

EXTENDED TO AUGUST 17, 2020

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

A For the 2018 calendar year, or tax year beginning **OCT 1, 2018** and ending **SEP 30, 2019**



B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization THE MEDICAL CENTER FOUNDATION, INC. DBA THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN		D Employer identification number 58-1694820
	Doing business as		E Telephone number 770-219-6659
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 7,750,881.
	743 SPRING STREET		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code GAINESVILLE, GA 30501-3899		H(b) Are all subordinates included? Yes No If "No," attach a list. (see instructions)
F Name and address of principal officer: CAROL BURRELL SAME AS C ABOVE			H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c)() ◀ (insert no.) 4947(a)(1) or 527			
J Website: ▶ WWW.NGHS.COM			
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶			L Year of formation: 1986 M State of legal domicile: GA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: IMPROVING THE HEALTH OF THE COMMUNITY IN ALL WE DO.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 38	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 6,595,912.	Current Year 5,365,182.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-832,861.	2,353,336.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-50,119.	-49,406.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,712,932.	7,669,112.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,690,737.	4,635,580.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,121,214.	1,146,897.
	16 a Professional fundraising fees (Part IX, column (A), line 11a)	124,799.	46,690.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,542,493.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	510,298.	497,204.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,447,048.	6,326,371.
19 Revenue less expenses. Subtract line 18 from line 12	265,884.	1,342,741.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 37,900,053.	End of Year 34,953,776.
	21 Total liabilities (Part X, line 26)	3,031,097.	141,523.
	22 Net assets or fund balances. Subtract line 21 from line 20	34,868,956.	34,812,253.

Part II Signature Block

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

Sign Here	Signature of officer 	Date 8/17/2020			
	BRIAN D. STEINES, CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name DEBORAH O. ERNSBERGER	Preparer's signature 	Date 08/17/20	Check if self-employed <input type="checkbox"/>	PTIN P00364912
	Firm's name ▶ PYA, P. C.	Firm's EIN ▶ 62-1517792			
	Firm's address ▶ 2220 SUTHERLAND AVE. KNOXVILLE, TN 37919	Phone no. 865-673-0844			

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

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 MEDICAL CENTER FOUNDATION, INC., ALSO KNOWN AS THE NORTHEAST GEORGIA HEALTH SYSTEM FOUNDATION (NGHS FOUNDATION), IS AN AFFILIATE OF NORTHEAST GEORGIA HEALTH SYSTEM (NGHS) AND IS ON A MISSION OF IMPROVING THE HEALTH OF THE COMMUNITY IN ALL WE DO. NGHS IS A

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
 If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
 If "Yes," describe these changes on Schedule O.

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

4a (Code _____) (Expenses \$ 4,640,348. including grants of \$ 4,635,580.) (Revenue \$ _____)
AS A PART OF NORTHEAST GEORGIA HEALTH SYSTEM, THE NGHS FOUNDATION SERVES MORE THAN A MILLION PEOPLE ACROSS 19 COUNTIES IN OUR REGION. SEE SCHEDULE O FOR PROGRAM SERVICE ACCOMPLISHMENTS CONTINUATION.

****SEE SCHEDULE O FOR PROGRAM SERVICE ACCOMPLISHMENTS CONTINUATION****

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 **4,640,348.**

	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 Schedule B, Schedule of Contributors?	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
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?		
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	

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Part IV Checklist of Required Schedules *(continued)*

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <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?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>Note. All Form 990 filers are required to complete Schedule O</i>	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

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

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a	0	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	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.	17													
1b Enter the number of voting members included in line 1a, above, who are independent		12												
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.)

	10a	10b	11a	11b	12a	12b	12c	13	14	15a	15b	16a	16b	19b	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?																

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 (1024 or 1024-A 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 **JIMENA A. VILLAMOR, EXECUTIVE DIRECTOR/CONTROLLER - 770-219-6659**
743 SPRING STREET, GAINESVILLE, GA 30501-3899

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) CARYN MCGARITY MEMBER	1.00	X						0.	0.	0.
(2) CHRISTOPHER BRAY PRES. & CHIEF DEVELOPMENT OFFICER	40.00	X						0.	169,594.	19,265.
(3) CRYSTAL SCHLIEMAN MEMBER	1.00	X						0.	0.	0.
(4) ELLEN TOMS MEMBER	1.00	X						0.	0.	0.
(5) HEATH GURR MEMBER, PHARMACIST - NGMC	1.00 35.00	X						0.	143,245.	44,140.
(6) IVAN MOORE MEMBER, RN-EVOR - NGMC	1.00 40.00	X						0.	147,337.	36,631.
(7) JENNIFER BAGWELL MEMBER	1.00	X						0.	0.	0.
(8) JENNIFER STOECKIG MEMBER, NGMC DON, LTC	1.00 40.00	X						0.	90,428.	35,523.
(9) JON HORN, MD MEMBER	1.00	X						0.	0.	0.
(10) JOSH SCHLIEMAN MEMBER	1.00	X						0.	0.	0.
(11) LETRELL SIMPSON CHAIR	1.00 1.00	X						0.	0.	0.
(12) PHILIP WILHEIT MEMBER	1.00	X						0.	0.	0.
(13) PIERPONT BROWN, M.D. MEMBER, PHYSICIAN - NGPG	1.00 40.00	X						0.	439,005.	39,658.
(14) RAFAEL PASCUAL, MD MEMBER	1.00	X						0.	0.	0.
(15) RICKY PUGH MEMBER	1.00	X						0.	0.	0.
(16) RON LEWIS, MD MEMBER, PHYSICIAN - NGPG	1.00 40.00	X						0.	527,323.	44,978.
(17) SCOTT MCGARITY VICE CHAIR	1.00	X						0.	0.	0.

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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) TONY FUNARI MEMBER	1.00	X						0.	0.	0.
(19) WILLIAM "BUDDY" LANGSTON, M.D. MEMBER	1.00	X						0.	0.	0.
(20) WILLIAM BAGWELL MEMBER	1.00	X						0.	0.	0.
(21) BRIAN D. STEINES CHIEF FINANCIAL OFFICER - NGHS	1.00 40.00			X				0.	791,746.	110,406.
(22) CAROL BURRELL PRESIDENT & CEO	1.00 40.00			X				0.	5,078,841.	67,760.
(23) STEPHEN KELLY CHIEF COMPLIANCE OFFICER - NGHS	1.00 40.00			X				0.	276,440.	50,921.
(24) DEBORAH WEBER CHIEF HUMAN RESOURCES OFFICER - NGHS	1.00 40.00				X			0.	417,402.	67,493.
(25) LINDA NICHOLSON VP CORPORATE FINANCIAL REPORTING/CON	1.00 40.00				X			0.	316,107.	121,044.
(26) TRACY VARDEMAN CHIEF STRATEGY EXECUTIVE - NGHS	1.00 40.00				X			0.	450,033.	104,946.
1b Sub-total								0.	8,847,501.	742,765.
c Total from continuation sheets to Part VII, Section A								0.	444,545.	22,175.
d Total (add lines 1b and 1c)								0.	9,292,046.	764,940.

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 **0**

- 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
- 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
- 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

	Yes	No
3	X	
4	X	
5		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
WILLIS INVESTMENT COUNCIL 710 GREEN STREET, GAINESVILLE, GA 30501	INVESTMENT SERVICES	169,240.

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 **1**

SEE PART VII, SECTION A CONTINUATION SHEETS

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THE MEDICAL CENTER FOUNDATION, INC. DBA
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Form 990

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) JAMES BAILEY FMR, VP-CHIO/COO, CUR. NGPG PHYS.	0.00 40.00						X	0.	444,545.	22,175.
Total to Part VII, Section A, line 1c								444,545.	22,175.	

832201
04-01-16

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	389,406.				
	d Related organizations	1d	2,411,395.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,564,381.				
	g Noncash contributions included in lines 1a-1f \$		17,675.				
	h Total. Add lines 1a-1f		5,365,182.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,359,276.			2,359,276.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses		5,940.			
		c Gain or (loss)		-5,940.			
		d Net gain or (loss)		-5,940.			-5,940.
	8 a Gross income from fundraising events (not including \$ 389,406. of contributions reported on line 1c). See Part IV, line 18	a		26,423.			
		b Less: direct expenses	b	75,829.			
		c Net income or (loss) from fundraising events		-49,406.			-49,406.
	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 _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			7,669,112.	0.	0.	2,303,930.	

**THE MEDICAL CENTER FOUNDATION, INC. DBA
THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN**

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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	4,624,440.	4,624,440.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	11,140.	11,140.		
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	169,594.	492.	14,806.	154,296.
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	772,786.	2,241.	67,464.	703,081.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	136,318.	395.	11,901.	124,022.
9 Other employee benefits				
10 Payroll taxes	68,199.	198.	5,954.	62,047.
11 Fees for services (non-employees):				
a Management				
b Legal	505.	1.	44.	460.
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	46,690.			46,690.
f Investment management fees	151,832.	440.	13,255.	138,137.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	70,233.	203.	6,130.	63,900.
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	10,891.	32.	951.	9,908.
17 Travel	23,044.	67.	2,012.	20,965.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	32,104.	93.	2,803.	29,208.
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	72,992.	212.	6,372.	66,408.
b PRINTING	40,234.	117.	3,512.	36,605.
c DONOR RECOGNITION	37,294.	108.	3,256.	33,930.
d SALES TAX	8,175.	24.	714.	7,437.
e All other expenses	49,900.	145.	4,356.	45,399.
25 Total functional expenses. Add lines 1 through 24e	6,326,371.	4,640,348.	143,530.	1,542,493.
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 958-729)

THE MEDICAL CENTER FOUNDATION, INC. DBA
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Form 990 (2018)

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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		1	
	2 Savings and temporary cash investments	3,939,249.	2	1,568,085.
	3 Pledges and grants receivable, net	3,437,033.	3	1,918,480.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	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	99,065.	7	137,188.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,733,262.		
	b Less: accumulated depreciation	10b 279,833.	10c	3,453,429.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	24,335,361.	13	23,129,336.
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	2,600,914.	15	4,747,258.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	37,900,053.	16	34,953,776.	
Liabilities	17 Accounts payable and accrued expenses	77,528.	17	94,624.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	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	2,953,569.	25	46,899.
	26 Total liabilities. Add lines 17 through 25	3,031,097.	26	141,523.
	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		14,084,377.	27	13,155,412.
28 Temporarily restricted net assets		15,319,339.	28	16,158,774.
29 Permanently restricted net assets		5,465,240.	29	5,498,067.
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	34,868,956.	33	34,812,253.	
34 Total liabilities and net assets/fund balances	37,900,053.	34	34,953,776.	

