

EXTENDED TO AUGUST 15, 2019

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

For the 2017 calendar year, or tax year beginning OCT 1, 2017 and ending SEP 30, 2018

Form header section containing: B Check if applicable, C Name of organization (NORTHEAST GEORGIA MEDICAL CENTER, INC.), D Employer identification number (58-1694098), E Telephone number (770-219-6646), G Gross receipts (\$1,264,486,905), H(a) Is this a group return?, H(b) Are all subordinates included?, H(c) Group exemption number, I Tax-exempt status, J Website, K Form of organization, L Year of formation, M State of legal domicile.

Part I Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, membership counts, revenue breakdown (Total revenue: 1,264,389,817), expense breakdown (Total expenses: 1,079,013,372), and net assets (Total assets: 1,765,309,167).

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.

Signature and preparer information section. Includes: Sign Here (Signature of officer: BRIAN D. STEINES, CFO; Date: 8-14-19), Paid Preparer (Print/Type preparer's name: DEBORAH O. ERNSBERGER; Preparer's signature; Date: 08/12/19; Check if self-employed; PTIN: P00364912), and Use Only (Firm's name: PYA, P. C.; Firm's address: 2220 SUTHERLAND AVE, KNOXVILLE, TN 37919; Firm's EIN: 62-1517792; Phone no: 865-673-0844).

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE MISSION OF NORTHEAST GEORGIA MEDICAL CENTER (NGMC) IS TO PROVIDE COMPREHENSIVE, ACCESSIBLE QUALITY HEALTH CARE SERVICES AND IMPROVE THE HEALTH OF OUR COMMUNITY.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 940,940,513. including grants of \$ 2,902,228.) (Revenue \$ 1,208,578,291.) NORTHEAST GEORGIA MEDICAL CENTER (NGMC) PROVIDES A COMPREHENSIVE RANGE OF ACUTE CARE AND SPECIALTY SERVICES THROUGH TWO CAMPUSES: A 100-BED HOSPITAL IN BRASELTON AND A 557-BED REGIONAL REFERRAL HOSPITAL IN GAINESVILLE. NGMC SERVES THE AREA'S LOW-INCOME, UNINSURED, UNDERINSURED AND OTHER VULNERABLE POPULATIONS. NGMC GAINESVILLE SERVES AS THE REGIONAL SAFETY NET HOSPITAL, WITH APPROXIMATELY HALF OF ITS PATIENTS COMING FROM OUTSIDE OF HALL COUNTY. AS A NOT-FOR-PROFIT HOSPITAL, NGMC REINVESTS ALL FUNDS IN EXCESS OF OPERATING EXPENSES INTO HEALTHCARE SERVICES FOR THE COMMUNITY. THE MEDICAL CENTER RECEIVES NO TAX REVENUE FROM HALL OR OTHER COUNTIES SERVED, AND SERVICES ARE FUNDED BY REVENUE GENERATED FROM OPERATIONS.

SEE SCHEDULE O FOR PROGRAM SERVICE ACCOMPLISHMENTS CONTINUATION

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

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

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

4e Total program service expenses 940,940,513.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>	X	
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? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes sub-questions for backup withholding, employee reporting, foreign accounts, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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 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.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
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?	X	
16b	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?	X	

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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **LINDA D. NICHOLSON, VP CORPORATE FINANCIAL REPORTING - 770-219-6646**
743 SPRING STREET, GAINESVILLE, GA 30501

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			
(1) ALEX WAYNE MEMBER	1.00	X						0.	0.	0.
(2) BRENDA PERRY MEMBER	1.00	X						0.	0.	0.
(3) CRAIG BROWN, M.D. MEMBER	1.00	X						0.	0.	0.
(4) DEBORAH MACK MEMBER	1.00	X						0.	0.	0.
(5) EUGENE CINDEA, MD MEMBER	1.00	X						0.	0.	0.
(6) JACKIE WALLACE VICE CHAIR	1.00 1.00	X						0.	0.	0.
(7) JACK KEENER MEMBER	1.00	X						0.	0.	0.
(8) JEFF TERRY, MD MEMBER, CHAIR OF PRACTICE REVIEW	5.00	X					26,000.	0.	0.	0.
(9) JOHN NIX CHAIR	1.00 1.00	X					0.	0.	0.	0.
(10) TIM SCULLY, MD MEMBER, THC PHYSICIAN	1.00 40.00	X					0.	379,260.	34,766.	
(11) KAYE ANN HERTH MEMBER	1.00	X					0.	0.	0.	0.
(12) LARRY DENT MEMBER	1.00	X					0.	0.	0.	0.
(13) LUA BLANKENSHIP MEMBER	1.00	X					0.	0.	0.	0.
(14) PRESTON BOWEN MEMBER	1.00 1.00	X					0.	0.	0.	0.
(15) PHILLIPPA LEWIS-MOSS MEMBER	1.00	X					0.	0.	0.	0.
(16) RODNEY SMITH, MD MEMBER	1.00	X					0.	0.	0.	0.
(17) SEMUEL MAYSONET MEMBER	1.00	X					0.	0.	0.	0.

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 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			
(18) STEVE BLAIR MEMBER	1.00 40.00	X						0.	0.	0.
(19) BRIAN D. STEINES CHIEF FINANCIAL OFFICER - NGHS	1.00 40.00			X				0.	395,249.	15,632.
(20) CAROL BURRELL PRESIDENT & CEO	1.00 40.00			X				0.	1,223,605.	914,354.
(21) CHAD HATFIELD PRESIDENT - NGMC BARROW	1.00 40.00			X				0.	240,391.	39,464.
(22) CHRISTOPHER PARAVATE CHIEF INFORMATION OFFICER - NGHS	1.00 40.00			X				0.	383,822.	80,621.
(23) DANIEL TUFFY PRESIDENT OF PHYSICIAN SERVICES	1.00 40.00			X				0.	172,354.	14,095.
(24) DEBORAH WEBER CHIEF HUMAN RESOURCES OFFICER - NGHS	1.00 40.00			X				0.	339,617.	66,988.
(25) MELISSA TYMCHUK CHIEF OF STAFF, INTERIM MCF PRES.	1.00 40.00			X				0.	195,536.	34,490.
(26) SAMUEL JOHNSON, MD CHIEF MEDICAL OFFICER - NGHS	1.00 40.00			X				0.	550,367.	87,737.
1b Sub-total								26,000.	3,880,201.	1,288,147.
c Total from continuation sheets to Part VII, Section A								0.	7,819,558.	1,401,725.
d Total (add lines 1b and 1c)								26,000.	11,699,759.	2,689,872.

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	X	
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? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

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

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 405

SEE PART VII, SECTION A CONTINUATION SHEETS

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 line)	(C) Position (check all that apply)						(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			
(27) STEPHEN KELLY CHIEF COMPLIANCE OFFICER - NGHS	1.00 40.00			X				0.	239,935.	62,626.
(28) BRENDA SIMPSON CHIEF NURSING OFFICER - NGMC	40.00 1.00			X				0.	361,199.	70,128.
(29) JOHN WILLIAMSON PRES. NGMC - BRA & SOUTH. MKT. LDR.	40.00 1.00			X				0.	446,409.	99,740.
(30) LOUIS SMITH JR. PRES. - NGMC - SA/PA OPER.	40.00 1.00			X				0.	650,949.	109,599.
(31) TINA WALDEN VP OPERATIONS - NGPG	1.00 40.00				X			0.	265,407.	76,901.
(32) ELYSE GATES VP REVENUE CYCLE - NGHS	1.00 40.00				X			0.	272,461.	33,851.
(33) LINDA NICHOLSON VP CORP FIN REPORTING/CONTROLLER - N	1.00 40.00				X			0.	291,524.	102,272.
(34) ROY GRIFFIN, JR. VP FIN. PLAN. & DEC. SUPPORT - NGHS	1.00 40.00				X			0.	263,945.	64,248.
(35) SONJA MCLENDON VP CHIEF OF OPER. EXCELLENCE - NGHS	1.00 40.00				X			0.	359,712.	74,877.
(36) TRACY VARDEMAN VP STRATEGIC PLAN/MARKETING - NGHS	1.00 40.00				X			0.	397,535.	100,411.
(37) HOWARD WALPOLE VP MEDICAL AFFAIRS - NGMC	40.00 1.00				X			0.	514,602.	68,771.
(38) JOHN DELZELL, JR. VP MEDICAL EDUCATION - NGMC	40.00 1.00				X			0.	165,633.	7,284.
(39) JOHN TURNER VP POST ACUTE CARE - NGMC	40.00 1.00				X			0.	309,797.	65,411.
(40) PENNY VIGNEAU VP HEART & VASCULAR SERV. - NGMC	40.00 1.00				X			0.	270,277.	40,308.
(41) TAD GOMEZ VP PROFES. SUP. SERVICES - NGMC	40.00 1.00				X			0.	269,362.	48,932.
(42) ALAN WILLS EXEC DIRECTOR - HEALTHECONNECTIONS	40.00					X		0.	237,564.	32,189.
(43) HAROLD LAW, JR. CHIEF TECHNOLOGY OFFICER	40.00					X		0.	260,718.	26,306.
(44) PRANAV JAIN CMIO	40.00					X		0.	431,471.	26,057.
(45) RANDALL MILLER CHIEF OF CLINICAL PHYSICS	40.00					X		0.	281,924.	49,528.
(46) RICHARD MATTHEUS CHIEF INFORMATION OFFICER - NGPG	40.00					X		0.	244,292.	37,155.
Total to Part VII, Section A, line 1c										

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 line)	(C) Position (check all that apply)						(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			
(47) ANTHONY HERDENER FORMER CFO - NGHS, CURRENT EXEC CONS	1.00 40.00						X	0.	635,566.	128,344.
(48) JAMES BAILEY FMR. VP-CMIO/CQO, CUR. NGPG PHYS.	0.00 40.00						X	0.	474,812.	22,055.
(49) DEBRA DUKE FORMER DIR. OF DIAGNOSTIC IMAGING	40.00						X	0.	174,464.	54,732.
Total to Part VII, Section A, line 1c								7,819,558.	1,401,725.	

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	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d 2,908,838.				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		2,908,838.			
Program Service Revenue	2 a NET PATIENT SVC REV	Business Code 621400	1,186,689,019.	1,182,938,883.	3,750,136.	
	b PHARMACY	446110	11,466,923.		11,466,923.	
	c OTHER REVENUE	900099	5,088,005.		5,088,005.	
	d CAFETERIA REVENUE	722210	5,019,681.		5,019,681.	
	e MANAGEMENT REVENUE	900099	185,284.		185,284.	
	f All other program service revenue					
	g Total. Add lines 2a-2f		1,208,448,912.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		27,482,639.		27,482,639.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	780,086.			
		(ii) Personal				
		b Less: rental expenses	38,265.			
		c Rental income or (loss)	741,821.			
	d Net rental income or (loss)		741,821.		741,821.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	24,385,434.			
		(ii) Other	351,617.			
		b Less: cost or other basis and sales expenses	0.	58,823.		
		c Gain or (loss)	24,385,434.	292,794.		
	d Net gain or (loss)		24,678,228.		24,678,228.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a PARTNERSHIP INCOME		621990	129,379.	129,379.		
	b					
	c					
	d All other revenue					
e Total. Add lines 11a-11d			129,379.			
12 Total revenue. See instructions.			1,264,389,817.	1,183,068,262.	3,935,420. 74,477,297.	

Part IX Statement of Functional Expenses

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

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

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 ...	2,902,228.	2,902,228.		
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	2,988,228.	1,013,772.	1,974,456.	
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	321,060,115.	306,186,443.	14,873,672.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	15,067,130.	13,766,837.	1,300,293.	
9 Other employee benefits	47,846,847.	43,717,664.	4,129,183.	
10 Payroll taxes	23,194,710.	21,193,007.	2,001,703.	
11 Fees for services (non-employees):				
a Management	106,879,179.	26,170,916.	80,708,263.	
b Legal	3,193,161.	2,917,591.	275,570.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	2,122,762.	1,939,568.	183,194.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	54,749,681.	50,024,784.	4,724,897.	
12 Advertising and promotion	1,072,717.	980,142.	92,575.	
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	10,405,718.	9,507,705.	898,013.	
17 Travel	527,560.	482,032.	45,528.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	37,865,438.	34,597,651.	3,267,787.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	74,054,160.	67,663,286.	6,390,874.	
23 Insurance				
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	140,230,322.	128,128,445.	12,101,877.	
b BAD DEBT EXPENSE	115,983,904.	115,983,904.		
c MEDICAL SUPPLIES	59,715,740.	59,715,740.		
d EQUIPMENT RENTAL & MAIN	40,171,277.	36,704,496.	3,466,781.	
e All other expenses	18,982,495.	17,344,302.	1,638,193.	
25 Total functional expenses. Add lines 1 through 24e	1,079,013,372.	940,940,513.	138,072,859.	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 if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

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

Part XI Reconciliation of Net Assets

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

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

Part XII Financial Statements and Reporting

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

- 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		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2017)

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

2017

Open to Public Inspection

Name of the organization NORTHEAST GEORGIA MEDICAL CENTER, INC.	Employer identification number 58-1694098
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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 **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 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 2017 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2017. 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 - 2016. 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 - 2017. 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 - 2016. 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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**

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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>		
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>		
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>		
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>		
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>		
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 10b below.</i>		
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>		

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

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

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):		
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		(A) Prior Year	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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2017

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

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

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

Schedule A (Form 990 or 990-EZ) 2017

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.)

Horizontal lines for supplemental information input.

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.**

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 organization <p style="text-align: center;">NORTHEAST GEORGIA MEDICAL CENTER, INC.</p>	Employer identification number <p style="text-align: center;">58-1694098</p>
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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.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990 or 990-EZ) 2017**

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.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	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.		
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) 2014	(b) 2015	(c) 2016	(d) 2017	(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?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		41,588.
j Total. Add lines 1c through 1i			41,588.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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 campaign activity 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.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

NORTHEAST GEORGIA MEDICAL CENTER, INC. PAYS MEMBERSHIP DUES TO THE

FOLLOWING ORGANIZATIONS:

-340B HEALTH

-AMERICAN ACADEMY OF NURSE PRACTITIONERS

Part IV Supplemental Information (continued)

- AMERICAN ACADEMY OF SLEEP MEDICINE

- AMERICAN COLLEGE OF HEALTHCARE EXECUTIVES

- AMERICAN COLLEGE OF PHYSICIANS

- AMERICAN CORRECTIONAL SOLUTIONS

- AMERICAN MEDICAL REHABILITATION PROVIDERS ASSOCIATION

- AMERICAN ORGANIZATION OF NURSING EXECUTIVES

- ASSOCIATION FOR PROFESSIONALS IN INFECTION CONTROL AND EPIDEMIOLOGY

- ASSOCIATION OF REHABILITATION NURSES

- AMERICAN SOCIETY OF ELECTROCARDIOGRAPHY

- AMERICAN SOCIETY OF ELECTRONEURODIAGNOSTIC TECHNOLOGISTS

- AMERICAN SOCIETY FOR HEALTHCARE ENGINEERING

- AMERICAN SOCIETY OF RADIOLOGIC TECHNOLOGISTS

- GEORGIA HOSPITAL ASSOCIATION

- NATIONAL HOSPICE AND PALLIATIVE CARE ORGANIZATION

- SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS

- SOCIETY OF DIAGNOSTIC MEDICAL SONOGRAPHY

- SOCIETY FOR HUMAN RESOURCE MANAGEMENT

- SOCIETY FOR VASCULAR ULTRASOUND

- TRAUMA CENTER ASSOCIATION OF AMERICA

- AGENCY FOR HEALTHCARE ADMINISTRATION

- GEORGIA HEALTH CARE ASSOCIATION

- ACADEMY OF NEONATAL NURSING

- AMERICAN ORGANIZATION OF NURSING EXECUTIVES

- AMERICAN SOCIETY FOR HEALTHCARE ENGINEERING

- COLLEGE OF AMERICAN PATHOLOGISTS

A PORTION OF THESE DUES IS DESIGNATED FOR LOBBYING ACTIVITIES BY THESE ORGANIZATIONS.

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

2017
Open to Public Inspection

Name of the organization NORTHEAST GEORGIA MEDICAL CENTER, INC. **Employer identification number** 58-1694098

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

	(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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 a 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 Tax 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?

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)?

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

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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 on Part XIII

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

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

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 26.29 %
- c Temporarily restricted endowment 73.71 %

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

	Yes	No
3a(i)		X
3a(ii)	X	
3b	X	

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

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		621,849,192.	208,091,377.	413,757,815.
c Leasehold improvements		12,063,281.	9,761,829.	2,301,452.
d Equipment		651,094,295.	435,116,125.	215,978,170.
e Other		26,417,254.	15,599,074.	10,818,180.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				652,025,623.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 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	10,804,138.
(3) CAPITALIZED LEASES	11,000,598.
(4) DEFERRED COMPENSATION	16,773,393.
(5) ESTIMATED FAIR VALUE OF INTEREST RATE SWAPS	1,738,800.
(6) OTHER LIABILITIES	31,156.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	40,348,085.

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

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

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

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

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

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

1	Total expenses and losses per audited financial statements		1	957,914,809.
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	38,266.	
e	Add lines 2a through 2d		2e	38,266.
3	Subtract line 2e from line 1		3	957,876,543.
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	2,122,762.	
b	Other (Describe in Part XIII.)	4b	119,014,067.	
c	Add lines 4a and 4b		4c	121,136,829.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	1,079,013,372.

Part XIII Supplemental Information.

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

PART X, LINE 2:

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information (continued)

RENTAL EXPENSES 38,266.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

PARTNERSHIP INCOME NOT ON BOOKS 129,879.

NET ASSETS RELEASED FROM RESTRICTIONS 2,040,452.

NON-OPERATING EXPENSES 1,053,670.

ESTIMATED PROVISION FOR BAD DEBTS 115,983,904.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 119,207,905.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES 38,266.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

NON-OPERATING EXPENSES 1,053,670.

ESTIMATED PROVISION FOR BAD DEBTS 115,983,904.

PARTNERSHIP EXPENSES NOT ON BOOKS 430.

CONTRIBUTIONS IN NET ASSETS 1,976,063.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 119,014,067.

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ 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 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	X	
b If "Yes," was it a written policy?	X	
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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input checked="" type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
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.		
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"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
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?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

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

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			45,621,439.	0.	45,621,439.	4.74%
b Medicaid (from Worksheet 3, column a)			118,504,484.	107,395,675.	11,108,809.	1.15%
c Costs of other means-tested government programs (from Worksheet 3, column b)			3,896,694.	2,417,262.	1,479,432.	.15%
d Total Financial Assistance and Means-Tested Government Programs			168,022,617.	109,812,937.	58,209,680.	6.04%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		434,474	3,320,813.	16,873.	3,303,940.	.34%
f Health professions education (from Worksheet 5)			4,994,268.	1,775,096.	3,219,172.	.33%
g Subsidized health services (from Worksheet 6)			195,859,139.	188,938,850.	6,920,289.	.72%
h Research (from Worksheet 7)			951,865.	414,117.	537,748.	.06%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			843,440.		843,440.	.09%
j Total. Other Benefits		434,474	205,969,525.	191,144,936.	14,824,589.	1.54%
k Total. Add lines 7d and 7j		434,474	373,992,142.	300,957,873.	73,034,269.	7.58%

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	1	0	524.		524.	.00%
2 Economic development			0.			
3 Community support	7	25,000	284,201.	173,485.	110,716.	.01%
4 Environmental improvements	1	0	800.	80.	720.	.00%
5 Leadership development and training for community members						
6 Coalition building	1		17,539.	1,200.	16,339.	.00%
7 Community health improvement advocacy						
8 Workforce development	5	245	664,666.	200.	664,466.	.07%
9 Other						
10 Total	15	25,245	967,730.	174,965.	792,765.	.08%

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?	X	
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	115,983,904.
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	230,438,716.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	268,072,675.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-37,633,959.
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	X	
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	X	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(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 %

Part V Facility Information

Section A. Hospital Facilities

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

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)

1 NORTHEAST GEORGIA MEDICAL CENTER, INC.
743 SPRING STREET
GAINESVILLE, GA 30501
WWW.NGHS.COM
069-074

Licensed hospital	gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
X	X					X			

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)

Name of hospital facility or letter of facility reporting group NORTHEAST GEORGIA MEDICAL CENTER, INC.

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
Community Health Needs Assessment		
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?		X
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		X
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	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
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 16</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	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
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		X
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
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>WWW.NGHS.COM/COMMUNITY-BENEFIT-LIBRARY</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	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>SEE STATEMENT FOR LINE 11</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to 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)

Name of hospital facility or letter of facility reporting group NORTHEAST GEORGIA MEDICAL CENTER, INC.

		Yes	No
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?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>150</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
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 status		
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?	X	
15	Explained the method for applying for financial assistance?	X	
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):			
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?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.NGHS.COM</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.NGHS.COM</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.NGHS.COM</u>		
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 type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2017

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group NORTHEAST GEORGIA MEDICAL CENTER, INC.

	Yes	No
<p>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?</p>	X	
<p>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:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>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</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p>f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</p>		
<p>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?</p> <p>If "Yes," check all actions in which the hospital facility or a third party engaged:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>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</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p>		X
<p>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):</p> <p>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</p> <p>b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process</p> <p>c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications</p> <p>d <input checked="" type="checkbox"/> Made presumptive eligibility determinations</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p> <p>f <input type="checkbox"/> None of these efforts were made</p>		

Policy Relating to Emergency Medical Care

<p>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?</p> <p>If "No," indicate why:</p> <p>a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</p> <p>b <input type="checkbox"/> The hospital facility's policy was not in writing</p> <p>c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</p> <p>d <input type="checkbox"/> Other (describe in Section C)</p>	X	
--	---	--

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group NORTHEAST GEORGIA MEDICAL CENTER, INC.

