD NEWS CLINIC, GAINESVILLE AND HALL COUNTY SCHOOLS, JACKSON COUNTY AND BANKS COUNTY. THE NGHS FOUNDATION WAS A DROP-OFF LOCATION FOR MASKS AND COMMUNITY DONATIONS THAT WERE THEN DISTRIBUTED BY UNITED WAY OF HALL COUNTY TO THE COMMUNITY. COMMUNITY ROUNDTABLES WITH REGIONAL SKILLED NURSING FACILITIES: NGHS HOSTED THREE COMMUNITY ROUNDTABLES (VIA ZOOM) WITH NURSING HOMES AND ASSISTED LIVING FACILITIES IN THE NORTHEAST GEORGIA REGION TO SHARE CURRENT ACTIVITIES AND LESSONS LEARNED AS THE REGION'S SKILLED NURSING FACILITIES MANAGED CLINICAL AND OPERATIONAL ISSUES RELATED TO THE COVID-19 PANDEMIC. COVID-19 EDUCATION WITH SCHOOL SYSTEMS: IN PARTNERSHIP WITH DISTRICT 2 PUBLIC HEALTH, NGHS HOSTED A COMMUNITY WEBINAR WITH SCHOOL SYSTEMS ACROSS THE NORTHEAST GEORGIA REGION TO ANSWER QUESTIONS AND SHARE RECOMMENDATIONS FOR SCHOOL NURSES AND ADMINISTRATORS RELATED TO THE COVID 19 PANDEMIC AS THEY MANAGED ISSUES AND GUIDELINES IN SCHOOLS. SECURED STATE AND FEDERAL RESOURCES: WORKING WITH STATE AND FEDERAL OFFICIALS, NGHS WAS ABLE TO SECURE RESOURCES TO ASSIST IN PANDEMIC RESPONSE EFFORTS. THESE INCLUDED ONE OF FOUR MOBILE MEDICAL UNITS MADE AVAILABLE IN THE STATE ADDING 20 MEDICAL/SURGICAL BEDS FOR PATIENTS WITH LESS SEVERE CASES OF COVID-19, ADDITIONAL STAFF FOR CRITICAL CARE TESTING AND INCREASED ALLOCATIONS OF THE DRUG REMDESIVIR, WHICH HAS BEEN INSTRUMENTAL IN OUR SUCCESSFUL TREATMENT PLANS.</p>

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Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>STRETCHING OUR RESOURCES: VOLUNTEERS UNDER THE AGE OF 65 AND WITHOUT UNDERLYING HEALTH CONDITIONS, INCLUDING A SIGNIFICANT NUMBER OF COLLEGE STUDENTS, WERE ABLE TO VOLUNTEER MAINLY AS FRONT ENTRANCE SCREENERS AND WITH PPE PROJECTS OUTSIDE OF THE CLINICAL AREAS. OVER 160 VOLUNTEERS CONTRIBUTED NEARLY 10,000 HOURS IN SUPPORT OF COVID-19 RELIEF EFFORTS. EARLY IN THE PANDEMIC, NGHS PERSEVERED THROUGH THE SUPPLY SHORTAGE, THANKS TO THE CREATIVITY AND INGENUITY OF EMPLOYEES, COMMUNITY MEMBERS WHO MADE MASKS, FACE SHIELDS AND ISOLATION GOWNS, AND THE GENEROSITY OF THE POULTRY INDUSTRY AND OTHER COMPANIES WHO DONATED THEIR PPE SUPPLIES. NGHS' EMPLOYEE SEWING TEAM AND COMMUNITY SEWERS PRODUCED MORE THAN 10,000 N95 MASK COVERS, USING DONATED LINEN. THIS TEAM ALSO PRODUCED ALMOST 1,000 FABRIC ISOLATION GOWNS AND MORE THAN 800 MASKS FOR GOOD NEWS CLINICS. WORKING CLOSELY WITH STATE AND FEDERAL OFFICIALS, NGHS WAS ABLE TO SECURE MANY RESOURCES TO ASSIST IN OUR PANDEMIC RESPONSE EFFORTS. THESE INCLUDE ONE OF FOUR MOBILE MEDICAL UNITS MADE AVAILABLE IN THE STATE, ADDING 20 MEDICAL/SURGICAL BEDS FOR PATIENTS WITH LESS SEVERE CASES OF COVID-19, ADDITIONAL STAFF FOR CRITICAL CARE TESTING AND INCREASED ALLOCATIONS OF THE DRUG REMDESIVIR, WHICH HAS BEEN INSTRUMENTAL IN SUCCESSFUL TREATMENT PLANS. USING TECHNOLOGY TO BETTER SERVE THE COMMUNITY, NGHS BEGAN OFFERING INTERACTIVE TELEMEDICINE TO IMPROVE ACCESS TO CARE WITHOUT A NEED FOR A TRADITIONAL MEDICAL VISIT IN A CLINICAL SETTING. TELEMEDICINE HAS PROVIDED NEW WAYS FOR NGMC TO CONNECT PATIENTS WITH THEIR CARE, WHICH HAS SERVED TO BE BENEFICIAL DURING THE COVID-19 PANDEMIC. VISIT HTTPS://WWW.NGHS.COM/COMMUNICARE- MAGAZINE FOR THE FALL 2020 ISSUE OF COMMUNICARE TO READ MORE ABOUT NGHS' RESPONSE TO COVID-19 AND VISIT HTTPS://YOUTU.BE/W5K8TUX3OEM TO SEE HOW NGHS PARTNERED IN THE COMMUNITY.</p>