Form 990 (2018)

THE MEDICAL CENTER FOUNDATION, INC. DBA
THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN

Form 990 (2018)

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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	7,669,112.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,326,371.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,342,741.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	34,868,956.
5	Net unrealized gains (losses) on investments	5	73,225.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,472,669.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	34,812,253.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
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?		X
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		

Form 990 (2018)

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

2018

Open to Public Inspection

Name of the organization **THE MEDICAL CENTER FOUNDATION, INC. DBA THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN** Employer identification number **58-1694820**

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 on your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018

THE MEDICAL CENTER FOUNDATION, INC. DBA

Schedule A (Form 990 or 990-EZ) 2018 THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN 58-1694820 Page 2

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5007683.	5730704.	5153133.	6595912.	5365182.	27852614.
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	5007683.	5730704.	5153133.	6595912.	5365182.	27852614.
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						27852614.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	5007683.	5730704.	5153133.	6595912.	5365182.	27852614.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	826,612.	630,813.	955,380.	-832,861.	2359276.	3939220.
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						31791834.
12 Gross receipts from related activities, etc. (see instructions)					12	108,682.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	87.61	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	92.18	%
16a 33 1/3% support test - 2018. 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 checked="" type="checkbox"/>
b 33 1/3% support test - 2017. 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 - 2018. 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 - 2017. 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"/>

Schedule A (Form 990 or 990-EZ) 2018

THE MEDICAL CENTER FOUNDATION, INC. DBA

(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. 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

THE MEDICAL CENTER FOUNDATION, INC. DBA

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

THE MEDICAL CENTER FOUNDATION, INC. DBA

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? If "Yes" to a, b, or c, provide detail in Part VI.		
11a		
11b		
11c		

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? 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.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
1		
2		

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)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
3		

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? 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.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
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? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
2a		
2b		
3a		
3b		

THE MEDICAL CENTER FOUNDATION, INC. DBA

Schedule A (Form 990 or 990-EZ) 2018 **THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN 58-1694820** Page 6

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 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) 2018

THE MEDICAL CENTER FOUNDATION, INC. DBA

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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2018

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 **THE MEDICAL CENTER FOUNDATION, INC. DBA THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN** Employer identification number **58-1694820**

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-

- 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="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">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) 2015	(b) 2016	(c) 2017	(d) 2018	(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					

Schedule C (Form 990 or 990-EZ) 2018

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		230.
j Total. Add lines 1c through 1i			230.
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:

THE MEDICAL CENTER FOUNDATION, INC. PAYS MEMBERSHIP DUES TO THE
ASSOCIATION FOR HEALTHCARE PHILANTHROPY, GEORGIA HOSPITAL ASSOCIATION,
AND THE GREATER HALL CHAMBER OF COMMERCE. A PORTION OF THESE DUES IS
DESIGNATED FOR LOBBYING ACTIVITIES BY THESE ORGANIZATIONS.

SCHEDULE D
(Form 990)

Supplemental Financial Statements

CMB No. 1545-0047

2018
Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

Name of the organization **THE MEDICAL CENTER FOUNDATION, INC. DBA THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN** Employer identification number **58-1694820**

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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

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

a Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

Schedule D (Form 990) 2018

832051 10-20-18

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	20,784,579.	19,765,400.	18,583,043.	18,118,047.	16,101,021.
b Contributions	3,238,108.	4,000,666.	3,314,674.	3,540,926.	3,145,604.
c Net investment earnings, gains, and losses	98,280.	113,308.	150,450.	196,428.	-73,802.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,665,485.	3,737,972.	2,291,945.	3,336,244.	1,137,475.
f Administrative expenses	-201,359.	-643,177.	-9,178.	-63,886.	-82,699.
g End of year balance	21,656,841.	20,784,579.	19,765,400.	18,583,043.	18,118,047.

- 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 25.39 %
 - c Temporarily restricted endowment 74.61 %
- 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:
- | | Yes | No |
|-----------------------------|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 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	3,304,750.			3,304,750.
b Buildings		341,490.	203,769.	137,721.
c Leasehold improvements		5,635.	5,635.	0.
d Equipment		81,387.	70,429.	10,958.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,453,429.

THE MEDICAL CENTER FOUNDATION, INC. DBA

Schedule D (Form 990) 2018

THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN

58-1694820 Page 3

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) INVESTMENT IN LIMITED		
(2) PARTNERSHIP	23,129,336.	COST
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		23,129,336.

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) OTHER ASSETS	4,747,258.
(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) DUE TO AFFILIATES	46,899.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

Schedule D (Form 990) 2018

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	6,193,665.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a	73,225.	
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d	75,829.	
e Add lines 2a through 2d			149,054.
3 Subtract line 2e from line 1		3	6,044,611.
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	151,832.	
b Other (Describe in Part XIII.)	4b	1,472,669.	
c Add lines 4a and 4b			1,624,501.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	7,669,112.

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	6,250,368.
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	75,829.	
e Add lines 2a through 2d			75,829.
3 Subtract line 2e from line 1		3	6,174,539.
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	151,832.	
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b			151,832.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	6,326,371.

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 V, LINE 4:

ENDOWMENT FUNDS ARE TO BE USED TO SUPPORT NORTHEAST GEORGIA MEDICAL CENTER, INC. (NGMC), A RELATED TAX-EXEMPT ENTITY. SPECIFICALLY, ENDOWMENT FUNDS ARE TO BE USED FOR SCHOLARSHIPS, NGMC EXPENSES AND INDIGENT CARE.

PART X, LINE 2:

THE FOUNDATION IS ORGANIZED AS A GEORGIA NOT-FOR-PROFIT CORPORATION AND IS EXEMPT FROM FEDERAL 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, 2019, MANAGEMENT DOES NOT BELIEVE THE FOUNDATION HOLDS ANY UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE UNDER GENERALLY

ACCEPTED ACCOUNTING PRINCIPLES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE 75,829.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

PARTNERSHIP INCOME NOT ON RETURN 1,334,414.

OTHER CHANGES 138,255.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 1,472,669.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE 75,829.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization **THE MEDICAL CENTER FOUNDATION, INC. DBA
THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN**

Employer identification number
58-1694820

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
PENTERA - 8650 COMMERCE PARK PLACE, SUITE G, INDIANAPOLIS, IN	ASSISTED WITH PLANNED GIFT MARKETING		X	0.	19,690.	0.
ADVISORY BOARD - 743 SPRING STREET, GAINESVILLE, GA	ASSISTED WITH ALL ASPECTS OF FUNDRAISING		X	0.	27,000.	0.
Total					46,690.	

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

GA

THE MEDICAL CENTER FOUNDATION, INC. DBA

Schedule G (Form 990 or 990-EZ) 2018 THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN 58-1694820 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOLF TOURNAMENT (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	415,829.		415,829.
	2	Less: Contributions	389,406.		389,406.
	3	Gross income (line 1 minus line 2)	26,423.		26,423.
Direct Expenses	4	Cash prizes	2,500.		2,500.
	5	Noncash prizes	3,180.		3,180.
	6	Rent/facility costs	12,689.		12,689.
	7	Food and beverages	8,289.		8,289.
	8	Entertainment			
	9	Other direct expenses	49,171.		49,171.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			75,829.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-49,406.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

THE MEDICAL CENTER FOUNDATION, INC. DBA

Schedule G (Form 990 or 990-EZ) 2018 THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN 58-1694820 Page 3

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility

13a	%
-----	---

b An outside facility

13b	%
-----	---

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (ii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: PENTERA

(I) ADDRESS OF FUNDRAISER:

8650 COMMERCE PARK PLACE, SUITE G, INDIANAPOLIS, IN 46268

(I) NAME OF FUNDRAISER: ADVISORY BOARD

(I) ADDRESS OF FUNDRAISER: 743 SPRING STREET, GAINESVILLE, GA 30501-3899

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

Completes 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.

Department of the Treasury Internal Revenue Service

Name of the organization **THE MEDICAL CENTER FOUNDATION, INC. DBA THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN**

Employer identification number **58-1694820**

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
AMERICAN CANCER SOCIETY P.O. BOX 102454 ATLANTA, GA 30368	13-1788491	501(C)(3)	13,000.	0.			RELAY FOR LIFE
MARCH OF DIMES 311 GREEN STREET, SUITE 101 GAINESVILLE, GA 30501	13-1846366	501(C)(3)	6,500.	0.			MARCH FOR BABIES
NORTHEAST GEORGIA MEDICAL CENTER, INC. - 743 SPRING STREET - GAINESVILLE, GA 30501	58-1694098	501(C)(3)	1,996,461.	0.			SUPPORT
AMERICAN HEART ASSOCIATION 1353 JENNINGS HILL RD, SUITE A BOGART, GA 30622	13-5613797	501(C)(3)	35,000.	0.			HEARTWALK AND GO RED FOR WOMEN SPONSORSHIPS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **4.**

3 Enter total number of other organizations listed in the line 1 table **4.**

58-1694820

THE MEDICAL CENTER FOUNDATION, INC. DBA
THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN

Schedule I (Form 990) (2018)

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
SCHOLARSHIPS	1	11,140.	0.		

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.

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

Name of the organization

**THE MEDICAL CENTER FOUNDATION, INC. DBA
THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN**

Employer identification number
58-1694820

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

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?

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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

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?
- b** Any related organization?

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?
- b** Any related organization?

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

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
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) 2018

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.

Notes: 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) CHRISTOPHER BRAY PRES. & CHIEF DEVELOPMENT OFFICER	(i) 0.	(ii) 45,000.	(iii) 723.	3,942.	15,323.	188,859.	0.
(2) HEATH CURR MEMBER, PHARMACIST - NCMC	(i) 142,679.	(ii) 0.	(iii) 566.	13,548.	30,592.	187,385.	0.
(3) IVAN MOORE MEMBER, RN-EVOR - NCMC	(i) 121,354.	(ii) 13,039.	(iii) 12,944.	6,274.	30,357.	183,968.	0.
(4) PIERPONT BROWN, M.D. MEMBER, PHYSICIAN - NPG	(i) 412,956.	(ii) 0.	(iii) 26,049.	9,625.	30,033.	478,663.	0.
(5) RON LEWIS, MD MEMBER, PHYSICIAN - NPG	(i) 506,176.	(ii) 0.	(iii) 21,147.	9,625.	35,353.	572,301.	0.
(6) BRIAN D. STEINES CHIEF FINANCIAL OFFICER - NMGHS	(i) 574,183.	(ii) 195,666.	(iii) 21,897.	81,627.	28,779.	902,152.	0.
(7) CAROL BURRELL PRESIDENT & CEO	(i) 972,032.	(ii) 463,840.	(iii) 3,642,969.	56,590.	11,170.	5,146,601.	0.
(8) STEPHEN KELLY CHIEF COMPLIANCE OFFICER - NMGHS	(i) 209,612.	(ii) 55,264.	(iii) 11,564.	34,345.	16,576.	327,361.	0.
(9) DEBORAH WEBER CHIEF HUMAN RESOURCES OFFICER - NMGHS	(i) 294,611.	(ii) 96,987.	(iii) 25,804.	46,765.	20,728.	484,895.	30,147.
(10) LINDA NICHOLSON VP CORPORATE FINANCIAL REPORTING/COM	(i) 220,537.	(ii) 79,424.	(iii) 16,146.	90,941.	30,103.	437,151.	24,002.
(11) TRACY VARDEMAN CHIEF STRATEGY EXECUTIVE - NMGHS	(i) 303,876.	(ii) 113,281.	(iii) 32,876.	76,825.	28,121.	554,979.	32,161.
(12) JAMES BAILEY FMR. VP-CMO/CFO, CUR. NMGPG PHYS.	(i) 417,050.	(ii) 0.	(iii) 27,495.	9,625.	12,550.	466,720.	0.
(i)							
(ii)							
(iii)							
(iv)							
(v)							
(vi)							
(vii)							
(viii)							
(ix)							
(x)							

Part III Supplemental Information

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

PART I, LINE 4B:

EMPLOYER CONTRIBUTION TO 457(F) EXECUTIVE RETIREMENT BENEFIT PLAN

BRIAN D. STEINES \$ 72,002

DEBORAH WEBER \$ 38,049

LINDA NICHOLSON \$ 27,327

TRACY M. VARDEMAN \$ 39,045

CAROL H. BURRELL, PRESIDENT AND CEO: NORTHEAST GEORGIA HEALTH SYSTEM
SPONSORED A NON-QUALIFIED DEFERRED COMPENSATION PLAN FOR MS. BURRELL DURING
THE YEARS 2010 TO 2018. CONTRIBUTIONS WERE MADE OVER THAT TIME PERIOD IN
CONSIDERATION OF MS. BURRELL'S SERVICE, AND \$3.6 MILLION VESTED AND WAS
DISTRIBUTED IN JULY 2018. THIS AMOUNT IS REPORTED IN PART II, COLUMN
(B)(III) AND WAS INCLUDED IN HER 2018 TAXABLE WAGES. IN ADDITION, BEGINNING
IN DECEMBER 2017, NGHS INVESTED IN A JOINTLY-OWNED SPLIT DOLLAR LIFE
INSURANCE PLAN FOR MS. BURRELL. THE ASSET VALUE AS OF SEPTEMBER 30, 2019
WAS \$5,874,642 AND IS REPORTED ON FORM 990, PART X, LINE 5.