		Yes	No
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	<input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> 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.	23	X
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.	24	X

Schedule H (Form 990) 2017

Part V Facility Information (continued)

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

NORTHEAST GEORGIA MEDICAL CENTER, INC.:

PART V, SECTION B, LINE 5: THE HOSPITAL CONSIDERED INPUT FROM

REPRESENTATIVES OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY,

INCLUDING THOSE WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH

VIA FOCUS GROUPS AND KEY STAKEHOLDER INTERVIEWS. FOUR FOCUS GROUPS (ONE

FOR EACH NGMC SERVICE AREA), COLLECTIVELY COMPRISED OF FORTY-SIX (46)

PARTICIPANTS AND TWENTY-EIGHT (28) KEY INFORMANT INTERVIEWS, WERE

CONDUCTED IN MARCH AND APRIL 2016. ADDITIONAL INPUT FROM OVER 200 LOW

INCOME, LATINO, AND UNINSURED RESIDENTS WAS ALSO GATHERED BY A BILINGUAL

INTERVIEW TEAM WHO FIELDDED A SHORT QUESTIONNAIRE IN HALL COUNTY AT ONE OF

THREE LOCATIONS: THE HALL COUNTY HEALTH DEPARTMENT, MOSTLY AT THE PRENATAL

CLINIC - A SERVICE FOR LOW-INCOME EXPECTANT WOMEN; THE GOOD NEWS CLINICS,

WHICH PROVIDES MEDICAL AND DENTAL CARE TO LOW-INCOME, UNINSURED COUNTY

RESIDENTS; AND AT PUBLIC HOUSING OPERATED BY GAINESVILLE HOUSING

AUTHORITY. NGHS SENIOR LEADERS WERE ALSO SIGNIFICANTLY INVOLVED IN

FEEDBACK. A COMPLETE LISTING OF INTERVIEW AND FOCUS GROUP PARTICIPANTS

AND THE COMMUNITIES AND POPULATIONS SERVED IS LOCATED IN APPENDIX F OF THE

CHNA.

NORTHEAST GEORGIA MEDICAL CENTER, INC.:

PART V, SECTION B, LINE 11: HOW NGMC IS ADDRESSING SIGNIFICANT NEEDS

IDENTIFIED IN THE 2016 CHNA IS OUTLINED IN THE CHNA IMPLEMENTATION PLAN.

THE REASON WHY ALL OF THE HEALTH NEEDS IDENTIFIED ARE NOT BEING ADDRESSED

IS BECAUSE NGMC HAD TO TAKE INTO CONSIDERATION THE STAFFING, FUNDING AND

OTHER RESOURCES NEEDED TO MAKE AN IMPACT ON IDENTIFIED HEALTH NEEDS, AND

Part V Facility Information *(continued)*

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

NGMC KNEW IF IT DID NOT FOCUS ON 3 - 5 SPECIFIC HEALTH NEEDS, IT WOULD NOT

BE ABLE TO TRULY MAKE AN IMPACT OVER THE NEXT THREE YEARS. THERE ARE ALSO

OTHER HEALTH AND HUMAN SERVICE ORGANIZATIONS WORKING ON ISSUES SUCH AS

CHILD ABUSE AND NEGLECT.

THE FULL TEXT OF THE IMPLEMENTATION STRATEGY IS POSTED AT THE FOLLOWING

URL :

[HTTPS://WWW.NGHS.COM/FULLPANEL/UPLOADS/FILES/CHNA-OUTCOME-MEASURES-WITH-LIN](https://www.nghs.com/fullpanel/uploads/files/chna-outcome-measures-with-lin)

[KS-ON-TITLE-PAGE.PDF](#).

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 25

Name and address	Type of Facility (describe)
1 IMAGING CENTER - GAINESVILLE 1315 JESSE JEWELL PKWY GAINESVILLE, GA 30501	IMAGING / RADIOLOGY CENTER
2 BRASELTON NICD 1404 RIVER PLACE, SUITE 200 BRASELTON, GA 30517	CARDIOLOGY SERVICES
3 IMAGING CENTER - BRASELTON 1515 RIVER PLACE BRASELTON, GA 30517	IMAGING / RADIOLOGY CENTER
4 LAURELWOOD 200 WISTERIA DRIVE GAINESVILLE, GA 30501	MENTAL HEALTH SERVICES
5 BRASELTON RADIATION THERAPY/PHYSICS 1515 RIVER PLACE BRASELTON, GA 30517	RADIATION THERAPY
6 TOCCOA CANCER CENTER 1656 FALLS ROAD TOCCOA, GA 30577	CANCER SERVICES
7 IMAGING CENTER - DAWSONVILLE 108 PROMINENCE COURT DAWSONVILLE, GA 30534	IMAGING / RADIOLOGY CENTER
8 REHABILITATION INSTITUTE 597 SOUTH ENOTA DRIVE NE GAINESVILLE, GA 30501	REHABILITATION SERVICES
9 NEW HORIZONS LIMESTONE NORTH 600 BEVERLY ROAD, NE GAINESVILLE, GA 30501	LONG TERM CARE
10 CUMMING OP DIAGNOSTIC RADIOLOGY 900 SANDERS ROAD CUMMING, GA 30041	DIAGNOSTIC RADIOLOGY

Schedule H (Form 990) 2017

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 25

Name and address	Type of Facility (describe)
11 NEW HORIZONS LANIER PARK WEST 675 WHITE SULPHUR ROAD GAINESVILLE, GA 30501	LONG TERM CARE
12 WOUND OSTOMY CONTINENCE/HYPERBARIC TH 675 WHITE SULPHUR ROAD GAINESVILLE, GA 30501	WOUND HEALING CENTER
13 SLEEP LAB 1466 JESSE JEWELL PKWY GAINESVILLE, GA 30501	SLEEP DISORDER CENTER
14 HEALTHLINK LAB AT RIVERPLACE 1515 RIVER PLACE BRASELTON, GA 30517	CLINICAL LABORATORY
15 BUFORD OUTPATIENT IMAGING 3425 BUFORD DRIVE, SUITE 100 BUFORD, GA 30519	IMAGING / RADIOLOGY CENTER
16 REHAB - BRASELTON 1515 RIVER PLACE BRASELTON, GA 30517	REHABILITATION SERVICES
17 GYN ONCOLOGY INFUSION SERVICES 1498 JESSE JEWELL PARKWAY, SUITE C HALL, GA 30501	GYNECOLOGIC ONCOLOGY
18 REHAB - CLEVELAND 640-A HELEN HWY CLEVELAND, GA 30528	REHABILITATION SERVICES
19 REHAB - FRIENDSHIP (BUFORD) 4889 GOLDEN PKWY, SUITE 150 BUFORD, GA 30518	REHABILITATION SERVICES
20 REHAB - DAHLONEGA 95 MORRISON MOORE PKWY DAHLONEGA, GA 30533	REHABILITATION SERVICES

Schedule H (Form 990) 2017

Part V Facility Information (continued)

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 25

Name and address	Type of Facility (describe)
21 NEUROPHYSIOLOGY 1404 RIVER PLACE, SUITE 403 BRASELTON, GA 30517	NEUROPHYSIOLOGY
22 HEALTHLINK LAB AT DAWSONVILLE 108 PROMINENCE COURT DAWSONVILLE, GA 30534	CLINICAL LABORATORY
23 REHAB - DAWSONVILLE 5959 HIGHWAY 53E, SUITE 200 DAWSONVILLE, GA 30534	REHABILITATION SERVICES
24 DIABETES ED 675 WHITE SULPHUR ROAD GAINESVILLE, GA 30501	DIABETES SERVICES
25 BARIATRIC SERVICES 675 WHITE SULPHUR ROAD GAINESVILLE, GA 30501	BARIATRIC WEIGHT LOSS SERVICES

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.

PART I, LINE 3C:

PATIENTS WHO ARE DETERMINED TO BE INDIGENT, DETERMINED BY CRITERIA-BASED METHODS, SUCH AS PROPENSITY TO PAY OR HEALTH SCORES, PARTICIPATION IN LOW INCOME GOVERNMENT ASSISTANCE PROGRAMS, ETC. MAY BE PRESUMPTIVELY ELIGIBLE FOR ASSISTANCE, PROVIDING THEY COOPERATE WITH SCREENING FOR OTHER FINANCIAL ASSISTANCE RESOURCES (E.G. MEDICAID OR DISABILITY), AS APPLICABLE.

PART I, LINE 6A:

THE COMMUNITY BENEFIT REPORT IS PUBLISHED BY NORTHEAST GEORGIA HEALTH SYSTEM AND INCLUDES PROGRAMS FOR NORTHEAST GEORGIA MEDICAL CENTER AND ITS AFFILIATES. THE REPORT IS AVAILABLE ON THE ORGANIZATION'S WEBSITE (WWW.NGHS.COM) AS WELL AS IN ITS ANNUAL COMMUNICARE MAGAZINE.

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

Part VI Supplemental Information (Continuation)

COMPUTED USING THE TOTAL SNF OPERATING EXPENSES DIVIDED BY THE TOTAL SNF

GROSS CHARGES. THE CCR FOR THE REMAINING PATIENT CHARGES WAS COMPUTED

PURSUANT TO WORKSHEET 2 IN THE SCHEDULE H INSTRUCTIONS.

THE CCR FOR THE UNREIMBURSED MEDICAID SERVICES WAS COMPUTED USING A CCR

COMPUTED PURSUANT TO WORKSHEET 2 IN THE SCHEDULE H INSTRUCTIONS. THE

OTHER MEANS TESTED GOVERNMENT PROGRAM COST WAS DERIVED FROM INTERNAL

TRENDSTAR SYSTEM DATA WHICH COMPUTED COST AT THE PATIENT DETAIL LEVEL.

PART I, LINE 7G:

SUBSIDIZED HEALTH SERVICES WERE FOR NICU AND LAURELWOOD (MENTAL HEALTH).

NO COSTS WERE ATTRIBUTABLE TO PHYSICIANS.

PART I, LN 7 COL(F):

THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 24, COLUMN A, BUT

SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS

\$115,983,904.

PART II, COMMUNITY BUILDING ACTIVITIES:

IT IS WELL DOCUMENTED THAT MANY FACTORS COMBINE TO AFFECT THE HEALTH OF

INDIVIDUALS AND COMMUNITIES. WHETHER PEOPLE ARE HEALTHY OR NOT IS

DETERMINED BY THEIR CIRCUMSTANCES AND THEIR ENVIRONMENT, ACCORDING TO THE

WORLD HEALTH ORGANIZATION. TO A LARGE EXTENT, FACTORS SUCH AS WHERE WE

LIVE, THE STATE OF OUR ENVIRONMENT, GENETICS, OUR INCOME AND EDUCATION

LEVEL, AND OUR RELATIONSHIPS WITH FRIENDS AND FAMILY ALL HAVE CONSIDERABLE

IMPACTS ON HEALTH.

THE DETERMINANTS OF HEALTH INCLUDE THE SOCIAL AND ECONOMIC ENVIRONMENT,

Part VI Supplemental Information (Continuation)

THE PHYSICAL ENVIRONMENT, AND A PERSON'S INDIVIDUAL CHARACTERISTICS AND BEHAVIORS. ADDITIONAL FACTORS THAT RELATE INCLUDE EDUCATION, CULTURE, INCOME AND SOCIAL STATUS, EMPLOYMENT AND WORKING CONDITIONS, SOCIAL SUPPORT NETWORKS, GENETICS, HEALTH SERVICES, AND GENDER. IF COMMUNITY MEMBERS HAVE ADEQUATE EDUCATION, EMPLOYMENT, INCOME, A SAFE ENVIRONMENT AND SUPPORTIVE SOCIAL NETWORKS, THEY WILL HAVE THE CAPACITY TO MAKE HEALTHIER BEHAVIOR CHOICES AND BE MORE LIKELY TO HAVE ACCESS TO HEALTH SERVICES. THEREFORE, NGMC AS AN ORGANIZATION MUST CONSIDER THE SOCIAL DETERMINANTS OF HEALTH STATUS AS PART OF PREVENTATIVE CARE.

SOME COMMUNITY BUILDING ACTIVITIES INCLUDED IN PART II INCLUDE:

COMMUNITY SUPPORT: NGMC SPONSORED A HOSPITAL EXHIBIT AT INTERACTIVE NEIGHBORHOOD FOR KIDS AND PROVIDED AN IMAGINATIVE, HANDS-ON CLINICAL EXPERIENCE FOR CHILDREN THAT PROMOTES THE IDEA OF CAREERS IN HEALTH SERVICES. IT ALSO PROVIDES HEALTH EDUCATION ON CHILDREN'S HEALTH AND SAFETY. IN THIS SPACE, CHILDREN CAN INTERACT WITH EACH OTHER AND PLAY WITH COSTUMES, TOOLS, AND DOLLS AS THEY PRETEND TO BE MEDICAL PROFESSIONALS AND PATIENTS.

COALITION BUILDING: NGMC PROVIDES SUPPORT TO THE UNITED WAY. UNITED WAY UNITES PEOPLE, ORGANIZATIONS AND RESOURCES WITHIN THE COMMUNITY TO BUILD A STRONGER, HEALTHIER AND SAFER HALL COUNTY. NGMC CONTRIBUTES AS CORPORATE SPONSOR FOR UNITED WAY ACTIVITIES THROUGHOUT THE YEAR AND ALSO PARTICIPATES IN THE ANNUAL UNITED WAY CAMPAIGN TO RAISE MONEY FOR DIFFERENT NON-PROFIT ORGANIZATIONS IN THE COMMUNITY WITH THE GOAL OF FIGHTING FOR THE HEALTH, EDUCATION AND FINANCIAL STABILITY OF EVERY PERSON IN OUR COMMUNITY. IN ADDITION TO THIS, DR. SAM JOHNSON, CHIEF MEDICAL

Part VI Supplemental Information (Continuation)

OFFICER OF NGMC, SERVES AS CHAIRMAN OF THE BOARD FOR ONE HALL UNITED

AGAINST POVERTY.

WORKFORCE DEVELOPMENT: PROJECT SEARCH PROVIDES EMPLOYMENT AND EDUCATION

OPPORTUNITIES FOR INDIVIDUALS WITH MILD TO MODERATE DISABILITIES. THE

PROGRAM IS DEDICATED TO WORKFORCE DEVELOPMENT THAT BENEFITS THE

INDIVIDUAL, COMMUNITY AND WORKPLACE. EMPLOYERS ARE CHALLENGED TO INCREASE

EMPLOYMENT OPPORTUNITIES FOR QUALIFIED PERSONS WITH DISABILITIES AND TO

ADVOCATE ON BEHALF OF THEIR EMPLOYMENT TO OTHER ORGANIZATIONS IN THEIR

COMMUNITIES. THE HIGH SCHOOL TRANSITION PROGRAM IS A ONE-YEAR EDUCATIONAL

PROGRAM FOR STUDENTS WITH DISABILITIES IN THEIR LAST YEAR OF HIGH SCHOOL.

IT IS TARGETED FOR STUDENTS WHOSE MAIN GOAL IS COMPETITIVE EMPLOYMENT. IN

FY18, 17 STUDENTS, ONE JOB COACH AND ONE INSTRUCTOR PARTICIPATED. THE

STUDENTS WORK 20 HOURS PER WEEK IN EACH ASSIGNED DEPARTMENT. MENTORS ARE

ASSIGNED IN EACH DEPARTMENT. MENTORS ALSO ATTEND A MONTHLY MEETING TO

DISCUSS THE PROGRESS AND NEEDS OF STUDENTS. VARIOUS NGMC EMPLOYEES, IN

ADDITION TO THE MENTORS, OFFER ASSISTANCE AND EDUCATION AS NEEDS ARISE.

PART III, LINE 2:

PATIENT ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR DOUBTFUL

ACCOUNTS. IN EVALUATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE, NGMC

ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR

PAYER SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR

UNCOLLECTIBLE ACCOUNTS AND PROVISION FOR BAD DEBTS. MANAGEMENT REGULARLY

REVIEWS DATA ABOUT THESE MAJOR PAYER SOURCES OF REVENUE IN EVALUATING THE

SUFFICIENCY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS.

NGMC'S ESTIMATED ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS DECREASED FROM

Part VI Supplemental Information (Continuation)

APPROXIMATELY 22% OF GROSS PATIENT ACCOUNTS RECEIVABLE AT SEPTEMBER 30,
2017 TO APPROXIMATELY 20% OF GROSS PATIENT ACCOUNTS RECEIVABLE AT
SEPTEMBER 30, 2018. NGMC'S BAD DEBT WRITE-OFFS WERE APPROXIMATELY
\$131,286,000 AND \$108,855,000 FOR THE YEARS ENDED SEPTEMBER 30, 2018 AND
2017, RESPECTIVELY.

PART III, LINE 4:

BAD DEBT EXPENSE REPORTED ON LINE 2 REPRESENTS GROSS CHARGES WRITTEN OFF
DURING THE FISCAL YEAR NET OF ANY RECOVERIES. THE ORGANIZATION'S FINANCIAL
STATEMENTS CONTAIN A FOOTNOTE REGARDING BAD DEBTS ON PAGE 13-14.

PART III, LINE 8:

THE MEDICARE COSTS SHOWN ON LINE 6 WERE COMPUTED USING THE COST TO CHARGE
RATIO REFLECTED IN THE ORGANIZATION'S MEDICARE COST REPORT.

PART III, LINE 9B:

PATIENTS WHO ARE DETERMINED TO BE INDIGENT, DETERMINED BY CRITERIA-BASED
METHODS, SUCH AS PROPENSITY TO PAY OR HEALTH SCORES, PARTICIPATION IN LOW
INCOME GOVERNMENT ASSISTANCE PROGRAMS, ETC. MAY BE PRESUMPTIVELY ELIGIBLE
FOR ASSISTANCE, PROVIDING THEY COOPERATE WITH SCREENING FOR OTHER
FINANCIAL ASSISTANCE RESOURCES (E.G. MEDICAID OR DISABILITY), AS
APPLICABLE.

PART VI, LINE 2:

ON A CONTINUOUS BASIS, NGMC SEEKS A VARIETY OF DATA SOURCES AND RELIABLE
INDICATORS TO HELP IDENTIFY AND WORK TO IMPROVE ON HEALTH INEQUITIES IN
THE COMMUNITIES IT SERVES. A LISTING OF THE RESOURCES IS LISTED BELOW:

Part VI Supplemental Information (Continuation)

- AS PART OF THE HALL COUNTY FAMILY CONNECTION, WE REVIEW INFORMATION FROM KIDS COUNT, WHICH PROVIDES KEY INDICATORS OF CHILD WELL-BEING.

- NGMC IS ACTIVELY INVOLVED IN VISION 2030 (WWW.VISION2030.ORG). THIS COMMUNITY-WIDE PROGRAM IS SPONSORED BY THE GREATER HALL CHAMBER OF COMMERCE AND PARTICIPATION IS OPEN TO EVERYONE IN THE COMMUNITY. AN NGMC EMPLOYEE CURRENTLY CHAIRS THE BOARD OF VISION 2030 WHICH FOCUSES ON THE CREATION OF A CULTURE OF COMMUNITY WELLNESS, THE SUPPORT AND MAINTENANCE OF LIFELONG LEARNING, THE BUILDING OF AN ECONOMY AROUND EMERGING LIFE SCIENCES, THE ENCOURAGEMENT OF INNOVATIVE GROWTH/INFRASTRUCTURE DEVELOPMENT, AND THE PROMOTION OF CULTURAL INTEGRATION.

- NGMC HAS PARTNERED WITH OTHER HEALTHCARE PROVIDERS IN THE COMMUNITY TO FORM THE HEALTHCARE INITIATIVE CONSORTIUM. THIS GROUP HAS WORKED WITH A LOCAL UNIVERSITY TO DEVELOP AN ONGOING DATABASE OF FIVE DATA ELEMENTS THAT WILL GIVE THE COMMUNITY UP-TO-DATE INFORMATION ON THE HEALTH ISSUES AFFECTING ITS RESIDENTS. THE FIVE DATA ELEMENTS COLLECTED ARE: BMI (HEIGHT/WEIGHT), A1C, BLOOD PRESSURE, CHOLESTEROL, LDL, AND MICRO ALBUMEN. THIS GIVES US INFORMATION RELATED TO THE FOLLOWING HEALTH ISSUES: OBESITY, DIABETES, CARDIOVASCULAR DISEASE AND HYPERTENSION. THE GROUP HAS COLLECTED DATA ON BOTH ADULTS, AS WELL AS PEDIATRIC PATIENTS.

- THE HALL COUNTY HEALTH DEPARTMENT ALSO SHARES ITS HEALTH RISK SNAPSHOTS FOR COUNTIES IN THE SERVICE AREA, WHICH FOCUSES ON POPULATION TRENDS, YOUTH RISK, INFANT RISK, GENERAL RISK, STUDENT SUBSTANCE ABUSE, TOP CAUSES OF DEATH AND WIC NUTRITION PROGRAM INFORMATION.

- WE ALSO MONITOR THE COUNTY HEALTH RANKINGS PUBLISHED BY THE ROBERT WOOD

Part VI Supplemental Information (Continuation)

JOHNSON FOUNDATION ([HTTP://WWW.COUNTYHEALTHRANKINGS.ORG/ABOUT-PROJECT](http://www.countyhealthrankings.org/about-project)).