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FORM 990, PART III, LINE 4A	<p>NORTHEAST GEORGIA MEDICAL CENTER NGMC SERVES AS A FINANCIAL ENGINE FOR THE LOCAL ECONOMY. IN 2019 (LATEST NUMBERS AVAILABLE), THE ORGANIZATION SURPASSED THE \$3 BILLION MARK IN LOCAL AND STATE ECONOMIC IMPACT, ACCORDING TO A REPORT BY THE GEORGIA HOSPITAL ASSOCIATION (GHA), 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, THE HEALTH SYSTEM SUSTAINED 20,920 FULL-TIME JOBS THROUGHOUT THE REGION AND THE STATE IN ADDITION TO NEARLY 9,000 EMPLOYEES DIRECTLY EMPLOYED. NGMC PROVIDES A COMPREHENSIVE RANGE OF ACUTE CARE AND SPECIALTY SERVICES AND SERVES THE AREA'S LOW-INCOME, UNINSURED, UNDERINSURED AND OTHER VULNERABLE POPULATIONS. NGMC GAINESVILLE SERVES AS THE REGIONAL SAFETY NET HOSPITAL, WITH MANY PATIENTS COMING FROM OUTSIDE OF HALL COUNTY. NGMC GAINESVILLE, BRASELTON, BARROW AND LUMPKIN EXPEND SURPLUS FUNDS IN THE ORGANIZATION IN A WAY THAT BENEFITS THE COMMUNITY. NGHS RECEIVES NO TAX REVENUE FROM HALL OR OTHER COUNTIES SERVED, AND SERVICES ARE FUNDED BY REVENUE GENERATED FROM OPERATIONS. NGMC'S CHARITY CARE POLICY SUPPORTS THE PROVISION OF CARE FOR INDIGENT PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY. 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. IN 2020, NGMC PROVIDED CHARITY CARE IN THE COMMUNITY AT A COST OF AN ESTIMATED \$70 MILLION AND RECEIVES NO LOCAL TAX REVENUE FROM HALL COUNTY, OR ANY OTHER COUNTIES, TO SUPPORT OPERATIONS OR CARE PROVIDED TO INDIGENT RESIDENTS. THE 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. TOTAL ESTIMATED CHARITY CARE COST FOR EACH HOSPITAL ENTITY IN FY20: - NGMC GAINESVILLE AND BRASELTON: \$33.4 MILLION FOR HALL COUNTY WITH ANOTHER \$32.1 MILLION FOR REGIONAL RESIDENTS OUTSIDE OF HALL COUNTY. - NGMC BARROW: \$2.6 MILLION FOR BARROW COUNTY WITH ANOTHER \$865,000 PROVIDED TO REGIONAL RESIDENTS OUTSIDE BARROW COUNTY. - NGMC LUMPKIN: \$637,000 FOR LUMPKIN COUNTY WITH ANOTHER \$479,000 PROVIDED TO REGIONAL RESIDENTS OUTSIDE LUMPKIN COUNTY. 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 LARGEST FREE HEALTHCARE CLINIC IN GEORGIA, AND HEALTH ACCESS, A LOCAL SERVICE THAT MATCHES FINANCIALLY ELIGIBLE PATIENTS TO SPECIALTY CARE.</p>

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FORM 990, PART III, LINE 4A	<p> LTY PHYSICIANS AND PROVIDES ACCESS TO CARE, AMONG OTHER SERVICES. ADDITIONALLY: - SINCE 20 00, NGMC GAINESVILLE HAS PROVIDED NEARLY THREE TIMES THE AMOUNT OF INDIGENT AND CHARITY CA RE 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 L OW-INCOME PATIENTS IN GAINESVILLE-HALL COUNTY AND THROUGHOUT THE REGION IN COUNTIES SUCH A S BANKS, LUMPKIN, RABUN, UNION AND WHITE, WHERE MANY KEY MEDICAL SPECIALTIES ARE NOT AVAIL ABLE. - NGMC GAINESVILLE IS NUMBER 6 IN TOP HOSPITALS FOR NET UNCOMPENSATED CARE (\$73.4 M) PROVIDED IN GA BASED ON STATE FISCAL YEAR (SFY) 2020 INDIGENT CARE TRUST FUND (ICTF) TOTA L HOSPITAL SPECIFIC DISPROPORTIONATE SHARE HOSPITAL (DSH) LIMITS; MANY OF THE HOSPITALS ON THE LIST RECEIVED LOCAL TAX DOLLARS, WHILE NGMC DID NOT, (SFY RUNS FROM JULY 1- JUNE 30). 