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

THE MEDICAL CENTER FOUNDATION, INC. DBA
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Schedule J (Form 990) 2018

Part III Supplemental Information

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

REPORTED COMPENSATION :

DEBORAH WEBER \$ 31,833

TRACY M. VARDEMAN \$ 33,959

LINDA NICHOLSON \$ 25,344

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

2018

Open to Public
Inspection

Name of the organization

**THE MEDICAL CENTER FOUNDATION, INC. DBA
THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN**

Employer identification number
58-1694820

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

NOT-FOR-PROFIT ORGANIZATION SUPPORTED BY THE NGHS FOUNDATION'S

FUNDRAISING ACTIVITIES AND IS THE PARENT COMPANY FOR THE FOLLOWING

AFFILIATES:

- **NORTHEAST GEORGIA MEDICAL CENTER, INC. (GAINESVILLE AND BRASELTON
CAMPUSES)**

- **NORTHEAST GEORGIA MEDICAL CENTER BARROW**

- **NORTHEAST GEORGIA MEDICAL CENTER LUMPKIN**

- **THE MEDICAL CENTER FOUNDATION, INC. (NGHS FOUNDATION)**

- **NORTHEAST GEORGIA PHYSICIANS GROUP**

- **THE HEART CENTER OF NORTHEAST GEORGIA MEDICAL CENTER**

- **THE MEDICAL CENTER AUXILIARY**

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

**NORTHEAST GEORGIA HEALTH SYSTEM, INC., (NGHS) IS A GEORGIA,
NOT-FOR-PROFIT CORPORATION, THAT ALONG WITH ITS AFFILIATES, PROVIDES**

HEALTHCARE SERVICES TO THE RESIDENTS OF NORTHEAST GEORGIA. NGHS

OPERATES A 56-BED LICENSED HOSPITAL LOCATED IN WINDER (NGMC BARROW,

LLC) AND IN JULY 2018, NGHS ACQUIRED NGMC LUMPKIN, LLC (FORMERLY

CHESTATEE REGIONAL HOSPITAL), TO INCLUDE EMERGENCY SERVICES, 10

INPATIENT BEDS AND OTHER SUPPORT SERVICES IN DAHLONEGA AND SURROUNDING

COMMUNITIES. NGHS AFFILIATE, NORTHEAST GEORGIA MEDICAL CENTER, INC.

(NGMC), OPERATES A 557-LICENSED BED INPATIENT FACILITY IN GAINESVILLE,

AND A 100-LICENSED BED INPATIENT FACILITY IN BRASELTON.

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TOGETHER, NGMC GAINESVILLE, BRASELTON, BARROW AND LUMPKIN 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, BARROW AND LUMPKIN 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 69-YEAR-OLD HOSPITAL NGMC GAINESVILLE HAS EXPANDED CONSIDERABLY IN RECENT YEARS TO MEET DEMAND, INVESTING A QUARTER OF A BILLION DOLLARS TO UPDATE ITS AGING PLANT IN GAINESVILLE. A TOTAL OF \$32.5M WAS INVESTED IN NGMC BRASELTON IN FY19 TO INCLUDE EXPANSION PROJECTS AND EMERGENCY DEPARTMENT & NICU PROJECT PLANNING, TO NAME A FEW. NGMC HAS ALSO INVESTED OVER \$7 MILLION IN BARROW, ADDING A VARIETY OF STATE-OF-THE-ART EQUIPMENT, INCLUDING THE ADDITION OF 3D MAMMOGRAPHY. WHILE NGMC LUMPKIN IS OPERATING SERVICES SUCH AS 24-HOUR EMERGENCY CARE, INPATIENT CARE AND SUPPORTING IMAGING, AND LAB AND PHARMACY SERVICES, A FUTURE CAMPUS IS BEING DEVELOPED IN LUMPKIN COUNTY ON 57 ACRES TENTATIVELY SCHEDULED TO OPEN IN FALL 2021.

NGMC SERVES AS A FINANCIAL ENGINE FOR THE LOCAL ECONOMY. IN 2018 (LATEST NUMBERS AVAILABLE), NGMC SURPASSED THE \$2 BILLION MARK IN LOCAL AND STATE ECONOMIC IMPACT, ACCORDING TO A REPORT BY THE GEORGIA HOSPITAL ASSOCIATION (GHA), WHICH APPLIED AN ECONOMIC MULTIPLIER TO THE

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HOSPITAL'S DIRECT EXPENDITURES TO ACCOUNT FOR THE "RIPPLE" EFFECT THE HOSPITAL'S SPENDING HAS ON OTHER SECTORS OF THE LOCAL AND STATE ECONOMIES. THE REPORT FOUND THAT THROUGH ITS ECONOMIC IMPACT, NGMC SUSTAINED MORE THAN 13,000 FULL-TIME JOBS THROUGHOUT THE REGION AND THE STATE IN ADDITION TO THE MORE THAN 9,000 EMPLOYEES DIRECTLY EMPLOYED BY NGHS.

IN 2019, NGMC WAS RECOGNIZED IN THE TOP 10% NATIONALLY FOR CARDIAC AND ORTHOPEDIC CARE BY HEALTHGRADES, THE NATION'S LARGEST HEALTHCARE RATINGS ORGANIZATION. 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 2019, NGMC PROVIDED CHARITY CARE IN THE COMMUNITY AT A COST OF AN ESTIMATED \$59 MILLION. 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 HEALTHCARE CLINIC IN GEORGIA, AND HEALTH ACCESS, A LOCAL SERVICE THAT MATCHES FINANCIALLY ELIGIBLE PATIENTS TO SPECIALTY PHYSICIANS AND PROVIDES ACCESS TO CARE, AMONG OTHER SERVICES.

ADDITIONALLY:

832712 10-10-18

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- 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 5 IN TOP HOSPITALS FOR NET UNCOMPENSATED CARE (\$64.5 M) PROVIDED IN GEORGIA BASED ON STATE FISCAL YEAR (SFY) 2019 INDIGENT CARE TRUST FUND (ICTF) TOTAL HOSPITAL SPECIFIC DISPROPORTIONATE SHARE HOSPITAL (DSH) LIMITS; MANY OF THE HOSPITALS ON THE LIST RECEIVED LOCAL TAX DOLLARS, WHILE NGMC DID NOT, (SFY RUNS FROM JULY 1- JUNE 30).

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

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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 AND BRASELTON HAD 151,533 ER VISITS, OPERATING THE #1 BUSIEST EMERGENCY DEPARTMENT IN GEORGIA, ACCORDING TO GHA; NGMC BARROW AND LUMPKIN ALSO OPERATE A 24-HOUR ER;

- IN FY19, 20% OF ALL NGMC GAINESVILLE AND BRASELTON EMERGENCY ROOM VISITS WERE MADE BY SELF-PAY PATIENTS; 26% FOR BARROW, AND 17% FOR LUMPKIN;

PROVIDE NON-EMERGENCY SERVICES TO ANYONE UNABLE 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 FY19, NGMC'S PAYOR MIX AT GAINESVILLE AND BRASELTON WAS 61% MEDICARE/MEDICAID, 31% COMMERCIAL INSURANCE AND 8% SELF-PAY;

- IN FY19, NGMC'S PAYOR MIX AT BARROW WAS 57% FOR MEDICARE/ MEDICAID, 26% FOR COMMERCIAL INSURANCE AND 17% FOR SELF-PAY;

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- IN FY19, NGMC'S PAYOR MIX AT LUMPKIN WAS 51% FOR MEDICARE/ MEDICAID,
31% FOR COMMERCIAL INSURANCE AND 18% FOR SELF-PAY.

PARTICIPATE IN MEDICAID AND MEDICARE;

- 61% OF PATIENTS SERVED BY NGMC GAINESVILLE AND BRASELTON IN FY19 WERE
MEDICAID AND MEDICARE PATIENTS; 57% FOR BARROW AND 51% FOR LUMPKIN;

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

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

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

- NGMC HAS A MEDICAL STAFF OF OVER 800 PHYSICIANS REPRESENTING NUMEROUS
ADVANCED SPECIALTIES SUCH AS GYNECOLOGIC ONCOLOGY, ELECTROPHYSIOLOGY,
CARDIAC SURGERY, CRITICAL CARE MEDICINE, SURGICAL TRAUMA, NEONATOLOGY,
PERINATOLOGY AND TELEMEDICINE.

REINVEST SURPLUS FUNDS IN OPERATIONS.

- AS NOT-FOR-PROFIT ORGANIZATIONS, THE REVENUE GENERATED BY NGMC AND
ITS PARENT ORGANIZATION, NGHS, ABOVE OPERATING EXPENSES IS REINVESTED

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INTO THE COMMUNITY. EXAMPLES INCLUDE INVESTMENTS IN ADVANCED MEDICAL TECHNOLOGY SUCH AS ROBOTIC SURGICAL SYSTEMS AND STATE OF THE ART RADIATION THERAPY EQUIPMENT, THE DEVELOPMENT OF A LEVEL 2 TRAUMA CENTER, AND IN BARROW, THE ONLY FACILITY TO OFFER 3D MAMMOGRAPHY IN THAT COUNTY.

NGMC PARTICIPATES IN THE INDIGENT CARE TRUST FUND (ICTF), A PROGRAM ESTABLISHED IN 1990, WHICH EXPANDS MEDICAID ELIGIBILITY AND SERVICES, SUPPORTS RURAL HEALTH CARE FACILITIES THAT SERVE THE MEDICALLY INDIGENT AND FUNDS PRIMARY HEALTH CARE PROGRAMS FOR MEDICALLY INDIGENT GEORGIANS. GEORGIA'S DISPROPORTIONATE SHARE HOSPITAL (DSH) PROGRAM IS FUNDED THROUGH THE ICTF, AND ASSISTS HOSPITALS AND OTHER HEALTH PROVIDERS THAT CARE FOR HIGH PROPORTIONS OF MEDICAID, UNINSURED AND/OR LOW-INCOME PATIENTS.

IN 2019, NGMC RECEIVED \$7.4 MILLION IN NET FUNDS ALLOCATED THROUGH THE MEDICAID DSH (ICTF) PROGRAM TO PARTIALLY OFFSET A FINANCIAL LOSS OF \$64.5 MILLION IN COST THE MEDICAL CENTER INCURRED TREATING UNINSURED AND MEDICAID PATIENTS. IN ADDITION, NGMC RECEIVED \$4.2 MILLION IN NET FUNDS ALLOCATED THROUGH THE MEDICAID UPPER PAYMENT LIMIT PROGRAM TO ADJUST MEDICAID PAYMENTS UPWARD TO MATCH MEDICARE PAYMENT LEVELS.

NGMC GAINESVILLE & BRASELTON

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 NORTHEAST

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GEORGIA, 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 FY19, NGMC GAINESVILLE AND BRASELTON PROVIDED OVER \$10.9 MILLION IN COMMUNITY BENEFIT PROGRAMS/OUTREACH. HEALTH EDUCATION WAS PROVIDED THROUGH FREE COMMUNITY LECTURES, HEALTH SCREENINGS, AND VARIOUS SUPPORT GROUPS. NGMC ALSO OFFERED MANY 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?

NORTHEAST GEORGIA HEALTH SYSTEM, WITH INPUT FROM THE COMMUNITY, COMPLETED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN 2019. THE ASSESSMENT FOCUSED MAINLY ON THE NEEDS OF THE COMMUNITY'S MOST VULNERABLE POPULATIONS, PARTICULARLY THOSE WITH LOW-INCOMES WHO ARE UNINSURED. INPUT FROM THE COMMUNITY WAS GATHERED THROUGH FOCUS GROUPS AND INTERVIEWS. THE STUDY CULMINATED IN THE IDENTIFICATION OF THE 5 FOLLOWING HEALTH PRIORITIES THAT FIT HAND-IN-GLOVE WITH THE STRATEGIC DIRECTION OF THE ORGANIZATION: BEHAVIORAL AND MENTAL HEALTH, ACCESS TO CARE, DIABETES, CARDIOVASCULAR DISEASE, AND SEPTICEMIA.