PART VI, LINE 3:

EACH BILLING CYCLE, THE PATIENT STATEMENT CONTAINS CONTACT INFORMATION FOR FINANCIAL ASSISTANCE INFORMATION. A PLAIN LANGUAGE SUMMARY IS PROVIDED AT DAY 90. DURING THE 240 DAYS PRIOR TO PLACEMENT WITH A COLLECTION AGENCY, REGULAR PHONE CALLS ARE MADE THAT INCLUDE ORAL NOTIFICATION OF THE FINANCIAL ASSISTANCE POLICY AND HOW TO OBTAIN ASSISTANCE WITH THE APPLICATION PROCESS. APPLICATIONS WILL BE ACCEPTED UP TO DAY 240. WITH AGGREGATED MULTIPLE EPISODE PATIENT ACCOUNTS, FOR PURPOSES OF MEASURING 120 AND 240 DAYS, THE FIRST POST-CHARGE BILLING STATEMENT WILL BE USED.

PART VI, LINE 4:

POPULATION: FROM 2010 TO 2017, THE HEALTH SYSTEM'S TOTAL SERVICE AREA (TSA) POPULATION GREW 2.0% PER YEAR ON AVERAGE COMPARED TO THE STATE OF GEORGIA AT 1.0% AND THE U.S. AT 0.7%. POPULATION FOR THE TSA IN 2017 IS ESTIMATED TO BE 945,356 REPRESENTING A TOTAL GROWTH RATE OF 14.5% SINCE 2010, COMPARED TO THE STATE OF GEORGIA'S GROWTH (7.2%) AND THE U.S. (5.3%) OVER THE SAME TIME PERIOD. THE TSA'S POPULATION GROWTH RATE IS PROJECTED TO OUTPACE GEORGIA AND THE U.S. THROUGH AT LEAST 2021, THUS CONTINUING TO DRIVE ABOVE AVERAGE DEMAND FOR HEALTH CARE SERVICES. SOURCE: U.S. CENSUS BUREAU; ESRI, INC.

HOUSEHOLD INCOME AND HOME VALUES: MEDIAN HOUSEHOLD INCOME FOR THE TSA IS CURRENTLY \$43,944 COMPARED TO THE STATE OF GEORGIA AT \$52,977. THE MEDIAN HOME VALUE FOR THE TSA IS CURRENTLY \$163,200 COMPARED TO THE STATE OF GEORGIA AT \$158,400. SOURCE: U.S. CENSUS BUREAU; ESRI, INC.

Part VI Supplemental Information (Continuation)

EMPLOYMENT: THE UNEMPLOYMENT RATE FOR THE NGHS TOTAL SERVICE AREA WAS
 4.0% IN 2017 COMPARED WITH THE STATE OF GEORGIA AT 4.7% AND THE U.S. AT
 4.4%. FOR AT LEAST THE LAST 10 YEARS, THE TSA HAS CONSISTENTLY
 EXPERIENCED AN ANNUAL UNEMPLOYMENT RATE BELOW THOSE OF GEORGIA AND THE
 U.S. SOURCE: U.S. BUREAU OF LABOR STATISTICS; ESRI, INC.

PART VI, LINE 5:

NORTHEAST GEORGIA MEDICAL CENTER'S BOARD OF DIRECTORS IS COMPRISED OF
 MEMBERS THAT REPRESENT THE COMMUNITIES SERVED BY THE ORGANIZATION. BOARD
 MEMBERS PROVIDE LEADERSHIP THAT SUPPORTS THE ORGANIZATION'S MISSION TO
 IMPROVE THE HEALTH OF THE COMMUNITY.

PHYSICIANS AT NGMC UNDERGO AN EXTENSIVE CREDENTIALING PROCESS PRIOR TO
 BEING GRANTED MEDICAL STAFF PRIVILEGES. THE MEDICAL CENTER CONDUCTS
 PHYSICIAN MANPOWER STUDIES TO DETERMINE THE NUMBER OF PHYSICIANS NEEDED BY
 SPECIALTY TO MEET COMMUNITY NEED. INFORMATION FROM THESE STUDIES IS USED
 TO HELP GUIDE DECISIONS FOR PHYSICIAN RECRUITMENT.

ALL REVENUES IN EXCESS OF EXPENSES ARE REINVESTED INTO HEALTHCARE SERVICES
 FOR THE COMMUNITY AND NO PROFITS ACCRUE TO INDIVIDUAL INVESTORS. THE
 MEDICAL CENTER'S POLICY ON FINANCIAL ASSISTANCE (FORMERLY KNOWN AS THE
 CHARITY CARE POLICY) HELPS ENSURE ACCESS TO HOSPITAL SERVICES TO LOW
 INCOME PATIENTS, I.E. PATIENTS WITH A FAMILY INCOME OF UP TO AND
 INCLUDING/EQUAL TO 150% OF THE FEDERAL POVERTY GUIDELINES QUALIFY FOR A
 100% CHARITY ADJUSTMENT, WHICH MEANS THAT THEIR QUALIFYING SERVICES ARE
 FREE. ADDITIONALLY, PATIENTS WITH A FAMILY INCOME OF 151-300% QUALIFY FOR
 DISCOUNTED CARE ON A SLIDING SCALE. THE MOST THAT A PATIENT WOULD PAY IS
 THE MEDICARE RATE.

Part VI Supplemental Information (Continuation)

PART VI, LINE 6:

NORTHEAST GEORGIA MEDICAL CENTER (NGMC) IS AN AFFILIATE OF NORTHEAST GEORGIA HEALTH SYSTEM. OTHER AFFILIATES INCLUDE NORTHEAST GEORGIA PHYSICIANS GROUP, THE MEDICAL CENTER FOUNDATION, NORTHEAST GEORGIA HEALTH PARTNERS, RIVER PLACE MEDICAL OFFICE PLAZA I, THE HEART CENTER, LLC, AND NGMC BARROW.

THE MISSION OF NORTHEAST GEORGIA MEDICAL CENTER AND ALL RELATED AFFILIATES IS TO "IMPROVE THE HEALTH OF THE COMMUNITY IN ALL WE DO." AS A NOT-FOR-PROFIT HOSPITAL, NGMC TREATS PATIENTS REGARDLESS OF THEIR ABILITY TO PAY AND IS ACCOUNTABLE TO THE HOSPITAL AUTHORITY OF HALL COUNTY AND THE CITY OF GAINESVILLE FOR THE PROVISION OF CHARITABLE SERVICES TO THE COMMUNITY. NORTHEAST GEORGIA MEDICAL CENTER PROVIDES ACUTE AND SPECIALTY INPATIENT AND OUTPATIENT SERVICES FOR A REGIONAL COMMUNITY OF OVER 18 COUNTIES AND RECEIVES NO LOCAL TAX SUPPORT FROM ANY OF THOSE COUNTIES FOR OPERATIONS OR INDIGENT CARE.

THE MEDICAL CENTER FOUNDATION HELPS SUPPORT THE MISSION OF NORTHEAST GEORGIA HEALTH SYSTEM THROUGH FUNDRAISING INITIATIVES THAT IMPROVE SERVICES OFFERED AT NGMC, AS WELL HEALTH-FOCUSED SERVICES IN THE COMMUNITY.

NORTHEAST GEORGIA HEALTH PARTNERS WORKS TO BUILD COLLABORATIVE RELATIONSHIPS BETWEEN HOSPITALS, PHYSICIANS AND OTHER HEALTHCARE PROVIDERS, EMPLOYERS AND THE EMPLOYEES THEY REPRESENT THROUGH INSURANCE PRODUCTS THAT HELP SUPPORT PATIENT ACCESS TO HEALTHCARE SERVICES THROUGHOUT THE REGION.

Part VI Supplemental Information (Continuation)

RIVER PLACE MEDICAL OFFICE PLAZA 1 IS A MEDICAL OFFICE BUILDING THAT IS HOME TO AN URGENT CARE CENTER, IMAGING CENTER, OUTPATIENT REHABILITATION CENTER, FULL SERVICE LAB AND MANY PRIVATE PHYSICIAN PRACTICES REPRESENTING MORE THAN 20 MEDICAL SPECIALTIES, IMPROVING ACCESS TO CARE IN THE SOUTHERN REGION SERVED BY NORTHEAST GEORGIA HEALTH SYSTEM.

NORTHEAST GEORGIA PHYSICIANS GROUP IS A MULTI-SPECIALTY GROUP WITH MORE THAN 350 PHYSICIANS, PHYSICIAN ASSISTANTS, NURSE PRACTITIONERS AND OTHER CLINICAL STAFF PROVIDING HEALTHCARE SERVICES AT 65 LOCATIONS THROUGHOUT NORTHEAST GEORGIA, WHICH FURTHER IMPROVES THE COMMUNITY'S ACCESS TO CARE FOR THE REGION OF OVER 18 COUNTIES.

NORTHEAST GEORGIA HEALTH SYSTEM VOLUNTEERS AND AUXILIANS ARE PEOPLE OF ALL AGES WHO GIVE OF THEMSELVES TO MAKE A DIFFERENCE IN THE LIVES OF OTHERS. THE MEDICAL CENTER AUXILIARY IS COMMITTED TO INVOLVING DEDICATED VOLUNTEERS TO IMPROVE THE SERVICES OF THE HEALTH SYSTEM. VOLUNTEERS CONTRIBUTE TIME AND COMPASSIONATE SERVICE ASSISTING WITH NON-MEDICAL DUTIES AS THEY PROVIDE COMFORT AND SUPPORT TO PATIENTS, FAMILY MEMBERS AND VISITORS.

THE AFFILIATION BETWEEN NORTHEAST GEORGIA MEDICAL CENTER'S HEART AND VASCULAR SERVICES AND THE HEART CENTER OF NORTHEAST GEORGIA MEDICAL CENTER ENSURES PATIENTS HAVE ACCESS TO THE LATEST CARDIOVASCULAR TECHNOLOGY AND RECEIVE TOP QUALITY CARE FROM TOP PHYSICIANS. THIS GROUP HAS SEVERAL OFFICES THROUGHOUT THE NORTHEASTERN PART OF GEORGIA AND PROVIDES ALL CARDIOVASCULAR SUBSPECIALTY CARE, INCLUDING GENERAL, INVASIVE AND INTERVENTIONAL CARDIOLOGY, CONGESTIVE HEART FAILURE, ELECTROPHYSIOLOGY, PERIPHERAL VASCULAR INTERVENTIONS AND WOMEN'S CARDIOVASCULAR HEALTH

Part VI Supplemental Information (Continuation)

PROGRAMS.

NORTHEAST GEORGIA MEDICAL CENTER BARROW (NGMC BARROW), FOUNDED IN 1951 AND
 ORIGINALLY KNOWN AS BARROW REGIONAL MEDICAL CENTER, JOINED NORTHEAST
 GEORGIA HEALTH SYSTEM IN 2017. SINCE 2009, NGMC BARROW HAS BEEN RECOGNIZED
 BY THE GEORGIA HOSPITAL ASSOCIATION AS ONE OF ONLY TWELVE HOSPITALS
 THROUGHOUT THE STATE TO EARN THE CHAIRMAN'S HONOR ROLL. WITH 56 BEDS AND A
 MEDICAL STAFF OF MORE THAN 200 PHYSICIANS, NGMC BARROW BRINGS SERVICES
 MODELED AROUND THE PROGRAMS OF EXCELLENCE AT NGMC GAINESVILLE TO BARROW
 COUNTY. THESE INCLUDE EMERGENCY SERVICES, SURGERY AND PROCEDURES,
 INTENSIVE CARE, OUTPATIENT SURGERY, RESPIRATORY THERAPY, WOUND CARE AND
 IMAGING SERVICES.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

GA

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

NORTHEAST GEORGIA MEDICAL CENTER, INC.

Employer identification number

58-1694098

Part I 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MEDICAL CENTER FOUNDATION 743 SPRING STREET GAINESVILLE, GA 30501	58-1694820	501(C)(3)	0.	1,976,063.			OPERATING SUPPORT
GOOD NEWS CLINICS 810 PINE ST GAINESVILLE, GA 30501	58-1895047	501(C)(3)	0.	829,760.			CLINIC FUNDING-OPERATING COST
AMERICAN CANCER SOCIETY P.O. BOX 102454 ATLANTA, GA 30368-2454	13-1788491	501(C)(3)	0.	18,075.			SPONSORSHIPS
AMERICAN HEART ASSOCIATION 1353 JENNINGS MILL RD, SUITE A BOGART, GA 30622	13-5613797	501(C)(3)	0.	10,000.			SPONSORSHIPS
NORTH GEORGIA COMMUNITY FOUNDATION 615 OAK STREET, SUITE 1300 GAINESVILLE, GA 30501	58-1610318	501(C)(3)	0.	7,350.			SPONSORSHIPS
UNITED WAY FOR DAWSON COUNTY P.O. BOX 1350 CUMMING, GA 30028	58-1925396	501(C)(3)	0.	7,000.			SPONSORSHIP

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

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

Schedule I (Form 990) (2017)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERACTIVE NEIGHBORHOOD FOR KIDS, INC - 999 CHESTNUT STREET #11 - GAINESVILLE, GA 30501	75-3077646	501(C)(3)	0.	5,728.		BOOTH	
MARCH OF DIMES 311 GREEN STREET, SUITE 101 GAINESVILLE, GA 30501	13-1846366	501(C)(3)	0.	5,000.			SPONSORSHIPS
UNITED WAY OF HALL COUNTY P.O. BOX 2656 GAINESVILLE, GA 30503	58-6011393	501(C)(3)	0.	5,000.			SPONSORSHIP
GLORY, HOPE, & LIFE 725 JESSE JEWELL PARKWAY GAINESVILLE, GA 30501	26-4134012	501(C)(3)	0.	5,000.			SPONSORSHIP

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV

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

PART I, LINE 2:

THE MAJORITY OF GRANTS ARE TO 501(C)(3) ORGANIZATIONS. BOARD APPROVAL IS

OBTAINED PRIOR TO DISBURSEMENT.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2017

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization: **NORTHEAST GEORGIA MEDICAL CENTER, INC.**
 Employer identification number: **58-1694098**

Part I Questions Regarding Compensation

- 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 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 type="checkbox"/> Tax indemnification 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 (such as, maid, chauffeur, chef) |

- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain **1b**
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? **2**

- 3** Indicate which, if any, of the following the 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** X
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** X
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** X
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization? **5a** X
- b** Any related organization? **5b** X
- If "Yes" on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization? **6a** X
- b** Any related organization? **6b** X
- If "Yes" on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7** X
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** X
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

	Yes	No
1b		
2		
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-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				
(1) TIM SCULLY, MD	0.	0.	0.	0.	0.	0.	0.
MEMBER, THC PHYSICIAN	361,260.	0.	18,000.	9,450.	25,316.	414,026.	0.
(2) BRIAN D. STEINES	0.	0.	0.	0.	0.	0.	0.
CHIEF FINANCIAL OFFICER - NGHS	275,952.	113,700.	5,597.	3,808.	11,824.	410,881.	0.
(3) CAROL BURRELL	0.	0.	0.	0.	0.	0.	0.
PRESIDENT & CEO	924,661.	256,500.	42,444.	903,153.	11,201.	2,137,959.	0.
(4) CHAD HATFIELD	0.	0.	0.	0.	0.	0.	0.
PRESIDENT - NGMC BARROW	206,868.	32,808.	715.	22,784.	16,680.	279,855.	0.
(5) CHRISTOPHER PARAVATE	0.	0.	0.	0.	0.	0.	0.
CHIEF INFORMATION OFFICER - NGHS	324,936.	57,179.	1,707.	49,180.	31,441.	464,443.	0.
(6) DANIEL TUFFY	0.	0.	0.	0.	0.	0.	0.
PRESIDENT OF PHYSICIAN SERVICES	146,590.	25,000.	764.	2,735.	11,360.	186,449.	0.
(7) DEBORAH WEBER	0.	0.	0.	0.	0.	0.	0.
CHIEF HUMAN RESOURCES OFFICER - NGHS	272,138.	45,112.	22,367.	43,824.	23,164.	406,605.	0.
(8) MELISSA TYMCHUK	0.	0.	0.	0.	0.	0.	0.
CHIEF OF STAFF, INTERIM MCF PRES.	147,021.	26,202.	22,313.	13,458.	21,032.	230,026.	0.
(9) SAMUEL JOHNSON, MD	0.	0.	0.	0.	0.	0.	0.
CHIEF MEDICAL OFFICER - NGHS	400,830.	124,013.	25,524.	60,095.	27,642.	638,104.	43,368.
(10) STEPHEN KELLY	0.	0.	0.	0.	0.	0.	0.
CHIEF COMPLIANCE OFFICER - NGHS	186,077.	35,158.	18,700.	33,725.	28,901.	302,561.	0.
(11) BRENDA SIMPSON	0.	0.	0.	0.	0.	0.	0.
CHIEF NURSING OFFICER - NGMC	306,266.	47,845.	7,088.	46,933.	23,195.	431,327.	0.
(12) JOHN WILLIAMSON	0.	0.	0.	0.	0.	0.	0.
PRES. NGMC - BRA & SOUTH. MKT. LDR.	324,282.	101,507.	20,620.	71,726.	28,014.	546,149.	31,614.
(13) LOUIS SMITH JR.	0.	0.	0.	0.	0.	0.	0.
PRES. - NGMC - SA/PA OPER.	548,909.	80,993.	21,047.	77,734.	31,865.	760,548.	0.
(14) TINA WALDEN	0.	0.	0.	0.	0.	0.	0.
VP OPERATIONS - NGPG	219,073.	36,002.	10,332.	60,760.	16,141.	342,308.	0.
(15) ELYSE GATES	0.	0.	0.	0.	0.	0.	0.
VP REVENUE CYCLE - NGHS	230,197.	41,494.	770.	32,203.	1,648.	306,312.	0.
(16) LINDA NICHOLSON	0.	0.	0.	0.	0.	0.	0.
VP CORP FIN REPORTING/CONTROLLER - N	213,424.	62,513.	15,587.	73,052.	29,220.	393,796.	20,457.

Schedule J (Form 990) 2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-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				
(17) ROY GRIFFIN, JR.	0.	0.	0.	0.	0.	0.	0.
VP FIN. PLAN. & DEC. SUPPORT - NGHHS	204,954.	40,198.	18,793.	35,607.	28,641.	328,193.	0.
(18) SONJA MCLENDON	0.	0.	0.	0.	0.	0.	0.
VP CHIEF OF OPER. EXCELLENCE - NGHHS	261,165.	79,080.	19,467.	43,749.	31,128.	434,589.	27,194.
(19) TRACY VARDEMAN	0.	0.	0.	0.	0.	0.	0.
VP STRATEGIC PLAN/MARKETING - NGHHS	290,446.	84,480.	22,609.	80,706.	19,705.	497,946.	25,611.
(20) HOWARD WALPOLE	0.	0.	0.	0.	0.	0.	0.
VP MEDICAL AFFAIRS - NGMC	315,662.	173,419.	25,521.	49,872.	18,899.	583,373.	0.
(21) JOHN DELZELL, JR.	0.	0.	0.	0.	0.	0.	0.
VP MEDICAL EDUCATION - NGMC	144,927.	20,000.	706.	2,046.	5,238.	172,917.	0.
(22) JOHN TURNER	0.	0.	0.	0.	0.	0.	0.
VP POST ACUTE CARE - NGMC	263,040.	42,830.	3,927.	41,850.	23,561.	375,208.	0.
(23) PENNY VIGNEAU	0.	0.	0.	0.	0.	0.	0.
VP HEART & VASCULAR SERV. - NGMC	235,109.	33,349.	1,819.	33,042.	7,266.	310,585.	0.
(24) TAD GOMEZ	0.	0.	0.	0.	0.	0.	0.
VP PROFES. SUP. SERVICES - NGMC	229,597.	38,674.	1,091.	24,324.	24,608.	318,294.	0.
(25) ALAN WILLS	0.	0.	0.	0.	0.	0.	0.
EXEC DIRECTOR - HEALTHCONNECTIONS	210,292.	26,822.	450.	7,151.	25,038.	269,753.	0.
(26) HAROLD LAW, JR.	0.	0.	0.	0.	0.	0.	0.
CHIEF TECHNOLOGY OFFICER	213,640.	23,840.	23,238.	8,938.	17,368.	287,024.	0.
(27) PRANAV JAIN	0.	0.	0.	0.	0.	0.	0.
CMIO	395,584.	35,617.	270.	9,450.	16,607.	457,528.	0.
(28) RANDALL MILLER	0.	0.	0.	0.	0.	0.	0.
CHIEF OF CLINICAL PHYSICS	263,467.	17,467.	990.	41,120.	8,408.	331,452.	0.
(29) RICHARD MATTHEUS	0.	0.	0.	0.	0.	0.	0.
CHIEF INFORMATION OFFICER - NGPG	210,453.	24,703.	9,136.	8,470.	28,685.	281,447.	0.
(30) ANTHONY HERDENER	0.	0.	0.	0.	0.	0.	0.
FORMER CFO - NGHHS, CURRENT EXEC CONS	423,126.	180,681.	31,759.	108,208.	20,136.	763,910.	0.
(31) JAMES BAILEY	0.	0.	0.	0.	0.	0.	0.
FMR. VP-CMIO/COO, CUR. NGPG PHYS.	446,688.	0.	28,124.	9,450.	12,605.	496,867.	0.
(32) DEBRA DUKE	0.	0.	0.	0.	0.	0.	0.
FORMER DIR. OF DIAGNOSTIC IMAGING	117,317.	0.	57,147.	26,664.	28,068.	229,196.	0.

Schedule J (Form 990) 2017

Part III Supplemental Information

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

PART I, LINES 4A-B:

PART I, LINE 4A - SEVERANCE

DEBRA DUKE, FORMER KEY EMPLOYEE, RECEIVED SEVERANCE IN THE AMOUNT OF

\$55,776 IN CALENDAR YEAR 2017. THIS AMOUNT WAS REPORTED IN PART II, COLUMN

B(III).