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 ORGA NIZATION IN A WAY THAT BENEFITS THE COMMUNITY; COMPENSATE EXECUTIVES, CONTRACTORS AND OTHE R EMPLOYEES IN ACCORDANCE TO FAIR MARKET VALUE; REMAIN ACCOUNTABLE TO THE COMMUNITY; REFRA IN FROM PARTICIPATING IN POLITICAL CAMPAIGNS FOR OR AGAINST CANDIDATES AND/OR LOBBY AS A S UBSTANTIAL 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 INDIVI DUAL. AS A NOT-FOR-PROFIT HOSPITAL, NGMC CARRIES ADDITIONAL RESPONSIBILITIES, AS ESTABLISH ED 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 AND BRASELTON HAD 128,829 ER VISIT S, OPERATING THE #1 BUSIEST EMERGENCY DEPARTMENT IN GEORGIA, ACCORDING TO GHA; NGMC BARROW AND LUMPKIN ALSO OPERATE A 24-HOUR ER; - IN FY20, 22% OF ALL NGMC GAINESVILLE AND BRASELT ON EMERGENCY ROOM VISITS WERE MADE BY SELF-PAY PATIENTS; 27% FOR BARROW, AND 22% FOR LUMPK IN; PROVIDE NON-EMERGENCY SERVICES TO ANYONE UNABLE TO PAY, AND MEDICALLY NECESSARY SERVIC ES TO ANYONE IN THE NGHS SERVICE AREA NOT ABLE TO PAY; - NORTHEAST GEORGIA HEALTH SYSTEM P ROVIDES HIGH QUALITY, ADVANCED SPECIALTY AND PRIMARY HEALTHCARE SERVICES TO THE NORTHEAST GEORGIA COMMUNITY, SERVING 1 MILLION PEOPLE IN MORE THAN 18 COUNTIES. IN FY20, NGMC'S PAYO R MIX AT GAINESVILLE AND BRASELTON WAS 61% MEDICARE/MEDICAID, 30% COMMERCIAL INSURANCE AND 9% SELF-PAY; - IN FY20, NGMC'S PAYOR MIX AT BARROW WAS 58% FOR MEDICARE/ MEDICAID, 26% FO R COMMERCIAL INSURANCE AND 16% FOR SELF-PAY; - IN FY20, NGMC'S PAYOR MIX AT LUMPKIN WAS 52 % FOR MEDICARE/ MEDICAID, 29% FOR COMMERCIAL INSURANCE AND 19% FOR SELF-PAY. PARTICIPATE I N MEDICAID AND MEDICARE; - 61% </p>

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FORM 990, PART III, LINE 4A	<p>OF PATIENTS SERVED BY NGMC GAINESVILLE AND BRASELTON IN FY20 WERE MEDICAID AND MEDICARE PATIENTS; 58% FOR BARROW AND 52% FOR LUMPKIN; 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 HAS A MEDICAL STAFF OF OVER 800 PHYSICIANS REPRESENTING NUMEROUS ADVANCED SPECIALTIES SUCH AS GYNECOLOGIC ONCOLOGY, ELECTROPHYSIOLOGY, CARDIAC SURGERY, CRITICAL CARE MEDICINE, SURGICAL TRAUMA, NEONATOLOGY, PERINATOLOGY AND TELEMEDICINE. REINVEST SURPLUS FUNDS IN OPERATIONS. - AS NOT-FOR-PROFIT ORGANIZATIONS, THE REVENUE GENERATED BY NGMC AND ITS PARENT ORGANIZATION NORTHEAST GEORGIA HEALTH SYSTEM ABOVE OPERATING EXPENSES IS REINVESTED INTO THE COMMUNITY. EXAMPLES INCLUDE INVESTMENTS IN ADVANCED MEDICAL TECHNOLOGY SUCH AS ROBOTIC SURGICAL SYSTEMS AND STATE OF THE ART RADIATION THERAPY EQUIPMENT, THE DEVELOPMENT OF A LEVEL 2 TRAUMA CENTER, AND IN BARROW, THE ONLY FACILITY TO OFFER 3D MAMMOGRAPHY IN THAT COUNTY. NGMC PARTICIPATES IN THE INDIGENT CARE TRUST FUND (ICTF), A PROGRAM ESTABLISHED IN 1990, WHICH EXPANDS MEDICAID ELIGIBILITY AND SERVICES, SUPPORTS RURAL HEALTH CARE FACILITIES THAT SERVE THE MEDICALLY INDIGENT AND FUNDS PRIMARY HEALTH CARE PROGRAMS FOR MEDICALLY INDIGENT GEORGIANS. GEORGIA'S DISPROPORTIONATE SHARE HOSPITAL (DSH) PROGRAM IS FUNDED THROUGH THE ICTF AND ASSISTS HOSPITALS AND OTHER HEALTH PROVIDERS THAT CARE FOR HIGH PROPORTIONS OF MEDICAID, UNINSURED AND/OR LOW-INCOME PATIENTS. IN 2020, NGMC RECEIVED \$7.6 MILLION IN NET FUNDS ALLOCATED THROUGH THE MEDICAID DSH (ICTF) PROGRAM TO PARTIALLY OFFSET A FINANCIAL LOSS OF \$65.5 MILLION IN COST THE MEDICAL CENTER INCURRED TREATING UNINSURED AND MEDICAID PATIENTS. IN ADDITION, NGMC RECEIVED \$3.7 MILLION IN NET FUNDS ALLOCATED THROUGH THE MEDICAID UPL PROGRAM TO ADJUST MEDICAID PAYMENTS UPWARD TO MATCH MEDICARE PAYMENT LEVELS.</p>