FOR DETAILS ON HOW NGMC IS ADDRESSING THE SIGNIFICANT NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA, GO TO:

[HTTPS://WWW.NGHS.COM/FULLPANEL/UPLOADS/FILES/IMPLEMENTATION-PLAN-2020-UP](https://www.nghs.com/fullpanel/uploads/files/implementation-plan-2020-up)

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DATED. PDF.

NORTHEAST GEORGIA HEALTH SYSTEM IS A PARTNER IN UNITED WAY'S ONE HALL MENTAL AND BEHAVIORAL HEALTH SUBCOMMITTEE. UNDER UNITED WAY'S ONE HALL FRAMEWORK, THE COMMITTEE IS WORKING BETTER TO COORDINATE MENTAL HEALTH SERVICES IN NORTHEAST GEORGIA THROUGH NEW FORMS OF CONNECTIVITY AND GREATER COLLABORATION. NGHS, UNITED WAY OF HALL COUNTY, AND OTHER NON-PROFITS IN HALL COUNTY ARE WORKING TOGETHER ON A COORDINATED COMMUNITY NETWORK TO CREATE A SHARED DATA PLATFORM TO BECOME MORE EFFICIENT WHEN SERVING THOSE WHO HAVE SOCIAL NEEDS THAT IMPACT OVERALL WELLBEING. THIS PLATFORM WILL BE USED TO MAKE REFERRALS TO RESOURCES AND PROVIDE A UNIVERSAL METHOD TO TRACK OUTCOMES, RESULTING IN BETTER, MORE COORDINATED CARE. IN ADDITION TO THIS SHARED PLATFORM AND NAVIGATION SYSTEM, MENTAL HEALTH FIRST AID TRAINING WILL BE PROVIDED TO TARGETED AUDIENCES. NGHS IS A LEADING PARTNER IN THE REACH OUT CAMPAIGN TO DESTIGMATIZE THE NEED FOR MENTAL HEALTH SERVICES.

NGMC'S EMERGENCY DEPARTMENTS CONTINUE TO PARTNER WITH THE GEORGIA COUNCIL ON SUBSTANCE ABUSE TO IMPLEMENT THE ED-CARES (CERTIFIED ADDICTION RECOVERY SPECIALISTS) PROGRAM WHICH CONNECTS PEOPLE WHO HAVE BEEN ADMITTED TO EMERGENCY ROOMS FOR AN OPIOID-RELATED OVERDOSE WITH TRAINED PEER RECOVERY COACHES WHO PLAY AN IMPORTANT ROLE IN HELPING PEOPLE AVOID ANOTHER OVERDOSE AND ENCOURAGING THEM TO SEEK TREATMENT. NGMC IS THE ONLY HOSPITAL SYSTEM IN GEORGIA TO PROVIDE THIS SUPPORT, WHICH IS PROVIDED IN EMERGENCY DEPARTMENTS (ED) AT GAINESVILLE, BRASELTON AND BARROW. PEER RECOVERY COACHES SERVED IN THE CAPACITY OF 4,241 TOTAL ENCOUNTERS IN THE ED, WHERE 3,463 PATIENTS WERE IMPACTED BY THIS INTERVENTION, INCLUDING 4,943 SUCCESSFUL FOLLOW-UPS AFTER THE ED

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VISIT AND 823 PEERS STILL ENGAGED WITH A RECOVERY COACH. THE PROGRAM IS SEEKING BI-LINGUAL VOLUNTEERS AND WILL CONDUCT LISTENING SESSIONS AND FACILITATED TRAININGS WITH ADULTS AND YOUTH. IN ADDITION TO THIS, THE PROGRAM WILL PROVIDE TRAINING AND TECHNICAL ASSISTANCE TO 18 RECOVERY COMMUNITY ORGANIZATIONS ACROSS THE STATE TO IMPLEMENT PEER PROGRAMS IN THEIR LOCAL EMERGENCY DEPARTMENTS BASED ON THIS PROGRAM.

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. SINCE THE START OF THE PROGRAM IN 2018, PEER RECOVERY COACHES SERVED IN THE CAPACITY OF 187 ENCOUNTERS AND 1,207 FOLLOW-UPS. FURTHERMORE, NGMC NICU NURSES SOUGHT SPECIALIZED TRAINING TO CARE FOR BABIES BORN ADDICTED AND THEIR FAMILIES, AND NOT ONLY IMPLEMENTED PROTOCOLS THAT REDUCED THE LENGTH OF STAY NEEDED FOR THESE BABIES, BUT ALSO EMPOWER AND STRENGTHEN THE MOTHERS AND FATHERS TO CARE FOR THEIR BABIES. THE NICU TEAM WAS AWARDED WITH THE 2019 TEAM DAISY AWARD FOR THEIR WORK WITH BABIES BORN WITH NAS, WHICH WAS SO IMPACTFUL THAT THEY PRESENTED THEIR WORK AT THE SIGMA THETA TAU INTERNATIONAL NURSING HONOR SOCIETY CONVENTION IN WASHINGTON DC THAT CONNECTS THOUSANDS OF NURSES ACROSS 100 COUNTRIES.

FOR MORE INFORMATION ABOUT PROGRESS ON THESE AND OTHER HEALTH PRIORITIES OF 2017-2019, GO TO [HTTPS://WWW.NGHS.COM/2019-CHNA-IMPLEMENTATION-PROGRESS-REPORT](https://www.nghs.com/2019-CHNA-IMPLEMENTATION-PROGRESS-REPORT).

THE FOLLOWING CONTAINS ADDITIONAL HIGHLIGHTS OF COMMUNITY BENEFIT

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ACTIVITIES PROVIDED BY NGMC IN FY19, 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-FIVE PHYSICIANS, 7 MID-LEVEL PROVIDERS, 43 DENTISTS AND ONE DENTAL HYGIENIST VOLUNTEER TO TREAT PATIENTS AT GNC. IN ADDITION, 120 SPECIALIST PHYSICIANS VOLUNTEER TO TREAT PATIENTS IN THEIR OFFICES THROUGH HEALTH ACCESS INITIATIVE. IN FY19, OVER \$500,000 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 ALSO SUPPORTED THE IMPLEMENTATION OF A HIGH-LEVEL ELECTRONIC MEDICAL RECORD SYSTEM TO IMPROVE COORDINATION OF CARE AND OUTCOMES FOR THIS VULNERABLE PATIENT POPULATION.

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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 CONTINUED TO BE SUCCESSFUL, HOLDING THE 30-DAY HOSPITAL READMISSIONS TO LESS THAN 3% IN 2019.

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 FY19, NGMC CONTRIBUTED OVER \$1.1 MILLION TO PROVIDE THIS CLINIC.

PRENATAL CARE PROGRAM AT THE HEALTH DEPARTMENT: NGMC, THE LONGSTREET CLINIC, AND HALL COUNTY HEALTH DEPARTMENT PARTNER TO IMPROVE BIRTH OUTCOMES BY INCREASING EARLY PRENATAL CARE FOR LOW-INCOME, UNINSURED AND UNDER-INSURED PREGNANT WOMEN VIA THE HEALTH DEPARTMENT'S PRIMARY CARE CLINIC. IN FY19, NGMC PROVIDED SUPPORT OF OVER \$200,000.

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

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THAT SERVED OVER 1,000 PEOPLE IN FY19.

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 ZERO 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 ESTIMATED CHARITY CARE COST FOR NGMC GAINESVILLE AND BRASELTON IN FY19: \$28.7 MILLION FOR HALL COUNTY WITH ANOTHER \$26.3 MILLION FOR REGIONAL RESIDENTS OUTSIDE OF HALL COUNTY.

FINANCIAL NAVIGATORS: NGMC HAS FINANCIAL ASSISTANCE COUNSELORS WHO HELP PATIENTS BECOME INSURED, BE IT THROUGH MEDICAID, PEACHCARE OR OTHER PROGRAMS. THIS TEAM FOCUSES ON BEING ADVOCATES FOR UNINSURED AND UNDER-INSURED PATIENTS, AIDING THEM IN FINDING VIABLE MEANS TO ACCESS CARE. THEY FIND THE BEST SOLUTIONS FOR HELPING PATIENTS APPLY FOR MEDICAID OR DISABILITY, ACCESSING HEALTHCARE EXCHANGES OR PROCESSING CHARITY APPLICATIONS WHEN APPROPRIATE. THE FINANCIAL NAVIGATOR TEAM SERVED MORE THAN 42,000 PEOPLE SEEKING ASSISTANCE.

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.

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NGMC'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. IN 2019, NGMC WAS ONE OF ONLY THREE HOSPITALS IN GEORGIA AND 24 HOSPITAL SYSTEMS IN THE SOUTHEAST TO RECEIVE THE AMERICAN CANCER SOCIETY'S HPV CANCER FREE PARTNERSHIP AWARD, WHICH RECOGNIZES THE HOSPITAL'S EFFORTS IN PREVENTING HUMAN PAPILLOMAVIRUS, OR HPV, RELATED CANCERS. THROUGH FUNDING FROM THIS PARTNERSHIP, WE HAVE BEEN ABLE TO REACH AREAS OF OUR COMMUNITY MOST AT RISK AND HELP REDUCE BARRIERS FOR WOMEN IN NEED OF CERVICAL CANCER SCREENINGS.

PARTNERING IN THE COMMUNITY

NGMC VOLUNTEERS: IN FY19, 776 NGMC VOLUNTEERS CONTRIBUTED 74,428 VOLUNTEER HOURS, EQUIVALENT TO 44 FULL TIME EMPLOYEES AND A VALUE OF OVER \$1.9 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. 123 TEENS PARTICIPATED IN THE TEEN VOLUNTEER PROGRAM IN 2019. THE TEENS REPRESENTED 36 DIFFERENT SCHOOLS WITHIN THE AREA.

PARTNERSHIP FOR A DRUG FREE HALL (DFH): HALL COUNTY'S RESPONSE TO THE OPIOID EPIDEMIC IS THE COLLABORATIVE PARTNERSHIP FOR A DRUG FREE HALL (DFH). MODELED AFTER A PARTNERSHIP FORMED IN GWINNETT COUNTY LED BY SENATOR RENEE UNTERMAN, WHO, ALONG WITH DEB BAILEY, EXECUTIVE DIRECTOR OF GOVERNMENTAL AFFAIRS AT NGHS, DALLAS GAY, FORMER NGHS BOARD MEMBER, AND JUDY BROWNELL, DIRECTOR OF PREVENTION AT CENTER POINT, PULLED

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TOGETHER A DIVERSE GROUP OF AGENCIES IN HALL COUNTY TO FORM DFH, A COLLABORATIVE DEDICATED TO PROVIDING THE PEOPLE OF HALL COUNTY WITH INFORMATION, RESOURCES AND ACTIONS TO ADDRESS DRUG ABUSE, REACHING OVER 2,000 PEOPLE IN THE COMMUNITY THROUGH FORUMS AND COMMUNITY EVENTS SINCE 2017. ADDITIONAL RESOURCES, SUCH AS, FORUM RECORDINGS, PARENT SUPPORT GROUP INFORMATION AND MORE CAN BE FOUND AT [HTTP://DRUGFREEHALL.ORG](http://drugfreehall.org).