PART I, LINE 4B - EMPLOYER CONTRIBUTION TO 457(F) EXECUTIVE RETIREMENT

BENEFIT PLAN

TINA WALDEN \$ 26,879

ANTHONY M. HERDENER \$ 56,850

CAROL H. BURRELL \$ 851,311

CHAD HATFIELD \$ 18,359

CHRISTOPHER PARAVATE \$ 39,730

DEBORAH WEBER \$ 35,384

ELYSE GATES \$ 26,945

LINDA NICHOLSON \$ 26,321

ROY GRIFFIN, JR. \$ 26,684

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.

SAMUEL O. JOHNSON \$ 50,645

SONJA MCLENDON \$ 34,299

STEPHEN KELLY \$ 25,112

TRACY M. VARDEMAN \$ 37,246

BRENDA SIMPSON \$ 37,483

HOWARD T. WALPOLE \$ 40,422

JOHN TURNER \$ 32,401

JOHN A. WILLIAMSON \$ 41,258

LOUIS SMITH, JR. \$ 68,284

PENNY VIGNEAU \$ 28,322

TAD GOMEZ \$ 20,008

CAROL H. BURRELL, PRESIDENT AND CEO OF NORTHEAST GEORGIA HEALTH SYSTEM,

INC., BEGAN HER CAREER AT NORTHEAST GEORGIA HEALTH SYSTEM IN 1999. SHE WAS

PROMOTED TO PRESIDENT AND CEO IN JULY 2011. HER FIRST FULL YEAR AS CEO WAS

COMPLETED IN 2012 WHICH IS REFLECTED IN HER PAY AND DEFERRED COMPENSATION.

THE CONTRIBUTION TO THE 457(F) EXECUTIVE RETIREMENT PLAN ON HER BEHALF FOR

2017 (\$851,311) WAS COMPUTED BASED ON HER AGE, LENGTH OF EMPLOYMENT, AND

CURRENT POSITION WITH NORTHEAST GEORGIA HEALTH SYSTEM, INC. IN ADDITION,

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.

BEGINNING IN DECEMBER 2017, NORTHEAST GEORGIA HEALTH SYSTEM, INC. INVESTED IN A JOINTLY-OWNED SPLIT DOLLAR LIFE INSURANCE PLAN FOR MS. BURRELL. THE ASSET VALUE AS OF SEPTEMBER 30, 2018 IS \$3,377,206 AND IS REPORTED ON FORM 990, PART X, LINE 15, OTHER ASSETS.

EMPLOYER PAYMENT FROM 457(F) PLAN (INCLUDING VESTED EARNINGS ON PREVIOUSLY REPORTED COMPENSATION):

ANTHONY HERDENER \$ 56,850

TRACY M. VARDEMAN \$ 26,741

JOHN A. WILLIAMSON \$ 33,009

LINDA NICHOLSON \$ 21,360

SAMUEL O. JOHNSON \$ 45,282

SONJA MCLENDON \$ 28,394

HAROLD WALPOLE \$ 116,827

SCHEDULE K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, 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

2017
Open to Public Inspection

Name of the organization

NORTHEAST GEORGIA MEDICAL CENTER, INC.

Employer identification number
58-1694098

Part I Bond Issues SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS

(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) Pooled financing	
						Yes	No	Yes	No	Yes	No
THE HOSPITAL AUTHORITY OF HALL COUNTY AND THE CITY OF GAINESVILLE	58-6002388	362762KB1	02/18/10	311,522,031.	REFUND PRINCIPAL AND INTEREST OF SERIES 2007G					X	X
THE HOSPITAL AUTHORITY OF HALL COUNTY AND THE CITY OF GAINESVILLE	58-6002388	362762KS4	02/18/10	246,724,247.	REFUND PRINCIPAL AND INTEREST OF SERIES 2007G					X	X
THE HOSPITAL AUTHORITY OF HALL COUNTY AND THE CITY OF GAINESVILLE	58-6002388	NONEAVALL	08/26/11	46,625,000.	REFUND PRINCIPAL AND INTEREST OF SERIES 2008A					X	X
THE HOSPITAL AUTHORITY OF HALL COUNTY AND THE CITY OF GAINESVILLE	58-6002388	362762LE4	12/11/14	227,171,226.	PAY THE COST OF ISSUING 2014A, REFUND PORTION OF					X	X

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired								
2 Amount of bonds legally defeased		62,685,000.		27,175,000.				
3 Total proceeds of issue		306,081,501.		249,569,381.				227,214,996.
4 Gross proceeds in reserve funds		7,744,640.		5,060,433.				
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows				703.				46,625,000.
7 Issuance costs from proceeds								200,000.
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds		57,074,032.						88,715,198.
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion	2013		2013		2011		2017	
14 Were the bonds issued as part of a current refunding issue?	X		X		X		X	
15 Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16 Has the final allocation of proceeds been made?	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

SCHEDULE K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, 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

2017
Open to Public Inspection

Name of the organization

NORTHEAST GEORGIA MEDICAL CENTER, INC.

Employer identification number
58-1694098

Part I Bond Issues SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS

(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) Pooled financing		
						Yes	No	Yes	No	Yes	No	
THE HOSPITAL AUTHORITY OF HALL COUNTY AND THE CITY OF GAINESVILLE	58-6002388	362762LB0	12/11/14	135,500,000.	PAY THE COST OF ISSUING 2014B, REFUND PORTION OF					X		X
THE HOSPITAL AUTHORITY OF HALL COUNTY AND THE CITY OF GAINESVILLE	58-6002388	362762LT1	02/09/17	185,966,677.	PAY THE COST OF ISSUING 2017A, ADVANCE REFUND POR					X		X
THE HOSPITAL AUTHORITY OF HALL COUNTY AND THE CITY OF GAINESVILLE	58-6002388	362762MM5	02/09/17	160,203,063.	PAY THE COST OF ISSUING 2017B, ADVANCE REFUND POR					X		X
THE HOSPITAL AUTHORITY OF HALL COUNTY AND THE CITY OF GAINESVILLE	58-6002388	362762NV4	02/09/17	75,000,000.	PAY THE COST OF ISSUING 2017C, PAY OR REIMBURSE F					X		X

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue		135,503,243.		185,966,974.		160,203,280.		75,000,115.
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds		462,303.		573,363.		475,282.		327,853.
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds		71,006,069.						
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion	2017		2017		2017		2017	

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X			X		X		X
15 Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16 Has the final allocation of proceeds been made?	X			X		X		X
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			X		X		X

Part III Private Business Use

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

SCHEDULE K (Form 990)
 Department of the Treasury
 Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds
 Complete if the organization answered "Yes" on Form 990, Part IV, 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.

Name of the organization
 NORTHEAST GEORGIA MEDICAL CENTER, INC.
 Employer identification number
 58-1694098

Part I Bond Issues SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS

(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) Pooled financing	
						Yes	No	Yes	No	Yes	No
THE HOSPITAL AUTHORITY OF HALL A COUNTY AND THE CITY OF GAINESVILLE	58-6002388	NONE	02/09/17	75,000,000.	PAY THE COST OF ISSUING 2017D, PAY OR REIMBURSE F		X			X	X
B											
C											
D											

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue		75,171,934.						
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds		217,428.						
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds		42,953,556.						
11 Other spent proceeds								
12 Other unspent proceeds		32,000,950.						
13 Year of substantial completion								

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X						
15 Were the bonds issued as part of an advance refunding issue?		X						
16 Has the final allocation of proceeds been made?		X						
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?								
2 Are there any lease arrangements that may result in private business use of bond-financed property?	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 .....		.26 %		.26 %		.26 %		.26 %
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 .....		.01 %		.01 %		.01 %		.01 %
6 Total of lines 4 and 5 .....		.27 %		.27 %		.27 %		.27 %
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 non-governmental 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	
b Exception to rebate?						X		X
c No rebate due?						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	J. P. MORGAN		J. P. MORGAN		CITIBANK N.A.			
c Term of hedge	18,0000000		18,0000000		13,0000000			
d Was the hedge superintegrated?		X		X		X		X
e Was the hedge terminated?		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 .....		.26 %		.26 %		.26 %		.26 %
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 .....		.01 %		.01 %		.01 %		.01 %
6 Total of lines 4 and 5 .....		.27 %		.27 %		.27 %		.27 %
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 non-governmental 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 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							
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							
c Are there any research agreements that may result in private business use of bond-financed property?	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							
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 .....		.26	%			%		%
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 .....		.01	%			%		%
6 Total of lines 4 and 5 .....		.27	%			%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		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							

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						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X							
b Exception to rebate?		X						
c No rebate due?		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						
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		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 isn't available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions

SCHEDULE K, PART I, BOND ISSUES:								
(A) ISSUER NAME:								
THE HOSPITAL AUTHORITY OF HALL COUNTY AND THE CITY OF GAINESVILLE (2010A)								
(F) DESCRIPTION OF PURPOSE:								
REFUND PRINCIPAL AND INTEREST OF SERIES 2007G AND SERIES 2008B-H BONDS								
(A) ISSUER NAME:								
THE HOSPITAL AUTHORITY OF HALL COUNTY AND THE CITY OF GAINESVILLE (2010B)								
(F) DESCRIPTION OF PURPOSE:								
REFUND PRINCIPAL AND INTEREST OF SERIES 2007G AND SERIES 2008B-H BONDS								
(A) ISSUER NAME:								
THE HOSPITAL AUTHORITY OF HALL COUNTY AND THE CITY OF GAINESVILLE (2011A)								
(F) DESCRIPTION OF PURPOSE:								
REFUND PRINCIPAL AND INTEREST OF SERIES 2008A BOND								
(A) ISSUER NAME:								
THE HOSPITAL AUTHORITY OF HALL COUNTY AND THE CITY OF GAINESVILLE (2014A)								
(F) DESCRIPTION OF PURPOSE:								
PAY THE COST OF ISSUING 2014A, REFUND PORTION OF 2010B AND ALL OF 2012 BOND								
(A) ISSUER NAME:								
THE HOSPITAL AUTHORITY OF HALL COUNTY AND THE CITY OF GAINESVILLE (2014B)								
(F) DESCRIPTION OF PURPOSE:								

Part IV Arbitrage (Continued)

Table with columns A (Yes/No), B (Yes/No), C (Yes/No), and D (Yes/No). Rows include questions 5a, b, c, d, 6, and 7 regarding investment contracts and regulatory requirements.

Part V Procedures To Undertake Corrective Action

Table with columns A (Yes/No), B (Yes/No), C (Yes/No), and D (Yes/No). Row 7 asks about corrective action procedures for regulatory violations.

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions

Multiple horizontal lines provided for supplemental information input.

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						
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						
7 Has the organization established written procedures to monitor the requirements of section 148?	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 isn't available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME:

THE HOSPITAL AUTHORITY OF HALL COUNTY AND THE CITY OF GAINESVILLE (2010A)

(F) DESCRIPTION OF PURPOSE:

REFUND PRINCIPAL AND INTEREST OF SERIES 2007G AND SERIES 2008B-H BONDS

(A) ISSUER NAME:

THE HOSPITAL AUTHORITY OF HALL COUNTY AND THE CITY OF GAINESVILLE (2010B)

(F) DESCRIPTION OF PURPOSE:

REFUND PRINCIPAL AND INTEREST OF SERIES 2007G AND SERIES 2008B-H BONDS

(A) ISSUER NAME:

THE HOSPITAL AUTHORITY OF HALL COUNTY AND THE CITY OF GAINESVILLE (2011A)

(F) DESCRIPTION OF PURPOSE:

REFUND PRINCIPAL AND INTEREST OF SERIES 2008A BOND

(A) ISSUER NAME:

THE HOSPITAL AUTHORITY OF HALL COUNTY AND THE CITY OF GAINESVILLE (2014A)

(F) DESCRIPTION OF PURPOSE:

PAY THE COST OF ISSUING 2014A, REFUND PORTION OF 2010B AND ALL OF 2012 BOND

(A) ISSUER NAME:

THE HOSPITAL AUTHORITY OF HALL COUNTY AND THE CITY OF GAINESVILLE (2014B)

(F) DESCRIPTION OF PURPOSE:

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

PAY THE COST OF ISSUING 2014B, REFUND PORTION OF 2010A AND ALL OF 2012 BOND

(A) ISSUER NAME:

THE HOSPITAL AUTHORITY OF HALL COUNTY AND THE CITY OF GAINESVILLE (2017A)

(F) DESCRIPTION OF PURPOSE:

PAY THE COST OF ISSUING 2017A, ADVANCE REFUND PORTION OF 2010A

(A) ISSUER NAME:

THE HOSPITAL AUTHORITY OF HALL COUNTY AND THE CITY OF GAINESVILLE (2017B)

(F) DESCRIPTION OF PURPOSE:

PAY THE COST OF ISSUING 2017B, ADVANCE REFUND PORTION OF 2010B

(A) ISSUER NAME:

THE HOSPITAL AUTHORITY OF HALL COUNTY AND THE CITY OF GAINESVILLE (2017C)

(F) DESCRIPTION OF PURPOSE:

PAY THE COST OF ISSUING 2017C, PAY OR REIMBURSE FOR CAPITAL PROJECTS

(A) ISSUER NAME:

THE HOSPITAL AUTHORITY OF HALL COUNTY AND THE CITY OF GAINESVILLE (2017D)

(F) DESCRIPTION OF PURPOSE:

PAY THE COST OF ISSUING 2017D, PAY OR REIMBURSE FOR CAPITAL PROJECTS

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2017

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **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 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
JOHN DELZELL, J	VP MEDIC	SIGN-ON		X	20,000.	9,167.		X	X		X	
TAD GOMEZ	VP PROFE	SIGN-ON/		X	29,187.	4,867.		X	X		X	
Total						▶ \$	14,034.					

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

SEE PART V FOR CONTINUATIONS

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
AUNDREA STEVENS	AUNDREA STEVENS IS	91,458.	AUNDREA STE		X
BRADEE ADERHOLT	CAROL BURRELL, PRES	44,150.	BRADEE ADER		X
JAMES NICHOLSON	SON OF LINDA NICHOL	45,732.	JAMES NICHOLSON		X

Part V Supplemental Information

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

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: JOHN DELZELL, JR.

(B) RELATIONSHIP WITH ORGANIZATION: VP MEDICAL EDUCATION - NGMC

(C) PURPOSE OF LOAN: SIGN-ON ADVANCE UNDER WRITTEN PROMISSORY NOTE AND

APPLICABLE INTEREST

(A) NAME OF PERSON: TAD GOMEZ

(B) RELATIONSHIP WITH ORGANIZATION: VP PROFESSIONAL SUPPORT SERVICES -

NGMC

(C) PURPOSE OF LOAN: SIGN-ON/RELOCATION UNDER WRITTEN PROMISSORY NOTE AND

APPLICABLE INTEREST

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: AUNDREA STEVENS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

AUNDREA STEVENS IS SISTER TO JACK KEENER, BOARD MEMBER.

(C) AMOUNT OF TRANSACTION \$ 91,458.

(D) DESCRIPTION OF TRANSACTION: AUNDREA STEVENS IS EMPLOYED BY NORTHEAST

GEORGIA MEDICAL CENTER, INC.

(E) SHARING OF ORGANIZATION REVENUES? = NO

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(A) NAME OF PERSON: BRADEE ADERHOLT

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CAROL BURRELL, PRESIDENT & CEO, IS A FAMILY MEMBER OF BRADEE ADERHOLT.

(C) AMOUNT OF TRANSACTION \$ 44,150.

(D) DESCRIPTION OF TRANSACTION: BRADEE ADERHOLT IS EMPLOYED BY NORTHEAST

GEORGIA MEDICAL CENTER, INC.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JAMES NICHOLSON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SON OF LINDA NICHOLSON, OFFICER OF NGMC

(C) AMOUNT OF TRANSACTION \$ 45,732.

(D) DESCRIPTION OF TRANSACTION: JAMES NICHOLSON IS EMPLOYED BY NORTHEAST

GEORGIA MEDICAL CENER, INC.

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

NORTHEAST GEORGIA MEDICAL CENTER, INC.

Employer identification number

58-1694098

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

NORTHEAST GEORGIA HEALTH SYSTEM, INC., (NGHS) IS A GEORGIA,

NOT-FOR-PROFIT CORPORATION THAT PROVIDES HEALTHCARE SERVICES TO THE

RESIDENTS OF NORTHEAST GEORGIA PRIMARILY THROUGH THE OPERATION OF ITS

AFFILIATES INCLUDING NORTHEAST GEORGIA MEDICAL CENTER, INC. (NGMC),

WHICH IS ALSO A GEORGIA, NOT-FOR-PROFIT CORPORATION. NGMC OPERATES A

557-LICENSED BED INPATIENT FACILITY IN GAINESVILLE AND A 100-LICENSED

BED INPATIENT FACILITY IN BRASELTON. IN JANUARY 2017, NGHS ACQUIRED

NGMC BARROW, LLC (REFERRED TO AS "BARROW"), A 56-BED HOSPITAL LOCATED

IN WINDER. IN JULY 2018, NGHS ACQUIRED NGMC LUMPKIN (FORMERLY

CHESTATEE REGIONAL HOSPITAL), TO INCLUDE EMERGENCY SERVICES, 10

INPATIENT BEDS AND OTHER SUPPORT SERVICES IN DAHLONEGA AND SURROUNDING

COMMUNITIES.

TOGETHER, NGMC GAINESVILLE, BRASELTON AND BARROW PROVIDE A

COMPREHENSIVE RANGE OF ACUTE CARE AND SPECIALTY SERVICES AND SERVE THE

AREA'S LOW-INCOME, UNINSURED, UNDERINSURED AND OTHER VULNERABLE

POPULATIONS. NGMC GAINESVILLE SERVES AS THE REGIONAL SAFETY NET

HOSPITAL, WITH APPROXIMATELY HALF OF ITS PATIENTS COMING FROM OUTSIDE

OF HALL COUNTY. NGMC GAINESVILLE, BRASELTON AND BARROW REINVEST ALL

FUNDS IN EXCESS OF OPERATING EXPENSES INTO HEALTHCARE SERVICES FOR THE

COMMUNITY. NGHS RECEIVES NO TAX REVENUE FROM HALL OR OTHER COUNTIES

SERVED, AND SERVICES ARE FUNDED BY REVENUE GENERATED FROM OPERATIONS.

LOCATED IN GEORGIA'S FASTEST GROWING REGION, THE 68-YEAR-OLD HOSPITAL

NGMC GAINESVILLE HAS EXPANDED CONSIDERABLY IN RECENT YEARS TO MEET

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization NORTHEAST GEORGIA MEDICAL CENTER, INC.	Employer identification number 58-1694098
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DEMAND, INVESTING A QUARTER OF A BILLION DOLLARS TO UPDATE ITS AGING
 PLANT AND ANOTHER \$200 MILLION-PLUS TO BUILD THE NGMC BRASELTON CAMPUS
 AND EXPAND ITS SERVICES TO INCLUDE OBSTETRICS AND RADIATION THERAPY.
 IN ADDITION TO THIS, NGMC HAS INVESTED OVER \$7 MILLION IN BARROW,
 ADDING A VARIETY OF STATE-OF-THE-ART EQUIPMENT.

NGMC GAINESVILLE & BRASELTON
 NORTHEAST GEORGIA MEDICAL CENTER'S CANCER SERVICES IS THE ONLY PROGRAM
 IN GEORGIA AND ONE OF ONLY 24 PROGRAMS IN THE NATION TO RECEIVE THE
 2018 OUTSTANDING ACHIEVEMENT AWARD BY THE AMERICAN COLLEGE OF SURGEONS
 (ACS) COMMISSION ON CANCER (COC). NGMC HAS ALSO BEEN RECOGNIZED IN
 RECENT YEARS AS GEORGIA'S #1 HOSPITAL FOR OVERALL HOSPITAL CARE,
 OVERALL SURGICAL CARE, HEART CARE, ORTHOPEDIC SURGERY, WOMEN'S CARE AND
 MORE.

IN 2018, NGMC GAINESVILLE AND BRASELTON PROVIDED CHARITY CARE TO HALL
 COUNTY RESIDENTS AT A COST OF \$23.3 MILLION WITH ANOTHER \$22.4 MILLION
 TO REGIONAL RESIDENTS OUTSIDE OF HALL COUNTY. NGMC RECEIVES NO LOCAL
 TAX REVENUE FROM HALL COUNTY, OR ANY OTHER COUNTIES, TO SUPPORT
 OPERATIONS OR CARE PROVIDED TO INDIGENT RESIDENTS. NGMC'S CHARITY CARE
 POLICY PROVIDES FINANCIAL ASSISTANCE UP TO 300 PERCENT OF THE POVERTY
 LEVEL MANY HOSPITALS PROVIDE CHARITY ADJUSTMENTS ONLY TO THE LEVEL
 THAT MATCHES THE STATE DEFINITION OF MEDICALLY INDIGENT BUT NOT AT THE
 LEVEL THAT NGMC OFFERS.

THE HOSPITAL IS A KEY PARTICIPANT AND FISCAL SPONSOR IN PROGRAMS AIMED
 AT TREATING LOW-INCOME AND UNINSURED PATIENTS, INCLUDING THE GOOD NEWS
 CLINICS, THE LARGEST FREE HEALTH CARE CLINIC IN GEORGIA, AND HEALTH

Name of the organization NORTHEAST GEORGIA MEDICAL CENTER, INC.	Employer identification number 58-1694098
--	--

ACCESS, A LOCAL SERVICE THAT MATCHES FINANCIALLY ELIGIBLE PATIENTS TO SPECIALTY PHYSICIANS AND PROVIDES ACCESS TO CARE, AMONG OTHER SERVICES.