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FORM 990, PART III, LINE 4A	<p>IN 2020, NGMC BECAME THE FIRST HOSPITAL IN GEORGIA TO RECEIVE ACCREDITATION AS A CENTER OF EXCELLENCE IN BOTH ROBOTIC SURGERY AND HERNIA SURGERY BY THE SURGICAL REVIEW CORPORATION (SRC). NGMC ALSO RECEIVED THREE ADDITIONAL CENTER OF EXCELLENCE DESIGNATIONS AS THE FIRST IN GEORGIA FOR COLORECTAL SURGERY, MINIMALLY INVASIVE SURGERY AND MINIMALLY INVASIVE GYNECOLOGY. NGMC VALUES 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 NORTHEAST GEORGIA, TO PARTNERING WITH SCHOOLS AND OTHER ORGANIZATIONS SUCH AS GOOD NEWS CLINICS AND THE DEPARTMENT OF PUBLIC HEALTH TO REACH AT-RISK POPULATIONS IN NEED OF HEALTH CARE. VISIT WWW.NGHS.COM/CBR AND CLICK ON VIEW VIDEOS TO SEE HOW NGHS IS PARTNERING IN THE COMMUNITY. IN FY20, NGMC GAINESVILLE AND BRASELTON PROVIDED OVER \$12 MILLION IN COMMUNITY BENEFIT PROGRAMS/OUTREACH. HEALTH EDUCATION WAS PROVIDED THROUGH FREE COMMUNITY LECTURES, HEALTH SCREENINGS, AND VARIOUS SUPPORT GROUPS. NGMC ALSO OFFERED 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. THE FOLLOWING CONTAINS ADDITIONAL HIGHLIGHTS OF COMMUNITY BENEFIT ACTIVITIES, OFTEN PARTNERING WITH OTHER ORGANIZATIONS AND INDIVIDUALS IN THE COMMUNITY: NORTHEAST GEORGIA MEDICAL CENTER IS A PARTNER IN UNITED WAY'S ONE HALL MENTAL AND BEHAVIORAL HEALTH SUBCOMMITTEE. UNDER UNITED WAY'S ONE HALL FRAMEWORK, THE COMMITTEE IS WORKING BETTER TO COORDINATE MENTAL HEALTH SERVICES IN NORTHEAST GEORGIA THROUGH NEW FORMS OF CONNECTIVITY AND GREATER COLLABORATION. NGMC, UNITED WAY OF HALL COUNTY, AND OTHER NON-PROFITS IN HALL COUNTY ARE WORKING TOGETHER ON A COORDINATED COMMUNITY NETWORK TO CREATE A SHARED DATA PLATFORM TO BECOME MORE EFFICIENT WHEN SERVING THOSE WHO HAVE SOCIAL NEEDS THAT IMPACT OVERALL WELLBEING. THIS PLATFORM WILL BE USED TO MAKE REFERRALS TO RESOURCES AND PROVIDE A UNIVERSAL METHOD TO TRACK OUTCOMES, RESULTING IN BETTER, MORE COORDINATED CARE. THE GROUP IS WORKING THROUGH NGMC'S RELATIONSHIP WITH AVIA, A DIGITAL SOLUTION TECHNOLOGY COMPANY, TO LEARN FROM OTHER COMMUNITIES ACROSS THE COUNTRY WHO HAVE BEEN SUCCESSFUL IN THIS ARENA. ACCORDING TO AVIA, 68% OF PATIENTS HAVE AT LEAST ONE SOCIAL CHALLENGE, BE IT HOUSING, FOOD OR TRANSPORTATION. AND, AVOIDABLE ER UTILIZATION IS USUALLY A SYMPTOM OF AN UNMET SOCIAL NEED, WHICH UNDERSCORES THE REASON HEALTH SYSTEMS ACROSS THE COUNTRY ARE ACTIVELY PURSUING SIMILAR PROJECTS TO IMPACT SOCIAL DETERMINANTS OF HEALTH. IN ADDITION TO THIS, MENTAL HEALTH FIRST AID TRAINING WILL BE PROVIDED TO TARGETED AUDIENCES. NGMC IS A LEADING PARTNER IN THE REACH OUT CAMPAIGN TO DESTIGMATIZE THE NEED FOR MENTAL HEALTH SERVICES. AS PART OF THIS GROUP'S WORK, TESTIMONIALS FROM COMMUNITY MEMBERS</p>

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FORM 990, PART III, LINE 4A	<p>ARE FEATURED ON UNITED WAY'S FACEBOOK PAGE. FEATURED COMMUNITY MEMBERS INCLUDE NGMC BOARD CHAIR PHILLIPPA LEWIS MOSS, NGPG/GME'S OWN DR. MONICA NEWTON AND NGHS CHIEF STRATEGY EXECUTIVE TRACY VARDEMAN. DR. NEWTON'S POST REACHED 11,290 PEOPLE AND HAD 555 ENGAGEMENTS. TESTIMONIALS AND MORE CAN BE SEEN AT HTTPS://WWW.UNITEDWAYHALLCOUNTY.ORG/MENTAL-AND-BEHAVIORAL-HEALTH. VISIT HTTPS://YOUTU.BE/4JP58VTTQAW TO SEE HOW NGMC IS PARTNERING IN THE COMMUNITY TO ADDRESS MENTAL HEALTH. NGMC'S EMERGENCY DEPARTMENTS CONTINUE TO PARTNER 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 REMAINS THE ONLY HOSPITAL SYSTEM 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. NICU MANAGERS AND PEER RECOVERY COACHES WERE INSTRUMENTAL IN POLICY CHANGE IN GEORGIA AND THE ENTIRE U.S. THAT WILL KEEP MOTHER AND BABY TOGETHER WHILE MOTHER IS RECEIVING TREATMENT FOR RECOVERY. PEER RECOVERY COACHES HAVE TOUCHED 1,550 INDIVIDUALS IN 2020, WITH NEARLY 6,000 SINCE THE PROGRAM BEGAN IN 2017. 