READ LEARN SUCCEED: IN AN EFFORT TO IMPROVE SCHOOL READINESS AND LITERACY FOR OUR COMMUNITY'S CHILDREN, NGMC PARTNERED WITH THE UNITED WAY OF HALL COUNTY'S READ LEARN SUCCEED INITIATIVE TO PRODUCE A CHILDREN'S BOOK. PRINTED IN ENGLISH AND SPANISH, "WELCOME TO THE WORLD," PROVIDES EDUCATION ABOUT THE IMPORTANCE OF READING TO CHILDREN EVERY DAY, FOR AT LEAST 15 MINUTES, STARTING AT BIRTH. THE BOOK ALSO INCLUDES KEEPSAKE PAGES FOR BABY'S FIRST FOOTPRINTS AND HANDPRINTS. FUNDED BY THE MEDICAL CENTER AUXILIARY, OVER 4,800 COPIES WERE DISTRIBUTED FOR ALL BABIES BORN AT NGMC GAINESVILLE AND NGMC BRASELTON. TO ACCOMPANY THE DISTRIBUTION OF THIS BOOK, THREE NGMC NURSES FROM THE POST-PARTUM MOTHER/BABY UNIT ATTENDED THE TALK WITH ME BABY TRAIN THE TRAINER FOR NURSES PROGRAM WHICH IS A PUBLIC ACTION CAMPAIGN TO COACH PARENTS AND CAREGIVERS ON VOCABULARY DEVELOPMENT WITH THEIR BABIES; VOCABULARY BY AGE 3 IS THE STRONGEST PREDICTOR OF A CHILD'S FUTURE SUCCESS WITH LITERACY AND EDUCATION.

NGMC IS ACTIVELY INVOLVED IN VISION 2030 ([WWW.VISION2030.ORG](http://www.vision2030.org)), A COMMUNITY-WIDE PROGRAM SPONSORED BY THE GREATER HALL CHAMBER OF COMMERCE. MELISSA TYMCHUK, CHIEF OF STAFF AT NGHS, 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

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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, HEALTH INITIATIVE CONSORTIUM, AND HALLMARK, WHICH IS A COMMUNITY INVESTMENT PLAN THAT ADDRESSES ECONOMIC DEVELOPMENT, EDUCATION, GOVERNMENT AND COMMUNITY DEVELOPMENT THROUGH PARTNERSHIP.

THE MEDICAL CENTER FOUNDATION, DOING BUSINESS AS THE NORTHEAST GEORGIA HEALTH SYSTEM FOUNDATION (NGHS FOUNDATION), RAISES FUNDS TO BENEFIT THE COMMUNITY

THE NGHS FOUNDATION IS THE FUNDRAISING ARM OF NGMC AND RAISES FUNDS TO IMPROVE THE HEALTH OF THE COMMUNITY. THE FOUNDATION'S OPERATING EXPENSES ARE SUPPORTED BY NGMC SO THAT DONATED FUNDS CAN BE USED TO SUPPORT NGMC PROJECTS AND COMMUNITY HEALTH IMPROVEMENT INITIATIVES.

FOLLOWING ARE ITEMS OF INTEREST TO NOTE:

- SINCE 1997, APPROXIMATELY \$4.4 MILLION HAS BEEN RAISED FOR COMMUNITY HEALTH IMPROVEMENT PROJECTS THROUGH THE NGHS FOUNDATION OPEN (FORMERLY KNOWN AS THE MEDICAL CENTER OPEN).

- THE 2019 NGHS OPEN GOLF TOURNAMENT RAISED A RECORD-BREAKING \$340,000 TO FUND THE CONSTRUCTION OF A STUDENT SUCCESS CENTER (THE HUB) LOCATED AT GAINESVILLE HIGH SCHOOL AND OPEN TO THE HALL COUNTY COMMUNITY, WHERE STUDENTS WILL BE PROVIDED WITH RESOURCES FOR ACADEMIC AND WORKFORCE DEVELOPMENT, MENTAL AND BEHAVIORAL HEALTH SERVICES, AND A VARIETY OF FREE SUPPORT SERVICES THAT CAN HELP STUDENTS REACH THEIR FULL POTENTIAL

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THROUGH HEALTH AND DEVELOPMENT OPPORTUNITIES. IN ADDITION TO THESE RESOURCES, THE HUB INCLUDES A FOOD PANTRY AND CLOTHING CLOSET TO HELP MEET BASIC NEEDS FOR STUDENTS. OVER 100 COMMUNITY VOLUNTEERS, 80 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 \$10.2 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: SAFE KIDS NORTHEAST GEORGIA, LED BY NGMC, IS PART OF SAFE KIDS WORLDWIDE, THE FIRST AND ONLY NATIONAL ORGANIZATION DEDICATED SOLELY TO THE PREVENTION OF UNINTENTIONAL CHILDHOOD INJURY, THE NATION'S NUMBER ONE KILLER OF CHILDREN AGES 19 AND UNDER. THIS PROGRAM PROVIDES AFFORDABLE SAFETY EQUIPMENT SUCH AS CAR SEATS, BIKE HELMETS, AND LIFE JACKETS TO AREA CHILDREN IN NEED. WORKING WITH A COALITION MADE UP OF LAW ENFORCEMENT, AREA SCHOOLS, COMMUNITY VOLUNTEERS AND OTHERS, SAFE KIDS PROVIDES EDUCATIONAL MATERIALS AND PROGRAMS THAT TEACH CHILDREN AND THEIR PARENTS HOW TO AVOID ACCIDENTS AND INJURIES. SAFE KIDS CONTINUED THE WORK OF INJURY PREVENTION FOR FAMILIES IN THE HALL COUNTY COMMUNITY IN 2019 THANKS TO THE SUPPORT OF THE NGHS FOUNDATION AND THE MEDICAL CENTER AUXILIARY PROCEEDS FROM MARKETPLACE (AN ANNUAL FUNDRAISING EVENT OF THE MEDICAL CENTER AUXILIARY, WHICH BENEFITS HEALTHCARE SERVICES OF NGMC).

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IN FY19, MEMBERS OF THE GAINESVILLE-HALL COUNTY SAFE KIDS COALITION PROVIDED OVER 131 PROGRAMS AND EVENTS THAT REACHED AN ESTIMATED 25,000 CHILDREN AND THEIR FAMILY MEMBERS, TEACHERS AND CAREGIVERS. THROUGH THESE PROGRAMS, OVER 3,500 SAFETY ITEMS WERE DISTRIBUTED TO FAMILIES IN NEED OF THEM.

T2 DIABETES PROGRAM: THIS PROGRAM OFFERS ONGOING EDUCATION AND SUPPORT GROUPS USING 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 DIABETES EDUCATION RUNS THE PREVENT T2 PROGRAM AND PARTNERED WITH YMCA GAINESVILLE TO OFFER IT WITHIN THE FACILITY. CLASSES ARE ALSO AVAILABLE IN SPANISH AND ON SATURDAYS TO INCREASE ACCESS TO THIS SUPPORT. NGMC DIABETES EDUCATION ACHIEVED FULL RECOGNITION STATUS THROUGH CENTERS FOR DISEASE CONTROL (CDC) FOR PREVENT T2 PROGRAMS, MEANING THIS PROGRAM HAS DEMONSTRATED EFFECTIVENESS BY ACHIEVING ALL OF THE PERFORMANCE CRITERIA DETAILED IN THE CDC'S DIABETES PREVENTION RECOGNITION PROGRAM STANDARDS.

RESPECTING CHOICES ADVANCED CARE PLANNING: GUNDERSON RESPECTING CHOICES ADVANCE CARE PLANNING IS AN EVIDENCE-BASED MODEL OF ADVANCED CARE PLANNING THAT HONORS AN INDIVIDUAL'S GOALS AND VALUES FOR CURRENT AND FUTURE HEALTH CARE. THIS PROGRAM IS DESIGNED TO CREATE A CULTURE OF OPEN DISCUSSION ABOUT END OF LIFE CARE IN NORTHEAST GEORGIA SO THAT FAMILIES ARE RELIEVED OF UNNECESSARY STRESS. THIS PROJECT IS FUNDED BY THE NGHS FOUNDATION'S HEALTHY JOURNEY CAMPAIGN, WHICH FUNDS THE TRAINING AND MATERIALS NEEDED TO EDUCATE THE COMMUNITY ON IMPLEMENTING THIS MODEL. AS A COLLABORATIVE EFFORT BETWEEN THE WISDOM PROJECT 2030

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AND NGHS, PLAN IN A CAN EMERGED. IN AN EMERGENCY, EMERGENCY MEDICAL SERVICE TECHINCANS WILL LOCATE A PERSON'S PLAN IN A CAN AND TAKE IT WITH THEM TO THE HOSPITAL. THE CAN SHOULD CONTAIN A COPY OF THE INDIVIDUAL'S ADVANCE CARE DIRECTIVE, HEALTH INFORMATION, IDENTIFICATION AND OTHER IMPORTANT ITEMS. EDUCATION HAS BEEN SHARED WITH THE COMMUNITY ABOUT HOW TO MAKE ONE AND WHERE TO STORE IT.

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 FY19, OVER 6,000 INDIVIDUALS WERE SERVED THROUGH THESE PROGRAMS. ADDITIONALLY, HOSPICE OF NGMC WAS DESIGNATED AS A LEVEL 5 PARTNER OF WE HONOR VETERANS (WHV) - THE HIGHEST LEVEL OF ITS KIND FOR ITS ABOVE-AND-BEYOND COMMITMENT TO PROVIDING VETERAN-SPECIFIC CARE. AS ONE OF ONLY TWO HOSPICES IN THE STATE OF GEORGIA TO REACH THIS DESIGNATION, HOSPICE OF NGMC WAS SELECTED DUE TO ITS COMMITMENT TO UNDERSTANDING THE DIFFERENTIATED NEEDS OF VETERANS AND HOW TO MEET THOSE NEEDS.

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

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REGION TO PEOPLE SUFFERING A SEVERE HEART ATTACK KNOWN AS STEMI (S-T SEGMENT ELEVATION MYOCARDIAL INFARCTION). KEYNOTE SPEAKERS AT THE CONFERENCE INCLUDE THE NATION'S LEADING CARDIOLOGISTS AND EXPERTS IN THE STUDY OF REGIONAL APPROACHES TO HEART ATTACK CARE. THE 2019 CONFERENCE EDUCATED MORE THAN 1,500 MEDICAL PROFESSIONALS AND FIRST RESPONDERS.

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 FY19.

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. THIS CONFERENCE IS 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.

WORKFORCE DEVELOPMENT

NGMC CONTINUES TO SERVE AS A "PIPELINE" TO HELP GET MORE QUALIFIED PEOPLE INTERESTED IN HEALTHCARE POSITIONS AND HELP PROVIDE TRAINING AND

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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)).

FOOTHILLS AHEC IS A COMMUNITY-DRIVEN, NON-PROFIT CORPORATION, SUPPORTED BY FEDERAL AND LOCAL SOURCES. THE MISSION IS TO INCREASE THE SUPPLY AND DISTRIBUTION OF HEALTHCARE PROVIDERS, ESPECIALLY IN MEDICALLY UNDERSERVED AREAS. THROUGH JOINT EFFORTS, COMMUNITIES EXPERIENCE IMPROVED SUPPLY, DISTRIBUTION AND RETENTION OF QUALITY HEALTHCARE PROFESSIONALS. FOOTHILLS AHEC SERVES 31 COUNTIES IN THE NORTHEAST GEORGIA AREA. NGMC PROVIDES SUPPORT FOR AHEC EMPLOYEE BENEFITS PACKAGES, PHONE, UTILITIES AND CLEANING SERVICE EXPENSES.

GRADUATE MEDICAL EDUCATION (GME): NORTHEAST GEORGIA MEDICAL CENTER'S GME PROGRAM IS DESIGNED TO TRAIN RESIDENTS TO BE LEADERS IN THE MEDICAL FIELD, AS WELL AS IN THE COMMUNITY. MEDICAL STUDENTS 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. IN JULY OF 2019, NGMC WELCOMED ITS FIRST 26 GME RESIDENTS. ALSO IN FY19, THE FAMILY MEDICINE RESIDENCY PROGRAM RECEIVED INITIAL ACCREDITATION FROM THE ACCREDITATION COUNCIL OF GRADUATE MEDICAL EDUCATION (ACGME), MARKING OUR THIRD GME PROGRAM TO RECEIVE INITIAL ACCREDITATION, FOLLOWING INTERNAL MEDICINE AND GENERAL SURGERY RESIDENCY PROGRAMS.