ADDITIONALLY:

- SINCE 2000, NGMC GAINESVILLE HAS PROVIDED NEARLY THREE TIMES THE AMOUNT OF INDIGENT AND CHARITY CARE SET FORTH IN REQUIREMENTS BY THE GEORGIA DEPARTMENT OF COMMUNITY HEALTH FOR SUCCESSFUL PASSAGE OF A CERTIFICATE OF NEED FOR NEW SERVICES, AND, UNLIKE MANY GEORGIA NOT-FOR-PROFIT HOSPITALS HELD TO THE SAME REQUIREMENTS, NGMC DOES NOT RECEIVE TAX FUNDING FROM ITS LOCAL COUNTY TO HELP FUND INDIGENT CARE TO AREA RESIDENTS.

- NGMC IS THE PRIMARY HOSPITAL FOR LOW-INCOME PATIENTS IN GAINESVILLE-HALL COUNTY AND THROUGHOUT THE REGION IN COUNTIES SUCH AS BANKS, LUMPKIN, RABUN, UNION AND WHITE, WHERE MANY KEY MEDICAL SPECIALTIES ARE NOT AVAILABLE.

- NGMC GAINESVILLE IS NUMBER 3 IN TOP HOSPITALS FOR NET UNCOMPENSATED CARE (\$63.2 M) PROVIDED IN GA BASED ON SFY 2018 ICTF TOTAL HOSPITAL SPECIFIC DSH LIMITS; MANY OF THE HOSPITALS ON THE LIST RECEIVED LOCAL TAX DOLLARS, WHILE NGMC DID NOT, (SFY (STATE FISCAL YEAR) RUNS FROM JULY 1- JUNE 30).

NGMC SERVES AS A FINANCIAL ENGINE FOR THE LOCAL ECONOMY. IN 2017 (LATEST NUMBERS AVAILABLE), NGMC GAINESVILLE AND BRASELTON CAMPUSES SURPASSED THE \$1.8 BILLION MARK IN LOCAL AND STATE ECONOMIC IMPACT, ACCORDING TO A REPORT BY THE GEORGIA HOSPITAL ASSOCIATION, WHICH APPLIED AN ECONOMIC MULTIPLIER TO THE HOSPITAL'S DIRECT EXPENDITURES TO

Name of the organization NORTHEAST GEORGIA MEDICAL CENTER, INC.	Employer identification number 58-1694098
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ACCOUNT FOR THE "RIPPLE" EFFECT THE HOSPITAL'S SPENDING HAS ON OTHER
 SECTORS OF THE LOCAL AND STATE ECONOMIES. THE REPORT FOUND THAT
 THROUGH ITS ECONOMIC IMPACT, NGMC SUSTAINED MORE THAN 13,800 FULL-TIME
 JOBS THROUGHOUT THE REGION AND THE STATE IN ADDITION TO 5,600 FULL TIME
 EMPLOYEES.

UNDER IRS LAW, A TAX-EXEMPT ORGANIZATION, CLASSIFIED AS A 501(C)(3)
 CHARITY, IS REQUIRED TO: HAVE A MISSION THAT WILL BENEFIT ITS
 COMMUNITY; REINVEST ALL SURPLUS FUNDS IN THE ORGANIZATION IN A WAY THAT
 BENEFITS THE COMMUNITY; COMPENSATE EXECUTIVES, CONTRACTORS AND OTHER
 EMPLOYEES IN ACCORDANCE TO FAIR MARKET VALUE; REMAIN ACCOUNTABLE TO THE
 COMMUNITY; REFRAIN FROM PARTICIPATING IN POLITICAL CAMPAIGNS FOR OR
 AGAINST CANDIDATES AND/OR LOBBY AS A SUBSTANTIAL PART OF ITS
 ACTIVITIES; AND, REMAIN FINANCIALLY ACCOUNTABLE TO THE COMMUNITY BY NOT
 ALLOWING ANY PORTION OF ITS NET EARNINGS TO BENEFIT ANY PRIVATE
 SHAREHOLDER OR INDIVIDUAL.

AS A NOT-FOR-PROFIT HOSPITAL, NGMC CARRIES ADDITIONAL RESPONSIBILITIES,
 AS ESTABLISHED BY THE IRS IN 1965:

OPERATE A FULL-TIME EMERGENCY ROOM THAT IS AVAILABLE TO ALL PEOPLE,
 REGARDLESS OF THEIR ABILITY TO PAY;

- NGMC GAINESVILLE HAD 105,571 ER VISITS, OPERATING THE FOURTH BUSIEST
 EMERGENCY DEPARTMENT IN GEORGIA.

- IN FY18, 21% OF ALL NGMC GAINESVILLE AND BRASELTON EMERGENCY ROOM
 VISITS WERE MADE BY SELF-PAY PATIENTS;

Name of the organization NORTHEAST GEORGIA MEDICAL CENTER, INC.	Employer identification number 58-1694098
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PROVIDE NON-EMERGENCY SERVICES TO ANYONE ABLE TO PAY, AND MEDICALLY NECESSARY SERVICES TO ANYONE IN THE NGHS SERVICE AREA NOT ABLE TO PAY;

- NORTHEAST GEORGIA HEALTH SYSTEM PROVIDES HIGH QUALITY, ADVANCED SPECIALTY AND PRIMARY HEALTHCARE SERVICES TO THE NORTHEAST GEORGIA COMMUNITY, SERVING 1 MILLION PEOPLE IN MORE THAN 18 COUNTIES. IN FY18, NGMC'S PAYOR MIX AT GAINESVILLE AND BRASELTON WAS 60% MEDICARE/MEDICAID, 29% COMMERCIAL INSURANCE AND 8% SELF-PAY.

PARTICIPATE IN MEDICAID AND MEDICARE;

- 60% OF PATIENTS SERVED BY NGMC GAINESVILLE AND BRASELTON IN FY18 WERE MEDICAID AND MEDICARE PATIENTS;

CREATE A 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 700 PHYSICIANS REPRESENTING NUMEROUS ADVANCED SPECIALTIES SUCH AS GYNECOLOGIC ONCOLOGY, ELECTROPHYSIOLOGY, CARDIAC SURGERY, CRITICAL CARE MEDICINE, SURGICAL TRAUMA, NEONATOLOGY,

Name of the organization NORTHEAST GEORGIA MEDICAL CENTER, INC.	Employer identification number 58-1694098
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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 CONSTRUCTION OF NEW MEDICAL FACILITIES, SUCH AS THE HOSPITAL IN BRASELTON OFFERING 24/7 EMERGENCY ROOM SERVICES NOT PREVIOUSLY AVAILABLE TO LOCAL RESIDENTS; INVESTMENTS IN ADVANCED MEDICAL TECHNOLOGY SUCH AS ROBOTIC SURGICAL SYSTEMS AND STATE OF THE ART RADIATION THERAPY EQUIPMENT; AND DEVELOPMENT OF A LEVEL 2 TRAUMA CENTER.

NGMC PARTICIPATES IN THE INDIGENT CARE TRUST FUND (ICTF), A PROGRAM ESTABLISHED IN 1990, WHICH EXPANDS MEDICAID ELIGIBILITY AND SERVICES, 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 2018, NGMC RECEIVED \$8.8 MILLION IN NET FUNDS ALLOCATED THROUGH THE MEDICAID DSH (ICTF) PROGRAM TO PARTIALLY OFFSET A FINANCIAL LOSS OF \$63.2 MILLION IN COST THE MEDICAL CENTER INCURRED TREATING UNINSURED AND MEDICAID PATIENTS. IN ADDITION, NGMC RECEIVED \$10.1 MILLION IN NET FUNDS ALLOCATED THROUGH THE MEDICAID UPL PROGRAM TO ADJUST MEDICAID

Name of the organization NORTHEAST GEORGIA MEDICAL CENTER, INC.	Employer identification number 58-1694098
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PAYMENTS UPWARD TO MATCH MEDICARE PAYMENT LEVELS.

NGMC GAINESVILLE AND BRASELTON VALUE COOPERATIVE EFFORTS WITH COMMUNITY

ORGANIZATIONS AND OTHER HEALTHCARE PROVIDERS TO IMPROVE THE HEALTH

STATUS OF AREA RESIDENTS. THIS IS DEMONSTRATED THROUGH MANY

PARTNERSHIPS RANGING FROM SERVING AS LEAD AGENCY OF SAFE KIDS

GAINESVILLE/HALL COUNTY, TO PARTNERING WITH OTHER ORGANIZATIONS SUCH AS

GOOD NEWS CLINICS AND THE PUBLIC HEALTH DEPARTMENT TO REACH AT-RISK

POPULATIONS IN NEED OF HEALTH CARE.

IN FY18, NGMC GAINESVILLE AND BRASELTON PROVIDED OVER \$8 MILLION IN

COMMUNITY BENEFIT PROGRAMS/OUTREACH. HEALTH EDUCATION WAS PROVIDED

THROUGH FREE COMMUNITY LECTURES, HEALTH SCREENINGS, AND VARIOUS SUPPORT

GROUPS. NGMC ALSO OFFERED MANY COMMUNITY EDUCATION SEMINARS FOR HEALTH

PROFESSIONALS IN THE COMMUNITY, REGION AND STATE, AS WELL AS FOR

STUDENTS PURSUING CAREERS IN HEALTH. IN ADDITION, NGMC PROVIDED

SUPPORT TO OTHER LOCAL NON-PROFIT ORGANIZATIONS THAT SERVE THE

COMMUNITY.

WHAT DRIVES NGMC'S COMMUNITY HEALTH IMPROVEMENT ACTIVITIES?

NGMC, WITH INPUT FROM THE COMMUNITY, COMPLETED A COMMUNITY HEALTH NEEDS

ASSESSMENT (CHNA) IN 2016. THE ASSESSMENT FOCUSED MAINLY ON THE NEEDS

OF THE COMMUNITY'S MOST VULNERABLE POPULATIONS, PARTICULARLY THOSE WITH

LOW-INCOMES WHO ARE UNINSURED. INPUT FROM THE COMMUNITY WAS GATHERED

THROUGH FOCUS GROUPS AND INTERVIEWS. THE STUDY CULMINATED IN THE

IDENTIFICATION OF THE FOLLOWING 5 PRIORITY HEALTH NEEDS ACROSS THE

REGION: SEPTICEMIA, ACCESS TO CARE, DIABETES, CANCER AND INJURY.

THE 5 HEALTH PRIORITIES FIT HAND-IN-GLOVE WITH THE STRATEGIC DIRECTION

Name of the organization NORTHEAST GEORGIA MEDICAL CENTER, INC.	Employer identification number 58-1694098
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OF THE ORGANIZATION.

MENTAL AND BEHAVIORAL HEALTH IS A PRIORITY FOR NGMC. A LISTENING SESSION WAS HELD WITH OVER 60 STAKEHOLDERS IN THE COMMUNITY, RANGING FROM BEHAVIORAL HEALTH COUNSELING AGENCIES, TO SCHOOLS AND BUSINESSES. FROM THIS, A STEERING COMMITTEE EMERGED THAT IS BEING HOUSED UNDER UNITED WAY'S ONE HALL. WITHIN THE ONE HALL FRAMEWORK, THE STEERING COMMITTEE IS WORKING BETTER TO COORDINATE MENTAL HEALTH SERVICES IN NORTHEAST GEORGIA THROUGH NEW FORMS OF CONNECTIVITY WHICH WILL INCLUDE A SHARED PLATFORM AND NAVIGATION SYSTEM, PROVIDING MENTAL HEALTH FIRST AID TRAINING TO TARGETED AUDIENCES, AND COLLABORATION.

PROCEEDS FROM THE 2019 MEDICAL CENTER OPEN WILL GO TOWARD A STUDENT SUCCESS CENTER LOCATED ON THE CAMPUS OF GAINESVILLE HIGH SCHOOL AND WILL BE AVAILABLE TO STUDENTS THROUGHOUT HALL COUNTY. THE CENTER WILL ADDRESS ACADEMIC AND WORKFORCE DEVELOPMENT WHILE ALSO INCREASING ACCESS, COLLABORATION AND EDUCATION REGARDING MENTAL AND BEHAVIORAL HEALTH SUPPORTS.

NGMC'S EMERGENCY DEPARTMENTS HAVE PARTNERED WITH THE GEORGIA COUNCIL ON SUBSTANCE ABUSE TO IMPLEMENT THE ED-CARES (CERTIFIED ADDICTION RECOVERY SPECIALISTS) PROGRAM WHICH CONNECTS PEOPLE WHO HAVE BEEN ADMITTED TO EMERGENCY ROOMS FOR AN OPIOID-RELATED OVERDOSE WITH TRAINED PEER RECOVERY COACHES WHO PLAY AN IMPORTANT ROLE IN HELPING PEOPLE AVOID ANOTHER OVERDOSE AND ENCOURAGING THEM TO SEEK TREATMENT. NGMC IS THE ONLY HOSPITAL SYSTEM IN GEORGIA TO PROVIDE THIS SUPPORT, WHICH IS PROVIDED IN ALL THREE EMERGENCY DEPARTMENTS (AT GAINESVILLE, BRASELTON AND BARROW).

Name of the organization NORTHEAST GEORGIA MEDICAL CENTER, INC.	Employer identification number 58-1694098
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NGMC IS THE FIRST IN THE NATION TO OFFER THE CARES PROGRAM IN ITS NEONATAL INTENSIVE CARE UNITS (NICUS) TO HELP FAMILIES OF BABIES BORN WITH NEONATAL ABSTINENCE SYNDROME (NAS) FIND A PATH TO RECOVERY. NGMC ALSO HAS DEDICATED NICU STAFF EDUCATING THE FAMILIES ON HOW TO CARE FOR THEIR INFANT WITH NAS.

FOR MORE INFORMATION ABOUT PROGRESS ON THESE AND OTHER HEALTH PRIORITIES, GO TO WWW.NGHS.COM/CHNA-OUTCOME.

THE FOLLOWING CONTAINS ADDITIONAL HIGHLIGHTS OF COMMUNITY BENEFIT ACTIVITIES PROVIDED BY NGMC IN FY18, OFTEN PARTNERING WITH OTHER ORGANIZATIONS AND INDIVIDUALS IN THE COMMUNITY:

PARTNERING TO REACH THE UNINSURED NGMC WORKS COOPERATIVELY WITH OTHER AREA HEALTHCARE PROVIDERS TO CARE FOR AREA RESIDENTS, PARTICULARLY THE INDIGENT POPULATION. PARTNERS INCLUDE, BUT ARE NOT LIMITED TO, NGMC, THE NORTHEAST GEORGIA PHYSICIANS GROUP (NGPG) PRIMARY CARE CLINIC AT HALL COUNTY HEALTH DEPARTMENT, THE LONGSTREET CLINIC, MEDLINK (FEDERALLY QUALIFIED HEALTH CENTER), AREA PHYSICIANS AND INDIGENT CLINICS SUCH AS GOOD NEWS CLINICS IN GAINESVILLE AND GOOD SHEPHERD CLINIC OF DAWSON COUNTY.

GOOD NEWS CLINICS (GNC): NGMC PROVIDES FUNDING TO GNC (THE LARGEST FREE CLINIC IN GEORGIA) THAT HELPS PROVIDE MEDICATIONS, MEDICAL SUPPLIES AND OTHER SUPPORT. FOUNDED IN 1992, GNC IS A CHRISTIAN MINISTRY THAT PROVIDES MEDICAL AND DENTAL CARE TO THE INDIGENT AND UNINSURED POPULATION AT NO CHARGE. THIRTY-NINE PHYSICIANS, 5 MID-LEVEL PROVIDERS, 43 DENTISTS AND ONE DENTAL HYGIENIST VOLUNTEER TO TREAT

Name of the organization NORTHEAST GEORGIA MEDICAL CENTER, INC.	Employer identification number 58-1694098
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PATIENTS AT GNC. IN ADDITION, 256 SPECIALIST PHYSICIANS VOLUNTEER TO TREAT PATIENTS IN THEIR OFFICES THROUGH HEALTH ACCESS INITIATIVE. IN FY18, OVER \$560,000 WAS DONATED TO HELP GNC PROVIDE CARE TO INDIGENT PATIENTS WHO WERE AT OR BELOW 150% OF THE FEDERAL POVERTY GUIDELINES AND DID NOT QUALIFY FOR OTHER PROGRAMS. TO PROVIDE INTEGRATION BETWEEN GNC, NGHS, AND OTHER PROVIDERS IN THE COMMUNITY, NGMC IS WORKING TO HELP SUPPORT THE IMPLEMENTATION OF A HIGH-LEVEL ELECTRONIC MEDICAL RECORD SYSTEM TO IMPROVE COORDINATION OF CARE AND OUTCOMES FOR THIS VULNERABLE PATIENT POPULATION.

EVA JOHNSON, NGMC NURSE PRACTITIONER AND HEART FAILURE DISEASE MANAGER, HELPED ESTABLISH AND NOW RUNS THE HEART FAILURE CLINIC AT GNC. EVA HAS WORKED WITH GOOD NEWS CLINIC TO SUCCESSFULLY APPLY FOR GRANTS THAT AWARDED FUNDING FOR MEDICATIONS, BLOOD PRESSURE CUFFS AND SCALES FOR PATIENTS IN THE HEART FAILURE CLINIC. THIS PROJECT HAS BEEN EXTREMELY SUCCESSFUL, HOLDING THE 30-DAY HOSPITAL READMISSIONS TO ONE PATIENT IN 2018. DUE TO THE SUCCESS OF THE GOOD NEWS CLINICS HEART FAILURE CLINIC, EVA WAS GIVEN BRENAU UNIVERSITY'S MASTERS IN THE ART OF NURSING - HEALERS AMONG US AWARD IN FEBRUARY, 2018.

NGPG PRIMARY CARE CLINIC AT THE HALL COUNTY HEALTH DEPARTMENT: NGMC FUNDS AND STAFFS A PRIMARY CARE CLINIC AT THE HALL COUNTY HEALTH DEPARTMENT TO IMPROVE ACCESS TO PRIMARY HEALTHCARE SERVICES FOR LOW-INCOME PEOPLE IN OUR COMMUNITY. IN FY18, NGMC CONTRIBUTED \$938,386 TO PROVIDE THIS CLINIC.

PRENATAL CARE PROGRAM AT THE HEALTH DEPARTMENT: NGMC, THE LONGSTREET CLINIC, AND HALL COUNTY HEALTH DEPARTMENT PARTNER TO IMPROVE BIRTH

Name of the organization NORTHEAST GEORGIA MEDICAL CENTER, INC.	Employer identification number 58-1694098
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OUTCOMES BY INCREASING EARLY PRENATAL CARE FOR LOW-INCOME, UNINSURED AND UNDER-INSURED PREGNANT WOMEN VIA THE HEALTH DEPARTMENT'S PRIMARY CARE CLINIC. YEARLY SUPPORT FROM NGMC IS APPROXIMATELY \$200,000.

INDIGENT PATIENT FUND: AT NGMC, FINANCIAL ASSISTANCE IS PROVIDED FOR INDIGENT PATIENTS TO OBTAIN URGENTLY NEEDED DISCHARGE MEDICATIONS AND TRANSPORTATION. INDIVIDUALS ELIGIBLE FOR THESE FUNDS ARE PATIENTS WHOSE NEEDS CANNOT BE MET THROUGH PRIMARY INSURANCE, THEIR OWN PERSONAL FUNDS, GOVERNMENT PROGRAMS OR OTHER CHARITABLE SERVICES. THIS HELPS TO ENSURE MEDICATION COMPLIANCE AND MAXIMIZE CONDITIONS FOR RECOVERY AND RECUPERATION. THE MEDICAL CENTER FOUNDATION PROVIDES FUNDING FOR THIS.

CHARITY CARE: NGMC'S CHARITY CARE POLICY REMOVES BARRIERS FOR LOW-INCOME POPULATIONS WITHIN OUR SERVICE AREA BEGINNING WITH FREE, MEDICALLY NECESSARY CARE FOR PATIENTS WHOSE GROSS FAMILY INCOME IS 0 TO 150% OF THE FEDERAL POVERTY LEVEL (FPL) ADJUSTED FOR FAMILY SIZE. FURTHER, PATIENTS FROM OUR SERVICE AREA, WHOSE FPL IS FROM 151 TO 300%, MAY QUALIFY FOR AN ADJUSTMENT EQUIVALENT TO THE HOSPITAL'S MEDICARE REIMBURSEMENT RATE PLUS AN ADDITIONAL 40% DISCOUNT TO THE MEDICARE REIMBURSEMENT RATE.

TOTAL CHARITY CARE COST FOR FY18: \$23.3 MILLION FOR HALL COUNTY WITH ANOTHER \$22.4 MILLION FOR REGIONAL RESIDENTS OUTSIDE OF HALL COUNTY.

FINANCIAL NAVIGATORS: NGMC HAS FINANCIAL ASSISTANCE COUNSELORS WHO HELP PATIENTS BECOME INSURED, BE IT THROUGH MEDICAID, PEACHCARE OR OTHER PROGRAMS. THIS TEAM FOCUSES ON BEING ADVOCATES FOR UNINSURED AND UNDER-INSURED PATIENTS, AIDING THEM IN FINDING VIABLE MEANS TO ACCESS

Name of the organization NORTHEAST GEORGIA MEDICAL CENTER, INC.	Employer identification number 58-1694098
--	--

CARE. THEY FIND THE BEST SOLUTIONS FOR HELPING PATIENTS APPLY FOR MEDICAID OR DISABILITY, ACCESSING HEALTHCARE EXCHANGES OR PROCESSING CHARITY APPLICATIONS WHEN APPROPRIATE.

PATIENT NAVIGATORS
NGMC HAS A CANCER PATIENT NAVIGATION PROGRAM TO PROVIDE CANCER PATIENTS WITH GUIDANCE THROUGHOUT THEIR CANCER JOURNEY, AND THEY ARE SEEN AS A "LIVING RESOURCE DIRECTORY" FOR PATIENTS.