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, 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. FORTY-SIX PHYSICIANS, 9 MID-LEVEL PROVIDERS, 43 DENTISTS AND ONE DENTAL HYGIENIST VOLUNTEER TO TREAT PATIENTS AT GNC. IN ADDITION, 340 SPECIALIST PHYSICIANS VOLUNTEER TO TREAT PATIENTS IN THEIR OFFICES THROUGH HEALTH ACCESS INITIATIVE. IN FY20, OVER \$550,000 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 WORKED TO IMPLEMENT A HIGH-LEVEL ELECTRONIC MEDICAL RECORD SYSTEM, EPIC, TO IMPROVE COORDINATION OF CARE AND OUTCOMES FOR THIS VULNERABLE PATIENT POPULATION. EVA JOHNSON, NGMC NURSE PRACTITIONER</p>

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FORM 990, PART III, LINE 4A	<p>ER 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; AND PARTNERED WITH GNC'S REGISTERED DIETITIAN TO ENSURE ALL LOW-INCOME, UNINSURED CHF PATIENTS RECEIVED NUTRITION EDUCATION IN ADDITION TO TREATMENT, FREE MEDICATION, AND SUPPLIES NEEDED FOR HOME MONITORING. THIS PROJECT HAS BEEN EXTREMELY SUCCESSFUL, HOLDING THE 30-DAY HOSPITAL READMISSIONS TO LESS THAN 5% IN 2020. 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. IN FY20, NGMC PROVIDED SUPPORT OF OVER \$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 RECOVERY. THE NORTHEAST GEORGIA HEALTH SYSTEM FOUNDATION PROVIDES FUNDING FOR THIS PROGRAM THAT SERVED OVER 350 PEOPLE IN FY20. GOOD SHEPHERD CLINIC OF DAWSON COUNTY: NGMC PROVIDED OFFICE SPACE IN ADDITION TO FINANCIAL AND IN-KIND SUPPORT TO THE INDIGENT CARE CLINIC, VALUED AT OVER \$130,000. 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. IN FY20, THE FINANCIAL NAVIGATOR TEAM SERVED OVER 53,400 PEOPLE SEEKING ASSISTANCE. VISIT HTTPS://YOUTU.BE/KBYEDPAPSLK TO SEE HOW NGMC IS PARTNERING IN THE COMMUNITY TO MEET THE NEEDS OF THE UNINSURED.</p>

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FORM 990, PART III, LINE 4A	<p>COMMUNITY EDUCATION SAFE KIDS COALITION WORKS TO KEEP KIDS SAFE: SAFE KIDS NORTHEAST GEORGIA, LED BY NGMC, IS PART OF SAFE KIDS WORLDWIDE, THE FIRST AND ONLY NATIONAL ORGANIZATION DEDICATED SOLELY TO THE PREVENTION OF UNINTENTIONAL CHILDHOOD INJURY, 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 2020 THANKS TO THE SUPPORT OF THE NGHS FOUNDATION AND THE MEDICAL CENTER AUXILIARY PROCEEDS FROM MARKETPLACE (AN ANNUAL FUNDRAISING EVENT OF THE MEDICAL CENTER AUXILIARY, WHICH BENEFITS HEALTHCARE SERVICES OF NGMC). IN FY20, MEMBERS OF THE SAFE KIDS NORTHEAST GEORGIA COALITION PROVIDED OVER 50 PROGRAMS AND EVENTS THAT REACHED AN ESTIMATED 33,694 CHILDREN AND THEIR FAMILY MEMBERS, TEACHERS AND CAREGIVERS. THROUGH THESE PROGRAMS, OVER 2,000 SAFETY ITEMS WERE DISTRIBUTED TO FAMILIES IN NEED OF THEM. PARTNERSHIP FOR A DRUG FREE HALL (DFH): 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, WHO, 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 DFH, A COLLABORATIVE DEDICATED TO PROVIDING THE PEOPLE OF HALL COUNTY WITH INFORMATION, RESOURCES AND ACTIONS TO ADDRESS DRUG ABUSE. IN 2020, MORE THAN 200 PEOPLE WERE REACHED THROUGH LIVE FORUMS AND 2,111 PEOPLE VIEWED INFORMATIVE VIDEOS ON FACEBOOK DURING THE PANDEMIC. ADDITIONAL RESOURCES, SUCH AS, FORUM RECORDINGS, PARENT SUPPORT GROUP INFORMATION AND MORE CAN BE FOUND AT HTTP://DRUGFREEHALL.ORG. READ LEARN SUCCEEDED: 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, AN ESTIMATED 4,350 COPIES WERE DISTRIBUTED FOR ALL BABIES BORN AT NGMC GAINESVILLE AND NGMC BRASELTON. TO ACCOMPANY THE DISTRIBUTION OF THIS BOOK, 81 STAFF FROM THE POST-PARTUM MOTHER/BABY UNIT ATTENDED THE TALK WITH ME BABY TRAINING PROGRAM WHICH IS A PUBLIC ACTION CAMPAIGN TO COACH PARENTS AND CAREGIVERS ON VOCABULARY DEVELOPMENT WITH THEIR</p>