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YOUTH APPRENTICESHIP AND MENTORSHIP PROGRAM: IN THE YOUTH APPRENTICESHIP PROGRAM, HIGH SCHOOL STUDENTS WORK IN THE HOSPITAL FOR ONE CLASS PERIOD IN THEIR DAY AND ROTATE THROUGH MULTIPLE DEPARTMENTS. THIS YEAR, 100 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 FY19, 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 FY19, 16 STUDENTS PARTICIPATED. THE STUDENTS WORK 20 HOURS PER WEEK IN EACH ASSIGNED DEPARTMENT. MENTORS ARE ASSIGNED IN EACH DEPARTMENT AND ATTEND A MONTHLY MEETING TO DISCUSS PROGRESS/NEEDS OF STUDENTS.

SUPPORT OF EFFORTS TO IMPROVE COMMUNITY HEALTH

EVERY DAY, EMPLOYEES OF NORTHEAST GEORGIA MEDICAL CENTER GO ABOUT THE BUSINESS OF CARING FOR THE HEALTH OF THE PEOPLE OF OUR COMMUNITY. THEY

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ARE NURSES AT THE BEDSIDE, THERAPISTS HELPING PEOPLE LEARN TO WALK AGAIN, COOKS PREPARING MEALS, ADMINISTRATORS PLANNING FOR THE FUTURE, OR OFFICE PERSONNEL PUSHING THROUGH THE DETAILS. CARING FOR OUR COMMUNITY IS PART OF THEIR EVERYDAY ROUTINE. AND WHEN ASKED TO GIVE BACK TO SUPPORT HEALTHCARE THROUGH THE FOUNDATION CAMPAIGNS, THEY DO - GENEROUSLY AND PASSIONATELY.

COMMUNITY SUPPORT TO COMBAT INFANT MORTALITY, CANCER, HEART DISEASE: 750 NGMC EMPLOYEES WALKED FOR AMERICAN HEART WALK, MARCH FOR BABIES AND RELAY FOR LIFE IN FY19. AS PART OF THE NGHS FOUNDATION'S HEALTHY JOURNEY CAMPAIGN, WATCH MEMBERS CONTRIBUTED A SIGNIFICANT DONATION TOWARD THE WALKS IN ADDITION TO SPONSORSHIPS PROVIDED BY NGMC.

BLOOD DRIVES: IN FY19, NGMC HOSTED 24 DRIVES, RESULTING IN 572 DONORS AND OVER 471 PINTS OF BLOOD.

UNITED WAY PACESETTER & MORE: NGMC HAS PARTNERED WITH UNITED WAY TO ENGAGE EMPLOYEES AND LEADERS IN THE COMMUNITY. NGHS EMPLOYEES CONTRIBUTED \$93,000 TO UNITED WAY AS A PACESETTER COMPANY.

HABITAT FOR HUMANITY: NGMC EMPLOYEES CONTRIBUTED 130 HOURS DURING NGHS BUILD DAYS FOR HABITAT FOR HUMANITY IN HALL COUNTY.

WATCH EMPLOYEES EXTENDED THEIR IMPACT TOWARDS FUNDING NGHS' EMPLOYEE EMERGENCY FUND AND LAUNCHING CHANGE GRANTS WHICH ALLOWS EMPLOYEES TO SUBMIT IMPROVEMENT IDEAS FOR FUNDING CONSIDERATION IN EFFORTS TO ENHANCE PATIENT EXPERIENCE, IMPROVE EMPLOYEE MORALE AND IMPACT PATIENT-FAMILY SATISFACTION.

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ENCOURAGING MEDICAL VOLUNTEERING: NGMC PROVIDES INFORMATION AT
PHYSICIAN ORIENTATION TO ENCOURAGE PHYSICIANS TO STEP UP TO VOLUNTEER
AT LOCAL FREE CLINICS, AS WELL AS HEALTH ACCESS. NGPG ALSO ENCOURAGES
PHYSICIANS TO GIVE OF THEIR TIME VOLUNTEERING AT THESE LOCATIONS.
THROUGH VARIOUS PHYSICIAN LEADERSHIP COUNCILS, NGMC PHYSICIANS ACTIVELY
PARTICIPATE IN COMMUNITY OUTREACH, INCLUDING EDUCATIONAL SEMINARS,
SCREENINGS, CANCER PREVENTION, AND VOLUNTEER IN REGIONAL INDIGENT
CLINICS.

LEADING THE WAY

MANY NGMC LEADERS SUPPORT COMMUNITY, CIVIC, OR PROFESSIONAL
ORGANIZATIONS ON THEIR BOARD OF DIRECTORS OR AS A PARTICIPATING MEMBER.
IN ADDITION TO THIS, NGPG ADVANCED PRACTICE PROVIDERS SUPPORT EVENTS IN
THE COMMUNITY AND PROVIDE GME INSTRUCTION TO MEDICAL, PHYSICIAN
ASSISTANT, AND NURSE PRACTITIONER STUDENTS. HERE ARE A FEW HIGHLIGHTS:

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

DR. SAM JOHNSON, RECENTLY RETIRED CHIEF MEDICAL OFFICER AT NGHS, SERVES
AS CHAIRMAN OF 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

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SIDE BY SIDE WITH COMMUNITY AGENCIES TO DEVELOP STRATEGIES TO ADDRESS
THE NEEDS.

DR. ANTONIO RIOS, CHIEF PHYSICIAN EXECUTIVE FOR NGPG, SERVES ON THE
GOOD NEWS CLINICS BOARD OF DIRECTORS. 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, ALSO SERVES ON THE GEORGIA BOARD FOR
PHYSICIANS WORKFORCE.

JASON GRADY, NR-PARAMEDIC AND REGIONAL COORDINATOR OF THE STEMI (S-T
SEGMENT ELEVATION MYOCARDIAL INFARCTION) SYSTEM, WAS AWARDED THE
HOSPITAL HEROES AWARD FROM THE GEORGIA HOSPITAL ASSOCIATION (GHA) FOR
HIS LEADERSHIP IN PROVIDING LIFE-SAVING CARE TO PATIENTS IN NEARLY HALF
THE TIME OF THE INDUSTRY STANDARD AVERAGE. HOSPITAL HEROES AWARD
RECIPIENTS ARE PEOPLE WHO HAVE TIRELESSLY GIVEN TIME, TALENT AND
EXPERTISE TO IMPROVE THEIR ORGANIZATIONS AND THE WORLD AROUND THEM.

JEFF THOMPSON, RECENTLY RETIRED DIRECTOR OF PASTORAL CARE AT NGMC, WAS
ALSO AWARDED THE HOSPITAL HEROES AWARD FROM THE GEORGIA HOSPITAL
ASSOCIATION (GHA). IN ADDITION TO COMFORTING FAMILIES IN THE EMERGENCY
ROOM AND CHAMPIONING NGMC'S ETHICS PROGRAM, THOMPSON WORKED TO
INTRODUCE NGMC'S RESPECTING CHOICES PROGRAM, WHICH PROMOTES ADVANCE
DIRECTIVES AND HONORS THE WISHES OF PATIENTS WHEN THEY MAKE DECISIONS
ABOUT ADVANCED CARE PLANNING. WITH HIS DIRECTION, NGMC BECAME THE FIRST

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HOSPITAL IN GEORGIA TO OFFER THIS PROGRAM. HE ALSO MENTORS AND PROVIDES TRAININGS FOR CURRENT AND FUTURE CHAPLAINS IN NGMC'S CLINICAL PASTORAL EDUCATION PROGRAM.

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. NGMC PROUDLY RECOGNIZED 3 EMPLOYEES OF THE 2019 HEALTHY HALL AWARDS: JULIE ABERNATHY, RN - OUTSTANDING HEALTHCARE PROFESSIONAL (MANAGER, ORTHOPEDIC PROGRAM); JOHN FERGUSON - VISIONARY LEADER (RETIRED CEO, NORTHEAST GEORGIA HEALTH SYSTEM); AND FRANK LAKE III, MD - PHYSICIAN SPECIALIST OF THE YEAR (HOSPICE OF NORTHEAST GEORGIA MEDICAL CENTER AND NGPG RADIATION ONCOLOGY).

NGMC BARROW

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

IN FY19, NGMC BARROW PROVIDED OVER \$183,000 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.

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WHAT DRIVES NGMC BARROW'S COMMUNITY HEALTH IMPROVEMENT ACTIVITIES?

A MAJOR PRIORITY IN FY19 FROM THE 2016 CHNA WAS CANCER; STILL A PRIORITY IN BARROW COUNTY, EFFORTS FOR REDUCING THE INITIATION OF TOBACCO USE AMONG MIDDLE SCHOOL YOUTH AND EFFORTS TO IMPROVE THE STAGE OF DIAGNOSIS OF LUNG CANCER CONTINUED.

NGMC BARROW PARTNERED WITH BARROW COUNTY SCHOOLS TO IMPLEMENT "TAR WARS" TO 2,300 FOURTH AND FIFTH GRADE STUDENTS; AND TRAINED 8 SCHOOL NURSES IN THE TAR WARS LESSON PLAN. "TAR WARS" IS A TOBACCO-FREE EDUCATION PROGRAM FOR FOURTH AND FIFTH GRADE STUDENTS DEVELOPED BY THE AMERICAN ACADEMY OF FAMILY PHYSICIANS TO TEACH KIDS ABOUT THE DANGERS OF TOBACCO USE, THE COST ASSOCIATED WITH USING TOBACCO PRODUCTS, AND THE ADVERTISING TECHNIQUES USED BY THE TOBACCO INDUSTRY TO MARKET THEIR PRODUCTS TO YOUTH. THE GREATEST KNOWLEDGE GAIN FOR 4TH AND 5TH GRADE COMBINED WAS FOR THE TRUE OR FALSE QUESTION "ADVERTISERS TELL THE TRUTH ABOUT TOBACCO USE" WHERE 70% OF STUDENTS ANSWERED CORRECTLY IN THE POST TEST COMPARED TO 35% IN THE PRETEST. THE SECOND GREATEST GAIN WAS FOR, "VAPES ARE SAFER THAN REGULAR CIGARETTES" IMPROVING FROM 54% PRETEST TO 81% ANSWERING CORRECTLY IN THE POSTTEST. THIS WAS THE SECOND YEAR OF HAVING THIS EDUCATION FOR 5TH GRADE STUDENTS, BUT OVERALL FOR GRADES FOURTH THROUGH FIFTH, 86% OF STUDENTS INDICATED THAT THEY DID LEARN SOMETHING NEW FROM TAR WARS.

ONCOLOGY SERVICES PROVIDED COMMUNITY EDUCATION IN BARROW COUNTY AT LOCAL HEALTH FAIRS, AS WELL AS, THROUGH LUNG CANCER SUPPORT GROUPS; AND WITH A GRANT FROM THE GEORGIA HEALTHY FAMILY ALLIANCE, PROMOTED AWARENESS AND ACCESS TO LOW DOSE CT SCANS FOR LUNG CANCER SCREENING FOR

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INDIGENT PATIENTS IN BARROW COUNTY. THIS PROGRAM AIMED TO INCREASE ACCESS AND ASSIST THOSE WITHOUT INSURANCE COVERAGE TO RECEIVE PROACTIVE SCREENING. DURING 2019, THE NGMC LOW DOSE CAT SCAN (LDCT) LUNG CANCER SCREENING PROGRAM EXPERIENCED INCREASED GROWTH FROM PREVIOUS YEARS. FROM JANUARY 2019 TO OCTOBER 2019, OVER 715 LDCT LUNG CANCER SCREENINGS WERE PERFORMED AT THREE SITES, WITH 150 SCREENED IN BARROW.