CLINICAL RESEARCH
NGMC'S OFFICE OF RESEARCH IS RESPONSIBLE FOR OVERSEEING THE QUALITY, SCIENTIFIC INTEGRITY, ACADEMIC IMPACT, REGULATORY COMPLIANCE AND FINANCIAL RESPONSIBILITY OF CLINICAL HUMAN SUBJECT RESEARCH CONDUCTED AT NGHS. IN FY18, NGMC HAD AN AVERAGE OF 35 CLINICAL TRIAL RESEARCH STUDIES AVAILABLE TO PATIENTS IN THE COMMUNITY AND ENROLLED APPROXIMATELY 250 PATIENTS INTO CLINICAL TRIALS. CANCER STUDIES COVER THE SPECTRUM OF BREAST, LUNG, COLON, PROSTATE, BLADDER AND THYROID CANCERS, AND STUDIES IN CARDIOLOGY INCLUDE INNOVATIVE THERAPIES AND DEVICES FOR USE IN TREATING CARDIOVASCULAR DISEASE. RESEARCH IMPACTS THE STANDARD OF CARE, IMPROVING THE CARE THAT PATIENTS RECEIVE. NGMC'S ONCOLOGY RESEARCH PROGRAM, THROUGH THE GEORGIA NCORP (NATIONAL CANCER INSTITUTE COMMUNITY ONCOLOGY RESEARCH PROGRAM), RECEIVED RECOGNITION AS A HIGH PERFORMING RESEARCH SITE MEMBER. GEORGIA NCORP PROVIDES GEORGIANS WITH ACCESS TO STATE-OF-THE-ART CANCER PREVENTION, SCREENING, CONTROL, TREATMENT AND POST TREATMENT TRIALS IN 41 LOCATIONS THROUGHOUT THE STATE. NGMC WAS RECOGNIZED FOR RESULTS IN MEETING OR EXCEEDING GOALS FOR PROVIDING PATIENTS ACCESS TO CANCER RESEARCH TRIALS. NGMC'S CARDIOLOGY RESEARCH PROGRAM WAS RECOGNIZED BY MAJOR SPONSORS AS A TOP

Name of the organization NORTHEAST GEORGIA MEDICAL CENTER, INC.	Employer identification number 58-1694098
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ENROLLING SITE THROUGH PARTICIPATION IN PHARMACEUTICAL AND DEVICE
 CLINICAL TRIALS IN CARDIOLOGY WITH OUTCOMES THAT HAVE THE POTENTIAL TO
 IMPROVE STANDARD OF CARE FOR PATIENTS THROUGHOUT THE U.S. AND AROUND
 THE WORLD.

PARTNERING IN THE COMMUNITY
 NGMC VOLUNTEERS: IN FY18, 758 NGMC VOLUNTEERS CONTRIBUTED 69,655
 VOLUNTEER HOURS, EQUIVALENT TO 41 FULL TIME EMPLOYEES AND A VALUE OF
 OVER \$1.7 MILLION TO THE ORGANIZATION (INCLUSIVE OF GAINESVILLE,
 BRASELTON AND 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. 118 TEENS PARTICIPATED IN
 THE TEEN VOLUNTEER PROGRAM IN 2018. THE TEENS REPRESENTED 29 DIFFERENT
 SCHOOLS WITHIN THE AREA.

PARTNERSHIP FOR A DRUG FREE HALL (DFH): AT NGMC, THE NUMBER OF OPIATE
 OVERDOSE PATIENTS ARRIVING IN THE EMERGENCY DEPARTMENTS HAS INCREASED
 FROM 281 PATIENTS IN 2015 TO 696 IN 2016. HALL COUNTY'S RESPONSE TO
 THE OPIOID EPIDEMIC IS THE COLLABORATIVE PARTNERSHIP FOR A DRUG FREE
 HALL (DFH). MODELED AFTER A PARTNERSHIP FORMED IN GWINNETT COUNTY LED
 BY SENATOR RENEE UNTERMAN, SHE, ALONG WITH DEB BAILEY, EXECUTIVE
 DIRECTOR OF GOVERNMENTAL AFFAIRS AT NGHS, DALLAS GAY, FORMER NGHS BOARD
 MEMBER, AND JUDY BROWNELL, DIRECTOR OF PREVENTION AT CENTER POINT,
 PULLED TOGETHER A DIVERSE GROUP OF AGENCIES IN HALL COUNTY TO FORM THIS
 PARTNERSHIP. DFH IS DEDICATED TO PROVIDING THE PEOPLE OF HALL COUNTY
 WITH INFORMATION, RESOURCES AND ACTIONS TO ADDRESS DRUG ABUSE. THE DFH
 NOT MY FAMILY FORUMS FOR AWARENESS AND EDUCATION TARGETED FAMILIES,
 EDUCATING OVER 745 PEOPLE LIVE IN GAINESVILLE. ADDITIONAL RESOURCES,

Name of the organization NORTHEAST GEORGIA MEDICAL CENTER, INC.	Employer identification number 58-1694098
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SUCH AS, FORUM RECORDINGS, PARENT SUPPORT GROUP INFORMATION AND MORE

CAN BE FOUND AT HTTP://DRUGFREEHALL.ORG. VISIT

HTTP://OPIOIDOVERDOSERESCUE.COM TO COMPLETE THE VIDEO TRAINING ON 3

STEPS TO SAVE A LIFE.

FALLS PREVENTION EXPO/ GETTING OLDER & BETTER WORKSHOP: THE 2018 FALLS

PREVENTION EXPO WAS HELD JOINTLY WITH THE GETTING OLDER & BETTER

WORKSHOP, SPONSORED BY THE MEDICAL CENTER AUXILIARY, AND PROVIDED BY

BRENAU UNIVERSITY IVESTER COLLEGE OF HEALTH SCIENCES, LEGACY LINK AREA

AGENCY ON AGING, AND TRAUMA & ACUTE CARE SERVICES OF NORTHEAST GEORGIA

MEDICAL CENTER (A SUBGROUP OF THE NORTHEAST GEORGIA FALLS COALITION).

ABOUT 200 SENIORS AND CAREGIVERS ATTENDED ON FRIDAY, SEPTEMBER 21, 2018

AT THE GAINESVILLE CIVIC CENTER WHERE THEY PARTICIPATED IN EXERCISE

DEMONSTRATIONS, SCREENINGS, AND GROUP-FACILITATED EDUCATION PROVIDED BY

MANY COMMUNITY ORGANIZATIONS THAT VOLUNTEERED THEIR SERVICES.

NGMC PARTNERED WITH LEGACY LINK AREA AGENCY ON AGING AND STEPHENS

COUNTY SENIOR CENTER TO PROVIDE FALL PREVENTION EDUCATION CLASSES.

ADDITIONALLY, NGMC'S TRAUMA OUTREACH COORDINATOR TRAVELED ON ROUTE WITH

MEALS ON WHEELS PROVIDING ONE-ON-ONE AWARENESS AND RESOURCES ABOUT

FALLS TO STEPHENS COUNTY RESIDENTS.

READ LEARN SUCCEED: IN AN EFFORT TO IMPROVE SCHOOL READINESS AND

LITERACY FOR OUR COMMUNITY'S CHILDREN, NGMC PARTNERED WITH THE UNITED

WAY OF HALL COUNTY'S READ LEARN SUCCEED INITIATIVE TO PRODUCE A

CHILDREN'S BOOK. PRINTED IN ENGLISH AND SPANISH, "WELCOME TO THE

WORLD," PROVIDES EDUCATION ABOUT THE IMPORTANCE OF READING TO CHILDREN

EVERY DAY, FOR AT LEAST 15 MINUTES, STARTING AT BIRTH. THE BOOK ALSO

Name of the organization NORTHEAST GEORGIA MEDICAL CENTER, INC.	Employer identification number 58-1694098
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INCLUDES KEEPSAKE PAGES FOR BABY'S FIRST FOOTPRINTS AND HANDPRINTS.

FUNDED BY THE MEDICAL CENTER AUXILIARY, 4,625 COPIES IN ENGLISH AND

1,125 IN SPANISH WERE DISTRIBUTED FOR ALL BABIES BORN AT NGMC

GAINESVILLE AND NGMC BRASELTON.

NGMC IS ACTIVELY INVOLVED IN VISION 2030 (WWW.VISION2030.ORG), A

COMMUNITY-WIDE PROGRAM SPONSORED BY THE GREATER HALL CHAMBER OF

COMMERCE. AN NGMC EMPLOYEE CURRENTLY SERVES ON THE BOARD OF VISION 2030

WHICH FOCUSES ON THE CREATION OF A CULTURE OF COMMUNITY WELLNESS, THE

SUPPORT AND MAINTENANCE OF LIFELONG LEARNING, THE BUILDING OF AN

ECONOMY AROUND EMERGING LIFE SCIENCES, THE ENCOURAGEMENT OF INNOVATIVE

GROWTH/INFRASTRUCTURE DEVELOPMENT AND THE PROMOTION OF CULTURAL

INTEGRATION.

NGMC IS ALSO AN ACTIVE PARTNER ON OTHER CHAMBER COMMITTEES SUCH AS THE

HEALTHCARE COMMITTEE AND THE HEALTH INITIATIVE CONSORTIUM. NGMC IS

ALSO A PARTNER IN HALLMARK, WHICH IS A COMMUNITY INVESTMENT PLAN THAT

ADDRESSES ECONOMIC DEVELOPMENT, EDUCATION, GOVERNMENT AND COMMUNITY

DEVELOPMENT THROUGH PARTNERSHIP.

THE MEDICAL CENTER FOUNDATION (MCF) RAISES FUNDS TO BENEFIT THE

COMMUNITY

THE MCF IS THE FUNDRAISING ARM OF NGMC AND RAISES FUNDS TO IMPROVE THE

HEALTH OF THE COMMUNITY. THE FOUNDATION'S OPERATING EXPENSES ARE

SUPPORTED BY NGMC SO THAT DONATED FUNDS CAN BE USED TO SUPPORT NGMC

PROJECTS AND COMMUNITY HEALTH IMPROVEMENT INITIATIVES. FOLLOWING ARE

ITEMS OF INTEREST TO NOTE:

Name of the organization NORTHEAST GEORGIA MEDICAL CENTER, INC.	Employer identification number 58-1694098
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- SINCE 1997, APPROXIMATELY \$4.1 MILLION HAS BEEN RAISED FOR COMMUNITY

HEALTH IMPROVEMENT PROJECTS THROUGH THE MEDICAL CENTER OPEN.

- THE 2017 MEDICAL CENTER OPEN GOLF TOURNAMENT, WHICH WAS HELD IN FY18,

RAISED A RECORD-BREAKING \$320,000 TO FUND THE PURCHASE OF A MOBILE

SIMULATION UNIT FOR TRAINING OF NORTHEAST GEORGIA HEALTH SYSTEM

EMPLOYEES AT ALL LOCATIONS THROUGHOUT THE 18-COUNTY SERVICE REGION.

THIS MOBILE TRAINING UNIT WILL ALLOW CARE PROVIDERS TO PREPARE FOR

LIFE-THREATENING SITUATIONS AND PERFECT THE SKILLS NEEDED TO SAVE A

LIFE. OVER 100 COMMUNITY VOLUNTEERS, 200 SPONSORS AND 200 PLAYERS MADE

THE TOURNAMENT A SUCCESS!

- THROUGH THE EMPLOYEE GIVING CLUB KNOWN AS WATCH (WE ARE TARGETING

COMMUNITY HEALTH), MEMBERS HAVE DONATED MORE THAN \$9.5 MILLION IN

SUPPORT OF CAPITAL IMPROVEMENTS, COMMUNITY INITIATIVES, EQUIPMENT AND

ENHANCED PATIENT CARE SINCE THE PROGRAM'S INCEPTION IN 1999.

COMMUNITY EDUCATION

SAFE KIDS COALITION WORKS TO KEEP KIDS SAFE: THE GAINESVILLE-HALL

COUNTY SAFE KIDS COALITION, LED BY NGMC, IS PART OF SAFE KIDS

WORLDWIDE, THE FIRST AND ONLY NATIONAL ORGANIZATION DEDICATED SOLELY TO

THE PREVENTION OF UNINTENTIONAL CHILDHOOD INJURY, WHICH IS THE NATION'S

NUMBER ONE KILLER OF CHILDREN AGES 19 AND UNDER. THIS PROGRAM PROVIDES

AFFORDABLE SAFETY EQUIPMENT SUCH AS CAR SEATS, BIKE HELMETS, AND LIFE

JACKETS TO AREA CHILDREN IN NEED. WORKING WITH A COALITION MADE UP OF

LAW ENFORCEMENT, AREA SCHOOLS, COMMUNITY VOLUNTEERS AND OTHERS, SAFE

KIDS PROVIDES EDUCATIONAL MATERIALS AND PROGRAMS THAT TEACH CHILDREN

Name of the organization NORTHEAST GEORGIA MEDICAL CENTER, INC.	Employer identification number 58-1694098
--	--

AND THEIR PARENTS HOW TO AVOID ACCIDENTS AND INJURIES. SAFE KIDS
CONTINUED THE WORK OF INJURY PREVENTION FOR FAMILIES IN THE HALL COUNTY
COMMUNITY IN 2018 THANKS TO THE SUPPORT OF MCF AND THE MEDICAL CENTER
AUXILIARY PROCEEDS FROM MARKETPLACE (AN ANNUAL FUNDRAISING EVENT OF THE
MEDICAL CENTER AUXILIARY, WHICH BENEFITS HEALTHCARE SERVICES OF NGMC).

IN FY18, MEMBERS OF THE GAINESVILLE-HALL COUNTY SAFE KIDS COALITION
PROVIDED OVER 126 PROGRAMS AND EVENTS THAT REACHED AN ESTIMATED 33,526
CHILDREN AND THEIR FAMILY MEMBERS, TEACHERS AND CAREGIVERS. THROUGH
THESE PROGRAMS, OVER 10,580 SAFETY ITEMS WERE DISTRIBUTED TO FAMILIES
IN NEED OF THEM.

T2 DIABETES PROGRAM: THIS PROGRAM OFFERS GROUP SUPPORT AND
ENCOURAGEMENT IN WEEKLY AND MONTHLY SESSIONS AND USES AN EVIDENCE-BASED
LIFESTYLE PROGRAM TO HELP PARTICIPANTS (WITH ELEVATED RISK FOR
DEVELOPING DIABETES) UNDERSTAND AND CHOOSE METHODS TO DECREASE RISK OF
GETTING DIABETES. NGMC HAS PARTNERED WITH YMCA GAINESVILLE AND BRAD
AKINS YMCA IN WINDER TO OFFER PREVENT T2 PROGRAM WITHIN THE FACILITIES.
TO FURTHER EXPAND ACCESS TO THE PROGRAM, NGMC PARTNERED WITH GOOD NEWS
CLINIC FOR THEIR REGISTERED DIETITIAN TO HELP FACILITATE THE
GAINESVILLE PREVENT T2 GROUP. THIS PROGRAM IS ALSO AVAILABLE IN
SPANISH. ACCORDING TO THE CDC, LOSING 5%-7% OF WEIGHT BY REDUCING
CALORIES AND INCREASING PHYSICAL ACTIVITY WILL REDUCE THE RISK OF
DEVELOPING TYPE 2 DIABETES BY 58%. WITH 26 TOTAL PARTICIPANTS IN THE
PROGRAM, THE AVERAGE WEIGHT LOSS WAS 9.3 POUNDS. NGMC ACHIEVED FULL
RECOGNITION STATUS THROUGH CDC FOR PREVENT T2 PROGRAMS. FULL
RECOGNITION MEANS THAT A PROGRAM HAS DEMONSTRATED EFFECTIVENESS BY
ACHIEVING ALL OF THE PERFORMANCE CRITERIA DETAILED IN THE CDC'S

Name of the organization NORTHEAST GEORGIA MEDICAL CENTER, INC.	Employer identification number 58-1694098
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DIABETES PREVENTION RECOGNITION PROGRAM STANDARDS.

RESPECTING CHOICES ADVANCED CARE PLANNING: GUNDERSON RESPECTING

CHOICES ADVANCE CARE PLANNING IS AN EVIDENCE-BASED MODEL OF ADVANCED

CARE PLANNING THAT HONORS AN INDIVIDUAL'S GOALS AND VALUES FOR CURRENT

AND FUTURE HEALTH CARE. THIS PROGRAM IS DESIGNED TO CREATE A CULTURE

OF OPEN DISCUSSION ABOUT END OF LIFE CARE IN NORTHEAST GEORGIA SO THAT

FAMILIES ARE RELIEVED OF UNNECESSARY STRESS. THIS PROJECT IS FUNDED BY

THE MEDICAL CENTER FOUNDATION'S HEALTHY JOURNEY CAMPAIGN, WHICH FUNDS

THE TRAINING AND MATERIALS NEEDED TO EDUCATE THE COMMUNITY ON

IMPLEMENTING THIS MODEL.

HOSPICE BEREAVEMENT CAMPS, 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 DEALING WITH THE LOSS OF

SOMEONE CLOSE TO THEM. IN FY18, OVER 4,513 INDIVIDUALS WERE SERVED

THROUGH THESE PROGRAMS.

NGMC PROVIDES VITAL COMMUNITY PROFESSIONAL EDUCATION AT HOME AND

THROUGHOUT THE STATE

NORTHEAST GEORGIA STEMI SUMMIT: HOSTED EACH YEAR BY NGMC, THE

NORTHEAST GEORGIA STEMI SUMMIT BRINGS TOGETHER PARAMEDICS, EMS STAFF

AND DOCTORS FROM ACROSS THE STATE. THEY MEET TO DISCUSS THE STATE OF

THE NORTHEAST GEORGIA REGIONAL STEMI SYSTEM A COLLABORATIVE EFFORT

PROVIDING CRITICAL CARE AND RAPID RESPONSE IN 18 COUNTIES ACROSS THE

REGION TO PEOPLE SUFFERING A SEVERE HEART ATTACK KNOWN AS STEMI (S-T

SEGMENT ELEVATION MYOCARDIAL INFARCTION). KEYNOTE SPEAKERS AT THE

Name of the organization NORTHEAST GEORGIA MEDICAL CENTER, INC.	Employer identification number 58-1694098
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CONFERENCE INCLUDE THE NATION'S LEADING CARDIOLOGISTS AND EXPERTS IN THE STUDY OF REGIONAL APPROACHES TO HEART ATTACK CARE. THE 2018 CONFERENCE EDUCATED MORE THAN 1,500 MEDICAL PROFESSIONALS AND FIRST RESPONDERS.

INFECTION PREVENTION SYMPOSIUM: THE NORTHEAST GEORGIA REGIONAL INFECTION PREVENTION SYMPOSIUM IS A FREE CONFERENCE OFFERED TO ANY HEALTHCARE PROVIDER THROUGHOUT THE STATE BY NGMC'S INFECTION PREVENTION & CONTROL DEPARTMENT. WITH 140 ATTENDEES, THIS CONFERENCE FOCUSED ON INCREASING KNOWLEDGE ON INFECTION PREVENTION. MANY OF THE SMALL RURAL FACILITIES THROUGHOUT GEORGIA HAVE LIMITED TO NO ACCESS TO INFECTION PREVENTION AND CONTROL EDUCATION.

REGIONAL TRAUMA ADVISORY COMMITTEE (RTAC) SYMPOSIUM: AS PART OF THE STATE OF GEORGIA'S TRAUMA SYSTEM, THE REGIONAL TRAUMA ADVISORY COMMITTEE (RTAC) DEVELOPS AND MAINTAINS THE REGION'S TRAUMA SYSTEM PLAN AND MONITORS SYSTEM COMPLIANCE AND IMPROVEMENT ACTIVITIES. NGMC PARTNERS WITH OTHER EMS AGENCIES, PARTICIPATING HOSPITALS, LOCAL GOVERNMENTS AND THE PUBLIC AS A PART OF THIS COMMITTEE AND THE ANNUAL RTAC SYMPOSIUM, WHICH PROVIDED EDUCATION TO 600 HEALTH PROFESSIONALS IN THE REGION IN FY18.

ADDITIONALLY, NGMC TRAUMA STAFF PROVIDED TRAINING IN THE COMMUNITY FOR THE STOP THE BLEED CAMPAIGN, A SCHOOL RESPONSE PROGRAM DESIGNED TO ENABLE TEACHERS, NURSES, AND STAFF TO RENDER IMMEDIATE, POTENTIALLY LIFE-SAVING MEDICAL AID TO INJURED STUDENTS OR CO-WORKERS WHILE AWAITING THE ARRIVAL OF PROFESSIONAL RESPONDERS. NGMC STAFF ALONG WITH REGION 2 RTAC MEMBERS TRAINED 9,346 TEACHERS, ADMINISTRATORS, AND OTHER

Name of the organization NORTHEAST GEORGIA MEDICAL CENTER, INC.	Employer identification number 58-1694098
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SCHOOL STAFF AT 149 SCHOOLS (ELEMENTARY, MIDDLE AND HIGH SCHOOL).

WORKFORCE DEVELOPMENT

NGMC CONTINUES TO SERVE AS A "PIPELINE" TO HELP GET MORE QUALIFIED PEOPLE INTERESTED IN HEALTHCARE POSITIONS AND HELP PROVIDE TRAINING AND EDUCATION TO STUDENTS. THIS TRAINING AND EDUCATION IS DONE THROUGH A VARIETY OF AVENUES FROM JOB SHADOWING TO THE NURSE EXTERN PROGRAM AND PHARMACY RESIDENCY PROGRAM, AS WELL AS SIGNIFICANT SUPPORT TO FOOTHILLS AREA HEALTH EDUCATION CENTERS (AHEC) ([HTTPS://WWW.FOOTHILLSAHEC.ORG](https://www.foothillsahec.org)).