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FORM 990, PART III, LINE 4A	<p>BABIES; VOCABULARY BY AGE 3 IS THE STRONGEST PREDICTOR OF A CHILD'S FUTURE SUCCESS WITH L ITERACY AND EDUCATION. HOSPICE BEREAVEMENT CAMPS, SUPPORT 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 DEMENTIA), AND TWO CAMPS FOR CHILDREN D EALING WITH THE LOSS OF SOMEONE CLOSE TO THEM. IN FY20, OVER 1,250 INDIVIDUALS WERE SERVED THROUGH THESE PROGRAMS. ADDITIONALLY, HOSPICE OF NGMC WAS DESIGNATED AS A LEVEL 5 PARTNER OF WE HONOR VETERANS (WHV) - THE HIGHEST LEVEL OF ITS KIND FOR ITS ABOVE-AND-BEYOND COMMITMENT TO PROVIDING VETERAN-SPECIFIC CARE. HOSPICE OF NGMC WAS ONE OF TWO HOSPICES IN THE S TATE OF GEORGIA TO BE DESIGNATED FOR ITS COMMITMENT TO UNDERSTANDING THE DIFFERENTIATED NE EDS OF VETERANS AND HOW TO PROVIDE VETERAN-SPECIFIC CARE. 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 MONIT ORS SYSTEM COMPLIANCE AND IMPROVEMENT ACTIVITIES. NGMC PARTNERS WITH OTHER EMS AGENCIES, P ARTICIPATING HOSPITALS, LOCAL GOVERNMENTS AND THE PUBLIC AS A PART OF THIS COMMITTEE AND T HE ANNUAL RTAC SYMPOSIUM, WHICH PROVIDED EDUCATION TO OVER 400 HEALTH PROFESSIONALS IN THE REGION IN FY20. IN ADDITION TO THIS, COMMUNITY EDUCATION ON INJURY PREVENTION AND TRAUMA, SUCH AS WITH FALLS AND THE STOP THE BLEED CAMPAIGN, WAS PROVIDED TO NEARLY 1,000 PROFESSI ONALS AND INDIVIDUALS IN THE COMMUNITY. INFECTION PREVENTION SYMPOSIUM: THE NORTHEAST GEOR GIA REGIONAL INFECTION PREVENTION SYMPOSIUM IS A FREE CONFERENCE OFFERED TO ANY HEALTHCARE PROVIDER THROUGHOUT THE STATE BY NGMC'S INFECTION PREVENTION & CONTROL DEPARTMENT, WHICH PROVIDED EDUCATION TO NEARLY 200 HEALTH PROFESSIONALS IN FY20. THIS CONFERENCE IS FOCUSED ON INCREASING KNOWLEDGE ON INFECTION PREVENTION. MANY OF THE SMALL RURAL FACILITIES THROU GHOUT GEORGIA HAVE LIMITED TO NO ACCESS TO INFECTION PREVENTION AND CONTROL EDUCATION. SEPS IS EDUCATION: COMMUNITY EDUCATION WAS PROVIDED TO NEARLY 470 PEOPLE IN THE COMMUNITY TO IN CREASE SEPSIS AWARENESS; WHAT IT IS, WHAT IT LOOKS LIKE, AND WHEN TO SEEK TREATMENT. ADDIT IONALLY, FUNDING FROM THE NGHS FOUNDATION HAS BEEN GRANTED TO CREATE A SEPSIS REGIONAL POP ULATION HEALTH TEAM THAT WILL USE EVIDENCE-BASED PROTOCOLS THROUGHOUT THE REGION TO DECREA SE THE NUMBER OF DEATHS DUE TO SEPSIS. STROKE EDUCATION: NURSES ON THE STROKE UNIT AT NGMC PROVIDE EDUCATION TO THE COMMUNITY ABOUT STROKE PREVENTION, SYMPTOMS, RISK FACTORS AND AC TIONS TO TAKE. EDUCATION WAS PROVIDED TO OVER 1,700 PEOPLE IN THE COMMUNITY. DIABETES SUPP ORT GROUPS, EDUCATION AND SCREENINGS: NGMC PROVIDED DIABETES OUTREACH FOR PREVENTION AND E DUCATION, SCREENINGS AND SUPPORT GROUPS. EVEN THOUGH COVID-19 HALTED MANY SESSIONS, THE DI ABETES EDUCATION TEAM SERVED 245 PEOPLE IN THE COMMUNITY. WORKFORCE DEVELOPMENT NGMC CONTI NUES TO SERVE AS A "PIPELINE"</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>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 A VENUES FROM JOB SHADOWING TO THE NURSE EXTERN PROGRAM AND PHARMACY RESIDENCY PROGRAM, AS WELL AS SIGNIFICANT SUPPORT TO Foothills AREA HEALTH EDUCATION CENTERS (AHEC) (HTTPS://WWW.FOOTHILLSAHEC.ORG). Foothills AHEC IS A COMMUNITY-DRIVEN, NON-PROFIT CORPORATION, SUPPORTED BY FEDERAL AND LOCAL SOURCES. THE MISSION IS TO INCREASE THE SUPPLY AND DISTRIBUTION OF HEALTHCARE PROVIDERS, ESPECIALLY IN MEDICALLY UNDERSERVED AREAS. THROUGH JOINT EFFORTS, COMMUNITIES EXPERIENCE IMPROVED SUPPLY, DISTRIBUTION AND RETENTION OF QUALITY HEALTHCARE PROFESSIONALS. Foothills AHEC SERVES 31 COUNTIES IN THE NORTHEAST GEORGIA AREA. NGMC PROVIDED \$186,724 IN SUPPORT FOR AHEC EMPLOYEE BENEFITS PACKAGES, PHONE, UTILITIES AND CLEANING SERVICE EXPENSES. 