THE FOLLOWING CONTAINS HIGHLIGHTS OF COMMUNITY BENEFIT ACTIVITIES PROVIDED BY NGMC BARROW IN FY19:

CHARITY CARE: LIKE NGMC GAINESVILLE, BRASELTON AND LUMPKIN, 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 ZERO 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 ESTIMATED CHARITY CARE COST FOR BARROW IN FY19: \$2.9 MILLION FOR BARROW COUNTY WITH ANOTHER \$818,000 PROVIDED TO REGIONAL RESIDENTS OUTSIDE BARROW COUNTY.

ENCOURAGING MEDICAL VOLUNTEERING: THROUGH VARIOUS PHYSICIAN LEADERSHIP COUNCILS, NGMC PHYSICIANS ACTIVELY PARTICIPATE IN COMMUNITY OUTREACH, INCLUDING EDUCATIONAL SEMINARS, SCREENINGS, AND CANCER PREVENTION OPPORTUNITIES.

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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 FY19, 21 NGMC VOLUNTEERS CONTRIBUTED 1,626 VOLUNTEER HOURS, EQUIVALENT TO 1 FULL TIME EMPLOYEE AND A VALUE OF \$41,000 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 CONTINUE TO PARTNER WITH THE GEORGIA COUNCIL ON SUBSTANCE ABUSE TO IMPLEMENT THE ED-CARES (CERTIFIED ADDICTION RECOVERY SPECIALISTS) PROGRAM WHICH CONNECTS PEOPLE WHO HAVE BEEN ADMITTED TO EMERGENCY ROOMS FOR AN OPIOID-RELATED OVERDOSE WITH TRAINED PEER RECOVERY COACHES WHO PLAY AN IMPORTANT ROLE IN HELPING PEOPLE AVOID ANOTHER OVERDOSE AND ENCOURAGING THEM TO SEEK TREATMENT. THE PROGRAM WAS CREATED IN RESPONSE TO THE INCREASING NUMBER OF OVERDOSE FATALITIES 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 EMERGENCY DEPARTMENTS AT GAINESVILLE, BRASELTON AND BARROW.

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SUPPORT OF COMMUNITY EFFORTS TO IMPROVE HEALTH

AS A PARTNER IN EDUCATION WITH THE BARROW SCHOOL SYSTEM, NGMC BARROW PROVIDED A DONATION OF MEDICAL SUPPLIES TO STOCK 18 NURSE CLINICS PROVIDING FOR THE CARE OF OVER 14,000 STUDENTS AND 2,000 STAFF. NGMC BARROW ALSO FUNDED SCHOLARSHIPS FOR TWO HIGH SCHOOL GRADUATES PURSUING A CAREER IN THE MEDICAL FIELD.

NGMC SPONSORED THE YOU MATTER SUMMIT (FORMERLY KNOWN AS THE YOUTH BEHAVIORAL HEALTH SUMMIT) HOSTED BY BARROW COUNTY SCHOOL SYSTEM. IN ADDITION TO SPONSORSHIP, NGMC PROVIDED STAFF TO ASSIST IN THE PLANNING OF THE SUMMIT. THE GOAL FOR THIS SUMMIT IS TO REDUCE INCIDENTS OF SUICIDE AND BUILD A TRAUMA-INFORMED COMMUNITY. EDUCATION WAS PROVIDED TO NEARLY 280 BEHAVIORAL HEALTH PROFESSIONALS IN THE COMMUNITY WHO CARE FOR YOUTH IN BARROW COUNTY AND SURROUNDING AREAS.

IN FY19, 14 STUDENTS FROM APALACHEE HIGH SCHOOL AND WINDER-BARROW HIGH SCHOOL PARTICIPATED IN THE YOUTH APPRENTICESHIP PROGRAM WHEREBY HIGH SCHOOL STUDENTS GAIN WORK EXPERIENCE IN THE HOSPITAL FOR ONE CLASS PERIOD IN THEIR DAY. THE PROGRAM PROVIDES HANDS-ON EXPOSURE TO MANY DIFFERENT HEALTHCARE CAREERS.

THE NGMC DIABETES EDUCATION PROGRAM HAS PARTNERED WITH THE YMCA IN GAINESVILLE AND WINDER TO OFFER A TYPE 2 DIABETES PREVENTION PROGRAM. DIABETES EDUCATION OF NGMC OFFERS 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

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SUPPORT AND ENCOURAGEMENT NEEDED TO PREVENT DIABETES. THIS PROGRAM 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 DIABETES EDUCATION RUNS THE PREVENT T2 PROGRAM AND ACHIEVED FULL RECOGNITION STATUS THROUGH THE CDC. FULL RECOGNITION MEANS THAT A PROGRAM HAS DEMONSTRATED EFFECTIVENESS BY ACHIEVING ALL THE PERFORMANCE CRITERIA DETAILED IN THE CDC'S DIABETES PREVENTION RECOGNITION PROGRAM STANDARDS.

NGMC BARROW SUPPORTS CHILD ADVOCACY, PROTECTION AND WELLNESS: NGMC BARROW PROVIDED FINANCIAL SUPPORT FOR PIEDMONT CASA (COURT APPOINTED SPECIAL ADVOCATES). CASA'S ARE APPOINTED BY THE JUVENILE COURT JUDGE TO ADVOCATE FOR THE BEST INTEREST OF THE CHILD AND ARE SOLELY RESPONSIBLE FOR ENSURING THE CHILD'S NEEDS ARE MET AND THE CHILD'S BEST INTEREST IS HEARD.

THE TREE HOUSE, INC. SUPPORT: A DONATION WAS PROVIDED TO THE TREE HOUSE, INC. WHOSE MISSION IS TO STRENGTHEN COMMUNITIES BY REDUCING THE OCCURRENCE AND IMPACT OF CHILD ABUSE THROUGH COUNSELING, EDUCATING, SUPPORTING AND NURTURING CHILDREN AND FAMILIES IN BARROW, BANKS AND JACKSON COUNTIES.

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

THE CANCER FOUNDATION SUPPORT: A DONATION WAS PROVIDED TO SUPPORT THE

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CANCER FOUNDATION WHOSE MISSION IS TO HELP ALLEVIATE THE FINANCIAL BURDEN OF CANCER PATIENTS LIVING IN NORTHEAST GEORGIA WHO ARE EXPERIENCING AN IMMEDIATE FINANCIAL CRISIS AND ARE CURRENTLY RECEIVING TREATMENT OR ARE SIX-MONTHS POST-TREATMENT.

WIMBERLY'S ROOTS SUPPORT: FINANCIAL SUPPORT WAS PROVIDED TO WIMBERLY ROOTS, A NON-PROFIT ORGANIZATION WORKING TO ENHANCE FOOD SECURITY IN WINDER.

LEADING THE WAY IN BARROW

EVERY DAY, EMPLOYEES OF NORTHEAST GEORGIA MEDICAL CENTER GO ABOUT THE BUSINESS OF CARING FOR THE HEALTH OF THE PEOPLE OF OUR COMMUNITY. CARING FOR OUR COMMUNITY IS PART OF THEIR EVERYDAY ROUTINE, BUT ALSO, THEY GIVE BACK BY LEADING OR SUPPORTING COMMUNITY, CIVIC, OR PROFESSIONAL ORGANIZATIONS ON THEIR BOARD OF DIRECTORS OR AS A PARTICIPATING MEMBER.

CHAD HATFIELD, PRESIDENT OF NGMC BARROW, SERVES ON THE BOARD OF DIRECTORS FOR THE BOYS & GIRLS CLUB OF WINDER. THIS ORGANIZATION PROVIDES PROGRAMS THAT EMPOWER YOUTH TO EXCEL IN SCHOOL, BECOME GOOD CITIZENS AND LEAD HEALTHY, PRODUCTIVE LIVES.

SUNITA SINGH, PUBLIC RELATIONS MANAGER OF NGMC BARROW SERVES ON THE BOARD OF DIRECTORS FOR THE ROTARY CLUB OF WINDER AND SERVED AS PRESIDENT IN 2018. THIS CLUB BENEFITS VARIOUS COMMUNITY PROGRAMS AND NONPROFIT AGENCIES IN BARROW COUNTY.

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HEATHER STANDARD, CHIEF NURSING OFFICER OF NGMC BARROW, SERVES ON THE BOARD OF DIRECTORS FOR WIMBERLY'S ROOTS, A NON-PROFIT ORGANIZATION WORKING TO ENHANCE FOOD SECURITY IN WINDER.

DEWAYNE JOY, EMERGENCY DEPARTMENT MANAGER OF NGMC BARROW SERVES ON THE BOARD OF DIRECTORS FOR THE TREE HOUSE, INC., WHOSE MISSION IS TO STRENGTHEN COMMUNITIES BY REDUCING THE OCCURRENCE AND IMPACT OF CHILD ABUSE THROUGH COUNSELING, EDUCATING, SUPPORTING AND NURTURING CHILDREN AND FAMILIES IN BARROW, BANKS AND JACKSON COUNTIES.

NGMC LUMPKIN

NGMC LUMPKIN, LLC (LUMPKIN) VALUES COOPERATIVE EFFORTS WITH COMMUNITY ORGANIZATIONS AND OTHER HEALTHCARE PROVIDERS TO IMPROVE THE HEALTH STATUS OF AREA RESIDENTS. THE ORGANIZATION DEMONSTRATES THIS THROUGH PROVIDING FINANCIAL AND STAFF SUPPORT TO LOCAL NONPROFIT AGENCIES AND DEVELOPING PARTNERSHIPS WITH ESTABLISHED INDIGENT CLINICS DEDICATED TO SERVING THE UNDER-SERVED POPULATION.

IN FY19, NGMC LUMPKIN PROVIDED \$17,653 IN COMMUNITY BENEFIT PROGRAMS/OUTREACH. HEALTH EDUCATION WAS PROVIDED THROUGH FREE COMMUNITY HEALTH FAIRS AND OUTREACH. IN ADDITION, NGMC PROVIDED FINANCIAL SUPPORT TO OTHER LOCAL NONPROFIT ORGANIZATIONS THAT SERVE THE COMMUNITY.

WHAT DRIVES NGMC LUMPKIN'S COMMUNITY HEALTH IMPROVEMENT ACTIVITIES?

NORTHEAST GEORGIA HEALTH SYSTEM, WITH INPUT FROM THE COMMUNITY,

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COMPLETED A CHNA IN 2019. THE ASSESSMENT FOCUSED MAINLY ON THE NEEDS OF THE COMMUNITY'S MOST VULNERABLE POPULATIONS, PARTICULARLY THOSE WITH LOW-INCOMES WHO ARE UNINSURED. AS ACCESS TO CARE IN LUMPKIN COUNTY WAS A PRIORITY IDENTIFIED IN THE 2016 CHNA, IT WILL CONTINUE TO BE A PRIORITY AS IDENTIFIED IN THE 2019 CHNA.

PARTNERING TO REACH THE UNINSURED

NGMC WORKS COOPERATIVELY WITH OTHER AREA HEALTHCARE PROVIDERS TO CARE FOR AREA RESIDENTS, PARTICULARLY THE INDIGENT POPULATION. NGMC PROVIDES FINANCIAL AND STAFF SUPPORT FOR COMMUNITY HELPING PLACE, AN INDIGENT HEALTH CLINIC IN LUMPKIN COUNTY THAT PROVIDES MEDICAL AND DENTAL SERVICES FOR THE AREA'S MOST VULNERABLE POPULATIONS. IN CONJUNCTION WITH THIS PARTNERSHIP, NGMC STAFF PARTICIPATE IN THE LUMPKIN MATTERS INITIATIVE WHICH IS FOCUSED ON REACHING THE UNINSURED AND CONNECTING THEM WITH AFFORDABLE QUALITY HEALTHCARE, EDUCATIONAL, AND SOCIAL SERVICES. NGMC PROVIDED EDUCATION AND FREE FLU SHOTS TO THE COMMUNITY AT THESE EVENTS AND AN NGMC ADVISORY BOARD MEMBER SERVES ON THE COMMITTEE.