COORDINATED BY AHEC, NGMC HOSTED ITS FIRST HEALTH CAREERS SYMPOSIUM FOR MORE THAN 140 HIGH SCHOOL HEALTH SCIENCE STUDENTS WITHIN THE HALL COUNTY SCHOOL SYSTEM, WHERE STUDENTS MET WITH NGMC PROFESSIONALS THROUGHOUT DIFFERENT AREAS WITHIN THE HOSPITAL.

GRADUATE MEDICAL EDUCATION (GME): NORTHEAST GEORGIA MEDICAL CENTER'S GME PROGRAM IS DESIGNED TO TRAIN RESIDENTS TO BE LEADERS IN THE MEDICAL FIELD AS WELL AS IN THE COMMUNITY. MEDICAL STUDENTS WILL RECEIVE HANDS-ON TRAINING IN ONE OF SIX MEDICAL SPECIALTIES: INTERNAL MEDICINE, FAMILY MEDICINE, GENERAL SURGERY, OB/GYN, PSYCHIATRY AND EMERGENCY MEDICINE (CURRENTLY ACCREDITED IN INTERNAL MEDICINE, FAMILY MEDICINE, AND GENERAL SURGERY). NGMC EXPECTS THIS PROGRAM TO GROW TO 170 RESIDENTS BY 2024, WHICH WOULD MAKE THIS PROGRAM ONE OF THE LARGEST IN THE STATE, AND EXPECTS ITS FIRST STUDENTS IN JULY 2019.

YOUTH APPRENTICESHIP AND MENTORSHIP PROGRAM: IN THE YOUTH APPRENTICESHIP PROGRAM, HIGH SCHOOL STUDENTS WORK IN THE HOSPITAL FOR ONE CLASS PERIOD IN THEIR DAY AND ROTATE THROUGH MULTIPLE DEPARTMENTS.

Name of the organization NORTHEAST GEORGIA MEDICAL CENTER, INC.	Employer identification number 58-1694098
--	--

THIS YEAR, 80 STUDENTS PARTICIPATED. ADDITIONALLY, WITH THE HALL COUNTY SCHOOLS HONORS MENTORSHIP PROGRAM, JUNIORS AND SENIORS ARE MATCHED WITH A HEALTHCARE PROFESSIONAL IN THEIR AREA OF INTEREST AS PART OF A REAL-LIFE CAREER EXPERIENCE IN AN HONORS LEVEL ELECTIVE. IN FY18, 19 STUDENTS PARTICIPATED IN THIS PROGRAM.

PROJECT SEARCH: NGMC PROVIDES EMPLOYMENT AND EDUCATION OPPORTUNITIES FOR INDIVIDUALS WITH MILD TO MODERATE DISABILITIES. THE PROGRAM IS DEDICATED TO WORKFORCE DEVELOPMENT THAT BENEFITS THE INDIVIDUAL, COMMUNITY AND WORKPLACE. EMPLOYERS ARE CHALLENGED TO INCREASE EMPLOYMENT OPPORTUNITIES FOR QUALIFIED PERSONS WITH DISABILITIES AND TO ADVOCATE ON BEHALF OF THEIR EMPLOYMENT TO OTHER ORGANIZATIONS IN THEIR COMMUNITIES. THE HIGH SCHOOL TRANSITION PROGRAM IS A ONE-YEAR EDUCATIONAL PROGRAM FOR STUDENTS WITH DISABILITIES IN THEIR LAST YEAR OF HIGH SCHOOL. IT IS TARGETED FOR STUDENTS WHOSE MAIN GOAL IS COMPETITIVE EMPLOYMENT. IN FY18, 17 STUDENTS, ONE JOB COACH AND ONE INSTRUCTOR PARTICIPATED. THE STUDENTS WORK 20 HOURS PER WEEK IN EACH ASSIGNED DEPARTMENT. MENTORS ARE ASSIGNED IN EACH DEPARTMENT AND ATTEND A MONTHLY MEETING TO DISCUSS PROGRESS/NEEDS OF STUDENTS.

SUPPORT OF COMMUNITY EFFORTS TO IMPROVE HEALTH EVERY DAY, EMPLOYEES OF NORTHEAST GEORGIA MEDICAL CENTER GO ABOUT THE BUSINESS OF CARING FOR THE HEALTH OF THE PEOPLE OF OUR COMMUNITY. THEY ARE NURSES AT THE BEDSIDE, THERAPISTS HELPING PEOPLE LEARN TO WALK AGAIN, COOKS PREPARING MEALS, ADMINISTRATORS PLANNING FOR THE FUTURE, OR OFFICE PERSONNEL PUSHING THROUGH THE DETAILS. CARING FOR OUR COMMUNITY IS PART OF THEIR EVERYDAY ROUTINE. AND WHEN ASKED TO GIVE BACK TO SUPPORT HEALTHCARE THROUGH THE FOUNDATION CAMPAIGNS, THEY DO

Name of the organization NORTHEAST GEORGIA MEDICAL CENTER, INC.	Employer identification number 58-1694098
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GENEROUSLY AND PASSIONATELY.

WHEN IT COMES TO SUPPORTING MCF'S EMPLOYEE GIVING CLUB, WATCH, OVER

3,500 EMPLOYEES DONATED ABOUT \$800,000 IN 2018.

COMMUNITY SUPPORT: INFANT MORTALITY, CANCER, HEART DISEASE

962 NGMC EMPLOYEES WALKED FOR AMERICAN HEART WALK, MARCH FOR BABIES AND

RELAY FOR LIFE. AS PART OF THE MEDICAL CENTER FOUNDATION'S HEALTHY

JOURNEY CAMPAIGN, WATCH MEMBERS CONTRIBUTED A SIGNIFICANT DONATION

TOWARD THE WALKS IN ADDITION TO SPONSORSHIPS PROVIDED BY NGMC.

BLOOD DRIVES: IN FY18, NGMC HOSTED 24 DRIVES, RESULTING IN 637 DONORS

AND OVER 579 PINTS OF BLOOD.

UNITED WAY PACESETTER & MORE: NGMC HAS PARTNERED WITH UNITED WAY TO

ENGAGE EMPLOYEES AND LEADERS IN THE COMMUNITY. NGHS EMPLOYEES

CONTRIBUTED \$120,468 TO UNITED WAY AS A PACESETTER COMPANY.

ENCOURAGING MEDICAL VOLUNTEERING: NGMC PROVIDES INFORMATION AT

PHYSICIAN ORIENTATION TO ENCOURAGE PHYSICIANS TO STEP UP TO VOLUNTEER

OPPORTUNITIES THROUGH LOCAL FREE CLINICS AS WELL AS HEALTH ACCESS.

NGPG ALSO ENCOURAGES PHYSICIANS TO GIVE OF THEIR TIME VOLUNTEERING AT

THESE LOCATIONS. THROUGH VARIOUS PHYSICIAN LEADERSHIP COUNCILS, NGMC

PHYSICIANS ACTIVELY PARTICIPATE IN COMMUNITY OUTREACH, INCLUDING

EDUCATIONAL SEMINARS, SCREENINGS, CANCER PREVENTION OPPORTUNITIES.

LEADING THE WAY

TWENTY-SEVEN NGMC LEADERS REPORTED THAT THEY LEAD OR SUPPORT COMMUNITY,

Name of the organization NORTHEAST GEORGIA MEDICAL CENTER, INC.	Employer identification number 58-1694098
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CIVIC, OR PROFESSIONAL ORGANIZATIONS ON THEIR BOARD OF DIRECTORS OR AS
 A PARTICIPATING MEMBER. IN ADDITION TO THIS, NGPG ADVANCED PRACTICE
 PROVIDERS SUPPORTED 53 EVENTS IN THE COMMUNITY AND PROVIDED 10,880
 HOURS OF GME INSTRUCTION TO MEDICAL, PHYSICIAN ASSISTANT, AND NURSE
 PRACTITIONER STUDENTS.

CAROL BURRELL, NGHS PRESIDENT AND CEO, HAS BEEN NAMED TO GEORGIA TREND
 MAGAZINE'S LIST OF THE 100 MOST INFLUENTIAL GEORGIANS FOR THE FIFTH
 YEAR IN A ROW FOR HER CONTRIBUTION TO MAKING LIFE BETTER FOR GEORGIANS.

KERRY SMITH, EXECUTIVE DIRECTOR OF LONG TERM CARE AT NGHS, WAS ELECTED
 NORTHEAST COUNCIL PRESIDENT FOR THE GEORGIA HEALTH CARE ASSOCIATION, A
 NON-PROFIT ASSOCIATION OF SKILLED NURSING CARE CENTERS, ASSISTED LIVING
 CENTERS, AND HOME AND COMMUNITY-BASED CASE MANAGERS.

DR. ANTONIO RIOS, CHIEF PHYSICIAN EXECUTIVE FOR NGPG, WAS HONORED BY
 GOOD NEWS CLINICS WITH THE 2018 SAM POOLE VOLUNTEER OF THE YEAR AWARD.
 DR. RIOS SERVES ON THE GOOD NEWS CLINICS AND DISTRICT 2 PUBLIC HEALTH
 BOARDS. HE IS ALSO THE CHAIRMAN OF THE GEORGIA BOARD FOR PHYSICIAN
 WORKFORCE WHERE HE IS COMMITTED TO FURTHERING THE BOARD'S MISSION TO
 IDENTIFY THE PHYSICIAN WORKFORCE NEEDS OF GEORGIA COMMUNITIES AND TO
 MEET THOSE NEEDS THROUGH THE SUPPORT AND DEVELOPMENT OF MEDICAL
 EDUCATION PROGRAMS.

DR. JOHN DELZELL, VP OF MEDICAL EDUCATION AND DESIGNATED INSTITUTIONAL
 OFFICIAL FOR GRADUATE MEDICAL EDUCATION, WAS APPOINTED BY GOVERNOR
 NATHAN DEAL TO THE GEORGIA BOARD FOR PHYSICIANS WORKFORCE.

Name of the organization NORTHEAST GEORGIA MEDICAL CENTER, INC.	Employer identification number 58-1694098
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DR. SAM JOHNSON, CHIEF MEDICAL OFFICER AT NGHS, SERVES AS CHAIRMAN ON ONE HALL UNITED AGAINST POVERTY. UNITED WAY UNITES PEOPLE, ORGANIZATIONS AND RESOURCES WITHIN THE COMMUNITY TO BUILD A STRONGER, HEALTHIER AND SAFER HALL COUNTY. THE PURPOSE OF THE ONE HALL INITIATIVE IS TO BREAK THE CYCLE OF POVERTY IN HALL COUNTY BY GAINING THE PERSPECTIVES OF THOSE DIRECTLY EXPERIENCING POVERTY AND WORKING SIDE BY SIDE WITH COMMUNITY AGENCIES TO DEVELOP STRATEGIES TO ADDRESS THE NEEDS.

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. THE FOLLOWING NGMC EMPLOYEES WERE RECOGNIZED: CAROL BURRELL, NGHS PRESIDENT AND CEO (OUTSTANDING HEALTHCARE ADMINISTRATOR); APRILL EXLEY, NGMC (NURSE OF THE YEAR); DR. J. JEFFREY MARSHALL, THE HEART CENTER OF NGMC (PHYSICIAN SPECIALIST OF THE YEAR); AND DR. ANTONIO RIOS, NGPG (PRIMARY CARE PHYSICIAN OF THE YEAR).

NORTHEAST GEORGIA HEALTH SYSTEM EARNED THE 2018 COMMUNITY WELLNESS AWARD (GWINNETT CHAMBER HEALTHCARE AWARDS) FOR THE HEALTH SYSTEM'S OPIOID INITIATIVE. IN RECENT YEARS, NGHS IN PARTNERSHIP WITH OTHER HALL COUNTY REPRESENTATIVES PLAYED KEY ROLES IN THE PASSAGE OF SIGNIFICANT OPIOID-RELATED LEGISLATION, AS WELL AS, PROGRAMS FOR RECOVERY. EXECUTIVE DIRECTOR OF GOVERNMENTAL AFFAIRS FOR NGHS, DEB BAILEY, RN, BSN, MSN, AND DALLAS GAY, FORMER NGHS BOARD MEMBER, WERE INSTRUMENTAL IN THESE CHANGE EFFORTS. FOR FULL DETAILS ABOUT THIS EFFORT, VISIT WWW.NGHS.COM FOR THE FALL 2018 ISSUE OF COMMUNICARE, FIGHTING THE OPIOID EPIDEMIC.

Name of the organization NORTHEAST GEORGIA MEDICAL CENTER, INC.	Employer identification number 58-1694098
--	--

NGMC BARROW

NGMC BARROW PROVIDED CHARITY CARE TO BARROW COUNTY RESIDENTS AT A COST OF \$2.3 MILLION IN 2018 WITH ANOTHER \$738 THOUSAND PROVIDED TO REGIONAL RESIDENTS OUTSIDE BARROW COUNTY.

NGMC BARROW RECEIVES NO LOCAL TAX REVENUE FROM ANY OF THE COUNTIES IT SERVES TO SUPPORT OPERATIONS OR CARE PROVIDED TO INDIGENT RESIDENTS.

THE ORGANIZATION'S CHARITY CARE POLICY PROVIDES FINANCIAL ASSISTANCE UP TO 300% OF THE POVERTY LEVEL MANY HOSPITALS PROVIDE CHARITY ADJUSTMENTS ONLY TO THE LEVEL THAT MATCHES THE STATE DEFINITION OF MEDICALLY INDIGENT BUT NOT AT THE LEVEL THAT NGMC OFFERS.

NGMC SERVES AS A FINANCIAL ENGINE FOR THE LOCAL ECONOMY. IN 2017 (LATEST NUMBERS AVAILABLE), NGMC BARROW HAD \$66.9 MILLION IN LOCAL AND STATE ECONOMIC IMPACT, ACCORDING TO A REPORT BY THE GEORGIA HOSPITAL ASSOCIATION, WHICH APPLIED AN ECONOMIC MULTIPLIER TO THE HOSPITAL'S DIRECT EXPENDITURES TO ACCOUNT FOR THE "RIPPLE" EFFECT THE HOSPITAL'S SPENDING HAS ON OTHER SECTORS OF THE LOCAL AND STATE ECONOMIES. THE REPORT FOUND THAT THROUGH ITS ECONOMIC IMPACT, NGMC BARROW SUSTAINED ABOUT 400 FULL-TIME JOBS THROUGHOUT THE REGION AND THE STATE IN ADDITION TO OVER 160 FULL TIME EMPLOYEES.

UNDER IRS LAW, A TAX-EXEMPT ORGANIZATION, CLASSIFIED AS A 501(C)(3) CHARITY, IS REQUIRED TO: HAVE A MISSION THAT WILL BENEFIT ITS COMMUNITY; REINVEST ALL SURPLUS FUNDS IN THE ORGANIZATION IN A WAY THAT BENEFITS THE COMMUNITY; COMPENSATE EXECUTIVES, CONTRACTORS AND OTHER EMPLOYEES IN ACCORDANCE TO FAIR MARKET VALUE; REMAIN ACCOUNTABLE TO THE

Name of the organization NORTHEAST GEORGIA MEDICAL CENTER, INC.	Employer identification number 58-1694098
--	--

COMMUNITY; REFRAIN FROM PARTICIPATING IN POLITICAL CAMPAIGNS FOR OR AGAINST CANDIDATES AND/OR LOBBY AS A SUBSTANTIAL PART OF ITS ACTIVITIES; AND, REMAIN FINANCIALLY ACCOUNTABLE TO THE COMMUNITY BY NOT ALLOWING ANY PORTION OF ITS NET EARNINGS TO BENEFIT ANY PRIVATE SHAREHOLDER OR INDIVIDUAL.

AS A NOT-FOR-PROFIT HOSPITAL, NGMC BARROW CARRIES ADDITIONAL RESPONSIBILITIES AS ESTABLISHED BY THE IRS IN 1965:

OPERATE A FULL-TIME EMERGENCY ROOM THAT IS AVAILABLE TO ALL PEOPLE, REGARDLESS OF THEIR ABILITY TO PAY;

- NGMC BARROW OPERATES A 24-HOUR ER. IN FY18, 28% OF ALL NGMC BARROW EMERGENCY ROOM VISITS WERE MADE BY SELF-PAY PATIENTS, ACCORDING TO THE GEORGIA HOSPITAL ASSOCIATION;

PROVIDE NON-EMERGENCY SERVICES TO ANYONE ABLE TO PAY, AND MEDICALLY NECESSARY SERVICES TO ANYONE IN THE NGHS SERVICE AREA NOT ABLE TO PAY;

- NORTHEAST GEORGIA HEALTH SYSTEM PROVIDES HIGH QUALITY, ADVANCED SPECIALTY AND PRIMARY HEALTHCARE SERVICES TO THE NORTHEAST GEORGIA COMMUNITY, SERVING 1 MILLION PEOPLE IN MORE THAN 18 COUNTIES. IN FY18, NGMC'S PAYOR MIX AT BARROW WAS 58% FOR MEDICARE/ MEDICAID, 25% FOR COMMERCIAL INSURANCE AND 17% FOR SELF-PAY.

PARTICIPATE IN MEDICAID AND MEDICARE;

- 58% OF PATIENTS SERVED BY BARROW WERE MEDICAID AND MEDICARE PATIENTS.

Name of the organization NORTHEAST GEORGIA MEDICAL CENTER, INC.	Employer identification number 58-1694098
--	--

CREATE A GOVERNING BOARD THAT IS REPRESENTATIVE OF THE COMMUNITY IT SERVES;

- MORE THAN 90 COMMUNITY MEMBERS ARE ACTIVELY INVOLVED IN GOVERNANCE THROUGH NORTHEAST GEORGIA HEALTH SYSTEM, NGMC AND OTHER SUBSIDIARY BOARDS AND COMMITTEES.

ALLOW MEDICAL STAFF PRIVILEGES TO ANY PROFESSIONAL WHO IS QUALIFIED AND APPLIES; AND,

- NGMC BARROW HAS A MEDICAL STAFF OF OVER 280 PHYSICIANS REPRESENTING NUMEROUS ADVANCED SPECIALTIES SUCH AS EMERGENCY SERVICES, SURGERY AND PROCEDURES, INTENSIVE CARE, OUTPATIENT SURGERY, RESPIRATORY THERAPY, WOUND CARE, IMAGING SERVICES AND TELEMEDICINE.

REINVEST SURPLUS FUNDS IN OPERATIONS;

- AS A NOT-FOR-PROFIT ORGANIZATION, THE REVENUE GENERATED ABOVE OPERATING EXPENSES IS REINVESTED INTO THE COMMUNITY. IN 2017, NGMC EXPANDED ITS ACCESS IN CARDIAC AND CANCER CARE TO BARROW. NGHS SPENT NEARLY \$7 MILLION ON NEW EQUIPMENT FOR BARROW, SUCH AS A NEW CT SCANNER AND 3D MAMMOGRAPHY.

NGMC BARROW, LLC (BARROW) VALUES COOPERATIVE EFFORTS WITH COMMUNITY ORGANIZATIONS AND OTHER HEALTHCARE PROVIDERS TO IMPROVE THE HEALTH STATUS OF AREA RESIDENTS. THE ORGANIZATION DEMONSTRATES THIS THROUGH COMMUNITY PARTNERSHIPS RANGING FROM FREE HEALTH SCREENINGS AT LOCAL HEALTH FAIRS TO PROVIDING A MEETING SPACE FOR OTHER NON-PROFIT

Name of the organization NORTHEAST GEORGIA MEDICAL CENTER, INC.	Employer identification number 58-1694098
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ORGANIZATIONS, SUCH AS THE ROTARY CLUB OF WINDER.

IN FY18, BARROW PROVIDED OVER \$214,000 IN COMMUNITY BENEFIT

PROGRAMS/OUTREACH. BARROW OFFERED MANY COMMUNITY EDUCATION SEMINARS ON

TOPICS RANGING FROM HEALTHY COOKING DEMOS TO HEART HEALTH AND MORE. IN

ADDITION, BARROW PROVIDED SUPPORT TO OTHER LOCAL NON-PROFIT

ORGANIZATIONS THAT SERVE THE COMMUNITY

WHAT DRIVES BARROW'S COMMUNITY HEALTH IMPROVEMENT ACTIVITIES?

NGMC, WITH INPUT FROM THE COMMUNITY, COMPLETED A REGION-WIDE COMMUNITY

HEALTH NEEDS ASSESSMENT (CHNA) IN 2016 THAT INCLUDED BARROW AND

SURROUNDING COUNTIES (BEFORE BARROW WAS ACQUIRED BY NGMC). THROUGH

THE CHNA, LUNG CANCER WAS IDENTIFIED AS A HEALTH PRIORITY FOR BARROW

COUNTY. ACCORDING TO THE NATIONAL CANCER INSTITUTE 2008-2012, BARROW

COUNTY HAS A LUNG CANCER INDICATOR VALUE OF 87.9, WELL ABOVE ITS

NEIGHBOR GWINNETT COUNTY'S VALUE OF 54.1 AND THE STATE BENCHMARK OF

68.8. ADDITIONALLY, ACCORDING TO THE GEORGIA DEPARTMENT OF PUBLIC

HEALTH'S GEORGIA TOBACCO USE SURVEILLANCE REPORT, IN 2015,

APPROXIMATELY 4% OF MIDDLE SCHOOL STUDENTS AND 53,000 OR 13% OF HIGH

SCHOOL STUDENTS IN GEORGIA SMOKE CIGARETTES.