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. NGMC EXPECTS THIS PROGRAM TO GROW TO 200 RESIDENTS BY 2025, WHICH WOULD MAKE THIS PROGRAM ONE OF THE LARGEST IN THE STATE. THE GME PROGRAM IS ON TARGET WITH 64 POSITIONS FILLED BY 2020. 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. IN FY20, 354 STUDENTS PARTICIPATED REPRESENTING 11 ARE A HIGH SCHOOLS. 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 FY20, 16 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 FY20, 6 STUDENTS 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.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>SUPPORT OF EFFORTS TO IMPROVE COMMUNITY 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. BLOOD DRIVES: IN FY20, NGMC HOSTED 9 DRIVES, RESULTING IN 347 DONORS AND OVER 321 PINTS OF BLOOD. UNITED WAY PACESETTER & MORE: NGMC HAS PARTNERED WITH UNITED WAY TO ENGAGE EMPLOYEES AND LEADERS IN THE COMMUNITY. NGHS EMPLOYEES CONTRIBUTED \$97,857 TO UNITED WAY AS A PACESETTER COMPANY. ENCOURAGING MEDICAL VOLUNTEERING: NGHS PROVIDES INFORMATION AT PHYSICIAN ORIENTATION TO ENCOURAGE PHYSICIANS TO STEP UP TO VOLUNTEER AT 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, PHYSICIANS ACTIVELY PARTICIPATE IN COMMUNITY OUTREACH, INCLUDING EDUCATIONAL SEMINARS, SCREENINGS, CANCER PREVENTION, AND VOLUNTEER IN REGIONAL INDIGENT CLINICS. VOLUNTEERS: IN FY20, 615 NGMC VOLUNTEERS CONTRIBUTED 46,429 VOLUNTEER HOURS, EQUIVALENT TO 28 FULL TIME EMPLOYEES AND A VALUE OF OVER \$1.26 MILLION TO THE ORGANIZATION (INCLUSIVE OF GAINESVILLE, BRASELTON AND BARROW). 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. TWENTY-SEVEN TEENS PARTICIPATED IN THE TEEN VOLUNTEER PROGRAM IN 2020. THE TEENS REPRESENTED 17 HIGH SCHOOL S WITHIN THE AREA. FOR MORE INFORMATION ABOUT PROGRESS ON THESE AND OTHER HEALTH PRIORITIES OF 2020-2022, GO TO WWW.NGHS.COM/PROGRESS-REPORT-2020. LEADING THE WAY NGHS AND AFFILIATES HAVE MANY LEADERS WHO SUPPORT COMMUNITY, CIVIC, OR PROFESSIONAL ORGANIZATIONS ON THEIR BOARD OF DIRECTORS OR AS A PARTICIPATING MEMBER. IN ADDITION TO THIS, NGPG ADVANCED PRACTICE PROVIDERS SUPPORT EVENTS IN THE COMMUNITY AND PROVIDE GRADUATE MEDICAL EDUCATION INSTRUCTION TO MEDICAL, PHYSICIAN ASSISTANT, AND NURSE PRACTITIONER STUDENTS. HERE ARE A FEW HIGHLIGHTS OF NGHS LEADERSHIP RECOGNIZED IN THE COMMUNITY: CAROL BURRELL, NGHS PRESIDENT AND CEO, HAS BEEN NAMED TO GEORGIA TREND MAGAZINE'S LIST OF THE 100 MOST INFLUENTIAL GEORGIANS FOR THE SEVENTH YEAR IN A ROW FOR HER CONTRIBUTION TO MAKING LIFE BETTER FOR GEORGIANS. NGHS' EMERGENCY PREPAREDNESS MANAGER MATTHEW CRUMPTON RECEIVED THE GEORGIA COMMENDATION MEDAL FROM THE GEORGIA NATIONAL GUARD FOR HIS TIRELESS SERVICE AND LEADERSHIP DURING THE COVID-19 PANDEMIC. THE GREATER HALL CHAMBER OF COMMERCE'S HEALTHY HALL AWARDS OF EXCELLENCE ARE PRESENTED TO THOSE IN HEALTHCARE MAKING A SIGNIFICANT IMPACT ON QUALITY OF LIFE, RECOGNIZING THE FOLLOWING STAFF AND P</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	ROGRAMS AT THE 2020 HEALTHY HALL AWARDS: - OUTSTANDING HEALTHCARE ADMINISTRATOR- DR. JOHN DELZELL, NGHS VP OF MEDICAL EDUCATION - SENIOR IMPACT - LIFELINE