THROUGH VARIOUS PHYSICIAN LEADERSHIP COUNCILS, NGMC PHYSICIANS ACTIVELY PARTICIPATE IN COMMUNITY OUTREACH, INCLUDING EDUCATIONAL SEMINARS, SCREENINGS, AND VOLUNTEERING THEIR TIME AND EXPERTISE WITH INDIGENT CLINICS THROUGHOUT THE REGION.

DR. DONNA WHITFIELD, CHIEF OF MEDICAL STAFF AT NGMC LUMPKIN, VOLUNTEERS HER TIME AT COMMUNITY HELPING PLACE AND WILL BE HONORED IN 2020 BY THE SUNRISE DAHLONEGA ROTARY CLUB FOR HER CONTRIBUTIONS TO THE COMMUNITY IN

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LUMPKIN COUNTY.

KAY HALL, NURSE MANAGER IN THE EMERGENCY DEPARTMENT, IS ON THE BOARD OF DIRECTORS FOR COMMUNITY HELPING PLACE AND IS ALSO A SERVING MEMBER OF THE SUNRISE DAHLONEGA ROTARY CLUB.

THE FOLLOWING CONTAINS HIGHLIGHTS OF COMMUNITY BENEFIT ACTIVITIES PROVIDED BY NGMC LUMPKIN IN FY19:

CHARITY CARE: LIKE NGMC GAINESVILLE, BRASELTON AND BARROW, LUMPKIN'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 ZERO 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 ESTIMATED CHARITY CARE COST FOR NGMC LUMPKIN IN FY19: \$81,338 FOR LUMPKIN COUNTY WITH ANOTHER \$67,515 PROVIDED TO REGIONAL RESIDENTS OUTSIDE LUMPKIN COUNTY.

HOSPICE BEREAVEMENT SUPPORT AND OUTREACH: HOSPICE OF NGMC PROVIDED BEREAVEMENT SUPPORT AND EDUCATION FOR THOSE GRIEVING A LOSS OR CARING FOR A LOVED ONE, INCLUDING AT LUMPKIN COUNTY HIGH SCHOOL AND LUMPKIN COUNTY ELEMENTARY SCHOOL.

JEREMIAH'S PLACE SUPPORT: NGMC LUMPKIN PROVIDED FINANCIAL SUPPORT TO

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JEREMIAH'S PLACE, AN ORGANIZATION THAT WORKS IN COOPERATION WITH CHURCHES AND COUNTY PARTNERSHIPS TO SERVE THE HOMELESS IN NORTH GEORGIA, PROVIDING TRANSITIONAL HOUSING, COUNSELING SERVICES, AND BASIC LIFE-SKILLS TRAINING.

LUMPKIN LITERACY SUPPORT: A DONATION WAS PROVIDED TO LUMPKIN COUNTY LITERACY COALITION WHO PROVIDES FUNDING AND VOLUNTEER SUPPORT TO LITERACY EFFORTS IN THE COMMUNITY WHERE THEY OFFER PROGRAMS AT ALL STAGES OF LIFE. THEIR MISSION IS TO INCREASE ADULT AND CHILDHOOD LITERACY IN LUMPKIN COUNTY.

NO ONE ALONE SUPPORT: NGMC PROVIDED FINANCIAL SUPPORT FOR NO ONE ALONE, BENEFITING VICTIMS OF DOMESTIC VIOLENCE.

CONNECTABILITY SUPPORT: NGMC PROVIDED A DONATION TO CONNECTABILITY FOR THE PURCHASE OF WHEELCHAIRS AND TO SUPPORT THEIR FUNDRAISING EFFORTS. CONNECTABILITY HAS PROGRAMS TO SUPPORT CHILDREN AND ADULTS WITH DISABILITIES AND THEIR FAMILIES, OFFERING DIRECT SERVICES AND COMMUNITY-BASED PROGRAMS TO STRENGTHEN SOCIAL NETWORKS, REDUCE SOCIAL ISOLATION AND INCREASE NATURAL SUPPORTS WITHIN THE COMMUNITY AT NO COST TO THEM.

UNIVERSITY OF NORTH GEORGIA (UNG) SUPPORT: NGMC PROVIDED FINANCIAL SUPPORT TO UNG FOR WELLNESS EXPOS HELD ON THE DAHLONEGA CAMPUS FOR STUDENTS, STAFF AND FACULTY, AS WELL AS SUPPORT FOR A MOCK DISASTER DAY FOR COMMUNITY VOLUNTEERS.

ORGANIZATION OVERVIEW

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NORTHEAST GEORGIA HEALTH SYSTEM 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 CAMPUSES IN GAINESVILLE, BRASELTON, WINDER AND DAHLONEGA WITH A TOTAL OF MORE THAN 700 BEDS AND MORE THAN 1,100 MEDICAL STAFF MEMBERS REPRESENTING MORE THAN 50 SPECIALTIES.

THE HEALTH SYSTEM OFFERS A FULL RANGE OF HEALTHCARE SERVICES INCLUDING ONCOLOGY, ORTHOPEDICS, CARDIAC SURGERY, CRITICAL CARE, SURGICAL TRAUMA, NEONATOLOGY AND WOMEN'S CARE. NORTHEAST GEORGIA MEDICAL CENTER'S CANCER SERVICES WAS 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 COMMISSION ON CANCER. 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 MORE THAN 1 MILLION PEOPLE IN 19 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 400 TALENTED PHYSICIANS, PHYSICIAN ASSISTANTS, NURSE PRACTITIONERS,

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MIDWIVES AND OTHER CLINICAL STAFF AT MORE THAN 65 LOCATIONS ACROSS
NORTH GEORGIA. NGPG IS THE STATE'S SIXTH-LARGEST PHYSICIAN GROUP,
OFFERING EXPERTISE IN MORE THAN 25 SPECIALTIES.

SPECIAL NOTES

NGMC USES THE PRECEPTS OUTLINED IN "A GUIDE FOR PLANNING AND REPORTING
COMMUNITY BENEFIT," PROVIDED BY THE CATHOLIC HEALTH ASSOCIATION OF THE
UNITED STATES AND VHA, INC. FOR THIS REPORT. THE GUIDE'S PURPOSE IS TO
HELP NOT-FOR-PROFIT MISSION-DRIVEN HEALTHCARE ORGANIZATIONS DEVELOP,
ENHANCE AND REPORT ON THEIR COMMUNITY BENEFIT PROGRAMS.

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

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

THE PROGRAM OR ACTIVITY MUST:

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

IF THE PROGRAM OR ACTIVITY IS PROVIDED PRIMARILY FOR MARKETING
PURPOSES, STANDARD PRACTICE, EXPECTED OF ALL HOSPITALS (SUCH AS

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ACTIVITIES REQUIRED FOR ACCREDITATION, LICENSURE, OR TO PARTICIPATE IN
 MEDICARE) OR IS PRIMARILY FOR EMPLOYEES (NOT INCLUDING INTERNS,
 RESIDENTS AND FELLOWS) AND/OR AFFILIATED PHYSICIANS, IT IS NOT
 COMMUNITY BENEFIT.

CHARITY CARE COST IS AN ESTIMATED COST AND DOES NOT INCLUDE BAD DEBT.

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

FORM 990, PART VI, SECTION A, LINE 2:

WILLIAM BAGWELL, BOARD MEMBER IS THE HUSBAND OF JENNIFER BAGWELL, BOARD
 MEMBER. CARYN MCGARITY, BOARD MEMBER IS THE WIFE OF SCOTT MCGARITY, BOARD
 MEMBER. JOSH SCHLIEMAN, BOARD MEMBER IS THE HUSBAND OF CRYSTAL SCHLIEMAN,
 BOARD MEMBER.

FORM 990, PART VI, SECTION A, LINE 6:

NORTHEAST GEORGIA HEALTH SYSTEM, INC. IS THE SOLE MEMBER OF THE MEDICAL
 CENTER FOUNDATION, INC. DOING BUSINESS AS THE NORTHEAST GEORGIA HEALTH
 SYSTEM FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 7A:

THE BOARD OF DIRECTORS OF THE MEDICAL CENTER FOUNDATION, INC. DOING
 BUSINESS AS THE NORTHEAST GEORGIA HEALTH SYSTEM FOUNDATION IS APPOINTED BY
 THE BOARD OF NORTHEAST GEORGIA HEALTH SYSTEM, INC. - A RELATED 501(C)(3)
 ORGANIZATION.

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FORM 990, PART VI, SECTION A, LINE 7B:

THE BOARD OF DIRECTORS OF THE MEDICAL CENTER FOUNDATION, INC. DOING BUSINESS AS THE NORTHEAST GEORGIA HEALTH SYSTEM FOUNDATION 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:

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 AND IS FREE FROM CONFLICT OF INTEREST. ALL DECISIONS OF THE COMPENSATION COMMITTEE ARE REVIEWED AND RATIFIED BY THE NGHS BOARD.

THE COMMITTEE'S METHODOLOGY AND APPROACH INCORPORATE BOTH QUALITATIVE AND

Name of the organization	THE MEDICAL CENTER FOUNDATION, INC. DBA THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN	Employer identification number	58-1694820
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QUANTITATIVE CONSIDERATIONS, WHICH ARE REFLECTED IN THE COMMITTEE'S DETERMINATIONS CONCERNING KEY EMPLOYEE COMPENSATION AND THE SPECIFIC COMPONENTS THEREOF. THE COMPENSATION DECISIONS OF THE COMMITTEE ARE DESCRIBED BELOW AS TO EACH OF THE THREE CATEGORIES.

BASE SALARY

NGHS ENGAGES AN INDEPENDENT THIRD-PARTY CONSULTANT TO COLLECT APPROPRIATE DATE FROM A GROUP OF PEERS SIMILAR IN SIZE AND COMPLEXITY TO NGHS. THIS COMPARABILITY DATA IS REVIEWED BY THE COMMITTEE ALONG WITH RECOMMENDATIONS ON RANGES AND PLACEMENT FROM CEO, AND INDIVIDUAL PERFORMANCE ASSESSMENTS FOR EACH POSITION. IN EACH INSTANCE THE COMMITTEE MEMBERS REACH A CONSENSUS BASED ON THE COMBINATION OF AVAILABLE INFORMATION, AND THE COMMITTEE SETS A BASE SALARY LEVEL FOR EACH KEY EMPLOYEE.

PERFORMANCE BASED VARIABLE COMPENSATION

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

BENEFITS AND RETENTION PROGRAMS

Name of the organization	THE MEDICAL CENTER FOUNDATION, INC. DBA THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN	Employer identification number	58-1694820
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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:

<u>OTHER CHANGES</u>	<u>-138,255.</u>
<u>PARTNERSHIP INCOME NOT ON RETURN</u>	<u>-1,334,414.</u>
<u>TOTAL TO FORM 990, PART XI, LINE 9</u>	<u>-1,472,669.</u>

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

OMB No. 1545-0047

2018

Department of the Treasury
Internal Revenue Service

Open to Public Inspection

Name of the organization
THE MEDICAL CENTER FOUNDATION, INC. DBA
THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN

Employer identification number
58-1694820

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

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

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 513(b)(1)(A) controlled entity?	
						Yes	No
NORTHEAST GEORGIA MEDICAL CENTER, INC. - 58-1694098, 743 SPRING STREET, GAINESVILLE, GA 30501	HEALTHCARE	GEORGIA	501(C)(3)	LINE 3	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, 11	NORTHEAST GEORGIA HEALTH SYSTEM, INC.		X
NORTHEAST GEORGIA HEALTH SYSTEM, INC. - 58-1694090, 743 SPRING STREET, GAINESVILLE, GA 30501	HEALTHCARE - PARENT ORG	GEORGIA	501(C)(3)	LINE 12C, III-PI	N/A		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) 2018

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

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

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

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

**THE MEDICAL CENTER FOUNDATION, INC. DBA
THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN**

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

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

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

- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- l Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

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)				

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

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

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Lined area for supplemental information.