AS PART OF THE RESPONSE TO COMMUNITY HEALTH PRIORITIES IDENTIFIED

THROUGHOUT THE REGION, NGMC PARTNERED WITH BARROW COUNTY SCHOOLS TO

IMPLEMENT "TAR WARS" TO 2,258 ELEMENTARY SCHOOL STUDENTS. "TAR WARS"

IS A TOBACCO-FREE EDUCATION PROGRAM FOR FOURTH AND FIFTH GRADE STUDENTS

DEVELOPED BY THE AMERICAN ACADEMY OF FAMILY PHYSICIANS TO TEACH KIDS

ABOUT THE DANGERS OF TOBACCO USE, THE COST ASSOCIATED WITH USING

TOBACCO PRODUCTS, AND THE ADVERTISING TECHNIQUES USED BY THE TOBACCO

Name of the organization NORTHEAST GEORGIA MEDICAL CENTER, INC.	Employer identification number 58-1694098
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INDUSTRY TO MARKET THEIR PRODUCTS TO YOUTH.

ONCOLOGY SERVICES ALSO PROVIDED COMMUNITY EDUCATION IN BARROW COUNTY AT

LOCAL HEALTH FAIRS, AS WELL AS, THREE LUNG CANCER SUPPORT GROUPS THAT

WERE HELD DURING FY18, WITH THE PROGRAM CONTINUING INTO

FY19. IN ADDITION, NGMC RECEIVED A GRANT FROM THE GEORGIA HEALTHY

FAMILY ALLIANCE TO PROMOTE AWARENESS AND ACCESS TO LOW DOSE CT SCANS

FOR LUNG CANCER SCREENING FOR INDIGENT PATIENTS IN BARROW COUNTY. THIS

PROGRAM WILL INCREASE ACCESS AND ASSIST THOSE WITHOUT INSURANCE

COVERAGE TO RECEIVE PROACTIVE SCREENING.

FOR MORE INFORMATION ABOUT NGMC'S OVERALL COMMUNITY HEALTH IMPROVEMENT

PLAN, GO TO WWW.NGHS.COM/CHNA-OUTCOME.

THE FOLLOWING CONTAINS HIGHLIGHTS OF COMMUNITY BENEFIT ACTIVITIES

PROVIDED BY BARROW IN FY18:

CHARITY CARE: LIKE NGMC GAINESVILLE AND BRASELTON, BARROW'S CHARITY

CARE POLICY REMOVES BARRIERS FOR LOW-INCOME POPULATIONS WITHIN OUR

SERVICE AREA BEGINNING WITH FREE, MEDICALLY NECESSARY CARE FOR PATIENTS

WHOSE GROSS FAMILY INCOME IS 0 TO 150% OF THE FEDERAL POVERTY LEVEL

(FPL) ADJUSTED FOR FAMILY SIZE. PATIENTS FROM OUR SERVICE AREA WHOSE

FPL IS FROM 151 TO 300% MAY QUALIFY FOR AN ADJUSTMENT EQUIVALENT TO THE

HOSPITAL'S MEDICARE REIMBURSEMENT RATE PLUS AN ADDITIONAL 40% DISCOUNT

TO THE MEDICARE REIMBURSEMENT RATE.

TOTAL CHARITY CARE COST FOR BARROW IN FY18: \$2.3 MILLION WITH ANOTHER

\$738,000 PROVIDED TO REGIONAL RESIDENTS OUTSIDE BARROW COUNTY.

Name of the organization NORTHEAST GEORGIA MEDICAL CENTER, INC.	Employer identification number 58-1694098
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ENCOURAGING MEDICAL VOLUNTEERING: THROUGH VARIOUS PHYSICIAN LEADERSHIP COUNCILS, NGMC PHYSICIANS ACTIVELY PARTICIPATE IN COMMUNITY OUTREACH, INCLUDING EDUCATIONAL SEMINARS, SCREENINGS, CANCER PREVENTION OPPORTUNITIES.

FINANCIAL NAVIGATORS: BARROW HAS FINANCIAL ASSISTANCE COUNSELORS WHO HELP PATIENTS BECOME INSURED, BE IT THROUGH 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 HELPING PATIENTS APPLY FOR MEDICAID OR DISABILITY, ACCESSING HEALTHCARE EXCHANGES OR PROCESSING CHARITY APPLICATIONS WHEN APPROPRIATE.

PARTNERING IN THE COMMUNITY

NGMC BARROW VOLUNTEERS: IN FY18, 30 NGMC VOLUNTEERS CONTRIBUTED 2,958 VOLUNTEER HOURS, EQUIVALENT TO 1.76 FULL TIME EMPLOYEES AND A VALUE OF \$73,000 TO THE ORGANIZATION. WHILE THESE FIGURES ARE NOT INCLUDED IN THE QUANTITATIVE PORTION OF THE COMMUNITY BENEFIT REPORT, THEY SHOW THE DEPTH OF SUPPORT THE COMMUNITY GIVES BARROW.

NGMC'S EMERGENCY DEPARTMENTS HAVE PARTNERED WITH THE GEORGIA COUNCIL ON SUBSTANCE ABUSE TO IMPLEMENT THE ED-CARES (CERTIFIED ADDICTION RECOVERY SPECIALISTS) PROGRAM WHICH CONNECTS PEOPLE WHO HAVE BEEN ADMITTED TO EMERGENCY ROOMS FOR AN OPIOID-RELATED OVERDOSE WITH TRAINED PEER RECOVERY COACHES WHO PLAY AN IMPORTANT ROLE IN HELPING PEOPLE AVOID ANOTHER OVERDOSE AND ENCOURAGING THEM TO SEEK TREATMENT. THE PROGRAM WAS CREATED IN RESPONSE TO THE INCREASING NUMBER OF OVERDOSE FATALITIES

Name of the organization NORTHEAST GEORGIA MEDICAL CENTER, INC.	Employer identification number 58-1694098
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AND SEEKS TO CURTAIL THAT TREND BY BETTER CONNECTING PEOPLE AT HIGH-RISK WITH COMMUNITY SUPPORTS AND SERVICES. NGMC IS THE ONLY HOSPITAL SYSTEM IN GEORGIA TO PROVIDE THIS SUPPORT, WHICH IS PROVIDED IN ALL THREE EMERGENCY DEPARTMENTS (AT GAINESVILLE, BRASELTON AND BARROW).

ROTARY CLUB OF WINDER LEADERSHIP: IN FY18, SUNITA SINGH, PUBLIC RELATIONS MANAGER FOR BARROW, SERVED AS PRESIDENT OF THE ROTARY CLUB OF WINDER, WHICH BENEFITTED VARIOUS COMMUNITY PROGRAMS SUCH AS PEACE PLACE, UNITED WAY, AND BOYS & GIRLS CLUB, TO NAME A FEW.

SUPPORT OF COMMUNITY EFFORTS TO IMPROVE HEALTH AMERICAN CANCER SOCIETY (ACS): NGMC BARROW WAS THE PLATINUM SPONSOR FOR THE ACS RELAY FOR LIFE IN BARROW COUNTY. THE WALK BENEFITS CANCER RESEARCH AND COMMUNITY EDUCATION. NGMC EMPLOYEES TURNED OUT IN FULL FORCE FOR RELAY FOR LIFE, WITH OVER 327 WALKERS THROUGHOUT THE REGION.

NORTHEAST GEORGIA HOMELESS VETERANS SHELTER: NGMC BARROW PROVIDED A DONATION TO THE NORTHEAST GEORGIA HOMELESS VETERANS SHELTER, THE ONLY HOMELESS VETERANS SHELTER IN THE NORTHEAST GEORGIA AREA.

BOYS & GIRLS CLUB: NGMC BARROW PROVIDED A DONATION TO THE BOYS & GIRLS CLUB WHICH PROVIDES PROGRAMS THAT EMPOWER YOUTH TO EXCEL IN SCHOOL, BECOME GOOD CITIZENS AND LEAD HEALTHY, PRODUCTIVE LIVES.

AS A PARTNER IN EDUCATION WITH THE BARROW SCHOOL SYSTEM, NGMC BARROW PROVIDED A DONATION OF MEDICAL SUPPLIES TO STOCK 18 NURSE CLINICS, FUNDED TWO SCHOLARSHIPS FOR

Name of the organization NORTHEAST GEORGIA MEDICAL CENTER, INC.	Employer identification number 58-1694098
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TWO HIGH SCHOOL GRADUATES PURSUING A CAREER IN THE MEDICAL FIELD, AND VOLUNTEERED TIME TO SUPPORT THE SPECIAL OLYMPICS AT WINDER BARROW HIGH SCHOOL.

THE DIABETES EDUCATION PROGRAM EXPANDED TO OFFER INDIVIDUAL AND GROUP CLASSES AT NGMC BARROW. NGMC PARTNERED WITH THE YMCA IN WINDER TO OFFER THE PREVENT T2 DIABETES PROGRAM, A PROVEN PROGRAM TO PREVENT OR DELAY TYPE 2 DIABETES. THIS COURSE IS TAUGHT BY A CERTIFIED FACILITATOR AND IS DESIGNED TO OFFER THE GROUP SUPPORT AND ENCOURAGEMENT NEEDED TO PREVENT DIABETES. THIS PROGRAM OFFERS WEEKLY AND MONTHLY SESSIONS AND USES AN EVIDENCE-BASED LIFESTYLE PROGRAM TO HELP PARTICIPANTS WITH ELEVATED RISK FOR DEVELOPING DIABETES UNDERSTAND AND CHOOSE METHODS TO DECREASE RISK OF GETTING DIABETES. ACCORDING TO THE CDC, LOSING 5%-7% OF WEIGHT BY REDUCING CALORIES AND INCREASING PHYSICAL ACTIVITY WILL REDUCE THE RISK OF DEVELOPING TYPE 2 DIABETES BY 58%. WITH 26 TOTAL PARTICIPANTS IN THE PROGRAM, THE AVERAGE WEIGHT LOSS WAS 9.3 POUNDS. NGMC ACHIEVED FULL RECOGNITION STATUS THROUGH CDC FOR PREVENT T2 PROGRAMS. FULL RECOGNITION MEANS THAT A PROGRAM HAS DEMONSTRATED EFFECTIVENESS BY ACHIEVING ALL OF THE PERFORMANCE CRITERIA DETAILED IN THE CDC'S DIABETES PREVENTION RECOGNITION PROGRAM STANDARDS.

ORGANIZATION OVERVIEW

NORTHEAST GEORGIA HEALTH SYSTEM (NGHS) IS A NOT-FOR-PROFIT COMMUNITY HEALTH SYSTEM DEDICATED TO IMPROVING THE HEALTH AND QUALITY OF LIFE OF THE PEOPLE OF NORTHEAST GEORGIA. NORTHEAST GEORGIA MEDICAL CENTER (NGMC) HAS THREE HOSPITAL CAMPUSES NGMC GAINESVILLE AND NGMC BRASELTON AND BARROW WITH A TOTAL OF 713 BEDS AND MORE THAN 700 MEDICAL STAFF

Name of the organization NORTHEAST GEORGIA MEDICAL CENTER, INC.	Employer identification number 58-1694098
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MEMBERS REPRESENTING MORE THAN 50 SPECIALTIES.

THE HEALTH SYSTEM OFFERS A FULL RANGE OF HEALTHCARE SERVICES THROUGH
 NGMC SUCH AS GYNECOLOGIC ONCOLOGY, ELECTROPHYSIOLOGY, CARDIAC SURGERY,
 CRITICAL CARE MEDICINE, SURGICAL TRAUMA, NEONATOLOGY AND PERINATOLOGY.

NORTHEAST GEORGIA MEDICAL CENTER'S CANCER SERVICES IS THE ONLY PROGRAM
 IN GEORGIA AND ONE OF ONLY 24 PROGRAMS IN THE NATION TO RECEIVE THE
 2018 OUTSTANDING ACHIEVEMENT AWARD BY THE AMERICAN COLLEGE OF SURGEONS
 (ACS) COMMISSION ON CANCER (COC). NGMC HAS ALSO BEEN RECOGNIZED IN
 RECENT YEARS AS GEORGIA'S #1 HOSPITAL FOR OVERALL HOSPITAL CARE,
 OVERALL SURGICAL CARE, HEART CARE, ORTHOPEDIC SURGERY, WOMEN'S CARE AND
 MORE.

LED BY VOLUNTEER BOARDS MADE UP OF COMMUNITY LEADERS, THE HEALTH SYSTEM
 SERVES 1 MILLION PEOPLE IN MORE THAN 18 COUNTIES ACROSS NORTHEAST
 GEORGIA. AS A NOT-FOR-PROFIT HEALTH SYSTEM, ALL REVENUE GENERATED
 ABOVE OPERATING EXPENSES IS RETURNED TO THE COMMUNITY THROUGH IMPROVED
 SERVICES AND INNOVATIVE PROGRAMS. NORTHEAST GEORGIA MEDICAL CENTER'S
 CHARITY CARE POLICY SUPPORTS THE PROVISION OF CARE FOR INDIGENT
 PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY.

NORTHEAST GEORGIA PHYSICIANS GROUP (NGPG) BRINGS TOGETHER MORE THAN 350
 TALENTED PHYSICIANS, PHYSICIAN ASSISTANTS, NURSE PRACTITIONERS,
 MIDWIVES AND OTHER CLINICAL STAFF AT MORE THAN 65 LOCATIONS ACROSS
 NORTH GEORGIA. NGPG IS THE STATE'S SIXTH-LARGEST PHYSICIAN GROUP,
 OFFERING EXPERTISE IN MORE THAN 25 SPECIALTIES.

SPECIAL NOTES

Name of the organization NORTHEAST GEORGIA MEDICAL CENTER, INC.	Employer identification number 58-1694098
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NGMC USES THE PRECEPTS OUTLINED IN "A GUIDE FOR PLANNING AND REPORTING COMMUNITY BENEFIT," PROVIDED BY THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES AND VHA, INC. FOR THIS REPORT. THE GUIDE'S PURPOSE IS TO HELP NOT-FOR-PROFIT MISSION-DRIVEN HEALTHCARE ORGANIZATIONS DEVELOP, ENHANCE AND REPORT ON THEIR COMMUNITY BENEFIT PROGRAMS.

COMMUNITY BENEFIT DEFINITION: PROGRAM OR ACTIVITY MUST ADDRESS A DEMONSTRATED COMMUNITY NEED, AND SEEK TO ADDRESS AT LEAST ONE OF THE FOLLOWING COMMUNITY BENEFIT OBJECTIVES:

- IMPROVE ACCESS
- ENHANCE POPULATION HEALTH
- ADVANCE GENERALIZABLE KNOWLEDGE
- RELIEVE GOVERNMENT BURDEN TO IMPROVE HEALTH

THE PROGRAM OR ACTIVITY MUST:

- PRIMARILY BENEFIT THE COMMUNITY RATHER THAN THE ORGANIZATION
- RESULT IN MEASURABLE EXPENSE TO THE ORGANIZATION

IF THE PROGRAM OR ACTIVITY IS PROVIDED PRIMARILY FOR MARKETING PURPOSES, STANDARD PRACTICE, EXPECTED OF ALL HOSPITALS (SUCH AS ACTIVITIES REQUIRED FOR ACCREDITATION, LICENSURE, OR TO PARTICIPATE IN MEDICARE) OR IS PRIMARILY FOR EMPLOYEES (NOT INCLUDING INTERNS, RESIDENTS AND FELLOWS) AND/OR AFFILIATED PHYSICIANS, IT IS NOT COMMUNITY BENEFIT.

FOR MORE INFORMATION, CONTACT CHRISTY MOORE, MANAGER, COMMUNITY HEALTH IMPROVEMENT, AT (770) 219-8097 OR GO TO WWW.NGHS.COM.

Name of the organization NORTHEAST GEORGIA MEDICAL CENTER, INC.	Employer identification number 58-1694098
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FORM 990, PART VI, SECTION A, LINE 6:

NORTHEAST GEORGIA HEALTH SYSTEM, INC. IS THE SOLE MEMBER OF NORTHEAST GEORGIA MEDICAL CENTER, INC.

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.

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.

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.

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.

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

Name of the organization NORTHEAST GEORGIA MEDICAL CENTER, INC.	Employer identification number 58-1694098
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THE COMPENSATION COMMITTEE OF THE NORTHEAST GEORGIA HEALTH SYSTEM BOARD

(NGHS BOARD) HAS DEVELOPED AND INSTALLED COMPENSATION POLICIES AND

PROCEDURES THAT SEEK TO FURTHER THE PURPOSE OF NGHS AND AFFILIATES AND THE

IMPORTANCE OF THESE POLICIES TO ATTRACT AND RETAIN KEY EMPLOYEES. THE

COMPENSATION COMMITTEE IS COMPOSED OF VOTING DIRECTORS WHO ARE NOT

EMPLOYEES OF NGHS. ALL DECISIONS OF THE COMPENSATION COMMITTEE ARE

REVIEWED AND RATIFIED BY THE NGHS BOARD.

THE COMMITTEE'S METHODOLOGY AND APPROACH INCORPORATE BOTH QUALITATIVE AND

QUANTITATIVE CONSIDERATIONS, WHICH ARE REFLECTED IN THE COMMITTEE'S

DETERMINATIONS CONCERNING KEY EMPLOYEE COMPENSATION AND THE SPECIFIC

COMPONENTS THEREOF. THE COMPENSATION DECISIONS OF THE COMMITTEE ARE

DESCRIBED BELOW AS TO EACH OF THE THREE CATEGORIES.

BASE SALARY

ANNUAL BASE SALARIES ARE SET AT MARKET COMPETITIVE LEVELS WITH HEALTHCARE

SYSTEMS OF A SIMILAR SIZE AND COMPLEXITY FROM THROUGHOUT THE COUNTRY.

SPECIFICALLY, THE COMMITTEE CONSIDERS PEER GROUP COMPARISONS FROM SURVEY

DATA FOR OTHER HEALTH SYSTEMS, RECOMMENDATIONS FROM AN INDEPENDENT

COMPENSATION CONSULTANT, RECOMMENDATIONS ON RANGES AND PLACEMENT FROM THE

CEO, AND INDIVIDUAL PERFORMANCE ASSESSMENTS FOR EACH POSITION. IN EACH

INSTANCE THE COMMITTEE MEMBERS REACH A CONSENSUS BASED ON THE COMBINATION

OF AVAILABLE INFORMATION, AND THE COMMITTEE SETS A BASE SALARY LEVEL FOR

EACH KEY EMPLOYEE.

PERFORMANCE BASED VARIABLE COMPENSATION

Name of the organization NORTHEAST GEORGIA MEDICAL CENTER, INC.	Employer identification number 58-1694098
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NUMEROUS PERFORMANCE GOALS ARE QUANTITATIVE IN NATURE, RESULTING IN A PERFORMANCE BASED VARIABLE COMPENSATION COMPONENT THAT IS WEIGHTED TOWARD ATTAINING NGHS BOARD-APPROVED GOALS AND OBJECTIVES. ANNUAL GOALS AND OBJECTIVES ARE ESTABLISHED THROUGH A FORMAL PLANNING PROCESS INVOLVING BOARD AND COMMUNITY MEMBERS. THE BOARD APPROVES THESE GOALS AND OBJECTIVES AT THE BEGINNING OF EACH YEAR. OFFICERS AND KEY EMPLOYEES RECEIVE CASH AWARDS AS A FORMULA DRIVEN PERCENTAGE OF BASE SALARY LEVELS BASED ON ACHIEVEMENT AND PREDETERMINED INDIVIDUAL OBJECTIVES.

BENEFITS AND RETENTION PROGRAMS

BENEFIT CATEGORIES AND AMOUNTS ARE DETERMINED BY A COMPARISON PROCESS SIMILAR TO DETERMINING BASE SALARIES WITH POSITIONS AND ORGANIZATIONS SIMILAR TO NGHS. INCLUDED IN BENEFITS ARE RETIREMENT PROGRAMS TO ENHANCE RETENTION AND PROGRESS TOWARD LONG-TERM GOALS WITHIN NGHS' MISSION.

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.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

INTERCOMPANY DEBT FORGIVENESS	-98,845,556.
PARTNERSHIP INCOME NOT ON BOOKS	-129,443.
NET ASSETS RELEASED FROM RESTRICTION	868,386.
TOTAL TO FORM 990, PART XI, LINE 9	-98,106,613.

**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

2017

Open to Public
Inspection

Name of the organization

NORTHEAST GEORGIA MEDICAL CENTER, INC.

Employer identification number
58-1694098

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
HEALTHCONNECTIONS, LLC - 58-1694098 743 SPRING STREET GAINESVILLE, GA 30501	HEALTHCARE	GEORGIA	0.	0. N/A	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
NORTHEAST GEORGIA HEALTH SYSTEM, INC. - 58-1694090, 743 SPRING STREET, GAINESVILLE, GA 30501	HEALTHCARE - PARENT ORG.	GEORGIA	501(C)(3)	LINE 12C, III-FI	N/A		X
THE MEDICAL CENTER FOUNDATION, INC. - 58-1694820, 743 SPRING STREET, GAINESVILLE, GA 30501	FUNDRAISING AND SUPPORT	GEORGIA	501(C)(3)	LINE 7	NORTHEAST GEORGIA HEALTH SYSTEM, INC.		X
NORTHEAST GEORGIA PHYSICIANS GROUP, INC. - 58-2078064, 743 SPRING STREET, GAINESVILLE, GA 30501	HEALTHCARE	GEORGIA	501(C)(3)	LINE 12B, II INC.	NORTHEAST GEORGIA HEALTH SYSTEM, INC.		X
THE MEDICAL CENTER AUXILIARY, INC. - 58-1550576, 743 SPRING STREET, GAINESVILLE, GA 30501	FUNDRAISING AND SUPPORT	GEORGIA	501(C)(3)	LINE 10	NORTHEAST GEORGIA HEALTH SYSTEM, INC.		X

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

Schedule R (Form 990) 2017

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)	X	
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)	X	

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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