OF NORTHEAST GEORGIA MEDICAL CENTER - CORPORATE INNOVATION- INFORMATION TECHNOLOGY AT NORTHEAST GEORGIA HEALTH SYSTEM - NURSE OF THE YEAR (LPN)- ABBY ODLE, LPN, NORTHEAST GEORGIA MEDICAL CENTER GAINESVILLE - LIFETIME ACHIEVEMENT AWARD- DR. BUDDY LANGSTON, RETIRED, NORTHEAST GEORGIA HEALTH SYSTEM & LONGSTREET CLINIC TWO NGHS CLINICIANS WERE RECOGNIZED BY THE GWINNETT CHAMBER OF COMMERCE AT THEIR ANNUAL HEALTHCARE AWARDS CEREMONY: - HEALTHCARE PROFESSIONAL OF THE YEAR- ANGIE CATON, RN, ASSISTANT NURSE MANAGER, CANCER SERVICES - ALLIED HEALTH PROFESSIONAL OF THE YEAR- HEATHER WILSEY, SUPERVISOR, CLINICAL REHABILITATION IN BRASELTON

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>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 THE COMMUNITY BENEFIT 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. CHARITY CARE COST IS AN ESTIMATED COST AND DOES NOT INCLUDE BAD DEBT. FOR MORE INFORMATION, CONTACT CHRISTY MOORE, DIRECTOR, COMMUNITY HEALTH IMPROVEMENT, AT (770) 219-8097, EMAIL AT CHRISTY.MOORE@NGHS.COM OR GO TO WWW.NGHS.COM.</p>

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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 EXECUTIVE COMPENSATION COMMITTEE OF THE NORTHEAST GEORGIA HEALTH SYSTEM BOARD (NGHS BOARD) HAS DEVELOPED A TOTAL COMPENSATION PHILOSOPHY 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 EXECUTIVE COMPENSATION COMMITTEE IS COMPOSED OF VOTING DIRECTORS WHO ARE NOT EMPLOYEES OF NGHS AND IS FREE FROM CONFLICT OF INTEREST. ALL DECISIONS OF THE EXECUTIVE 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 NGHS ENGAGES AN INDEPENDENT THIRD-PARTY CONSULTANT TO COLLECT APPROPRIATE DATA FROM A GROUP OF PEERS SIMILAR IN SIZE AND COMPLEXITY TO NGHS. THIS COMPARABILITY DATA IS REVIEWED WITH THE COMMITTEE ALONG WITH COMPARISONS OF NGHS EXECUTIVE SALARIES COMPARED TO THE MARKET DATA. THE CEO MAKES RECOMMENDATIONS TO THE COMMITTEE FOR SALARIES WITHIN THE PEER GROUP SALARY RANGES BASED ON 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 NGHS LEADERSHIP PARTICIPATE IN A PERFORMANCE BASED VARIABLE COMPENSATION PLAN WITH OPPORTUNITY LEVELS DETERMINED BASED ON THE PEER GROUP MARKET DATA AND TO ALIGN WITH THE NGHS EXECUTIVE COMPENSATION PHILOSOPHY PARAMETERS. ANNUAL GOALS AND OBJECTIVES ARE DETERMINED THROUGH A FORMAL PLANNING PROCESS INVOLVING BOARD MEMBERS AND SENIOR MANAGEMENT. FOLLOWING THE END OF THE FISCAL YEAR, CASH AWARDS ARE DETERMINED BASED ON ORGANIZATION AND INDIVIDUAL PERFORMANCE. BENEFITS AND RETENTION PROGRAMS BENEFIT PLANS 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 -30,388,768. PARTNERSHIP INCOME NOT ON BOOKS 130,926. OTHER ADJUSTMENT 702,503.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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		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 DBA NGH5 FOUNDATION 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
(1) NORTHEAST GEORGIA HEALTH PARTNERS LLC 743 SPRING STREET GAINESVILLE, GA 30501 58-2131807	PPO DEVELOPMENT	GA	N/A	C					No
(2) NORTHEAST GEORGIA HEALTH PARTNERS NETWORK LLC 743 SPRING STREET GAINESVILLE, GA 30501 61-1972705	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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

	Yes	No
1a		No
1b	Yes	
1c	Yes	
1d	Yes	
1e	Yes	
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k		No
1l		No
1m	Yes	
1n	Yes	
1o	Yes	
1p		No
1q		No
1r	Yes	
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).

Return Reference	Explanation