

EXTENDED TO AUGUST 17, 2020

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

2018Open to Public
Inspection**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**NORTHEAST GEORGIA HEALTH SYSTEM, INC.**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
743 SPRING STREETCity or town, state or province, country, and ZIP or foreign postal code
GAINESVILLE, GA 30501-3899**F** Name and address of principal officer: **CAROL BURRELL**
SAME AS C ABOVE**D** Employer identification number**58-1694090****E** Telephone number**770-219-6659****G** Gross receipts \$ **207,351,416.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? Yes No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) 501(c)() (Insert no.) 4947(a)(1) or 527**J** Website: **WWW.NGHS.COM****K** Form of organization: ☒ Corporation Trust Association Other ▶**L** Year of formation: **1986** **M** State of legal domicile: **GA****Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: IMPROVING THE HEALTH OF THE COMMUNITY IN ALL WE DO.		
	2 Check this box <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	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	9933
	6 Total number of volunteers (estimate if necessary)	6	21
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,912,061.
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	Current Year
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	168,930,681.	201,711,410.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,004,692.	3,965,401.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	972,953.	892,462.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	180,908,326.	206,569,273.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	6,513.	1,981,226.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	103,367,502.	118,360,632.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	100,641,641.	116,860,036.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	204,015,656.	237,201,894.
	19 Revenue less expenses. Subtract line 18 from line 12	-23,107,330.	-30,632,621.
	Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year
21 Total liabilities (Part X, line 26)		305,985,673.	314,392,666.
22 Net assets or fund balances. Subtract line 21 from line 20		69,049,939.	128,148,582.

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

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ 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:

NORTHEAST GEORGIA HEALTH SYSTEM (NGHS) IS ON A MISSION OF IMPROVING THE HEALTH OF THE COMMUNITY IN ALL WE DO. NGHS IS A NOT-FOR-PROFIT ORGANIZATION AND IS THE PARENT COMPANY FOR THE FOLLOWING AFFILIATES:

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 \$ 168,098,536. including grants of \$ 1,981,226.) (Revenue \$ 201,711,410.)
NORTHEAST GEORGIA HEALTH SYSTEM IS BASED IN GAINESVILLE, GEORGIA, AND 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 **168,098,536.**

Form 990 (2018)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	
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>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input checked="" type="checkbox"/>	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input checked="" type="checkbox"/>	
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>	<input checked="" type="checkbox"/>	

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?		X
<i>If "Yes," complete Schedule N, Part I</i>		
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>	X	
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?	X	

Note. All Form 990 filers are required to complete Schedule O.

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?		

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 9933		
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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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	X	
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)?		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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		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?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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

Form 990 (2018)

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

☒ X

Section A. Governing Body and Management

	1a	1b	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.	15			
b Enter the number of voting members included in line 1a, above, who are independent		13		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	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?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	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?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	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			9	X

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

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

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

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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) BEN HAWKINS MEMBER	1.00	X						0.	0.	0.
(2) BENNY BAGWELL VICE CHAIR	1.00	X						0.	0.	0.
(3) DAVID HUGHES MEMBER	1.00	X						0.	0.	0.
(4) DENISE DEAL MEMBER	1.00	X						0.	0.	0.
(5) JACK KEENER MEMBER	1.00	X						0.	0.	0.
(6) JACKIE WALLACE MEMBER	1.00	X						0.	0.	0.
(7) JANE SHOOT MEMBER	1.00	X						0.	0.	0.
(8) JOHN CLIFTON HASTINGS, MD MEMBER, PHYSICIAN - NGPG	1.00 40.00	X						861,854.	0.	39,341.
(9) JOHN NIX MEMBER	1.00	X						0.	0.	0.
(10) LETRELL SIMPSON MEMBER	1.00	X						0.	0.	0.
(11) MARTHA NESSBITT MEMBER	1.00	X						0.	0.	0.
(12) MOHAK DAVE, MD MEMBER, NGMC MEDICAL DIRECTOR	1.00 25.00	X						0.	198,214.	0.
(13) PAUL MANEY MEMBER	1.00	X						0.	0.	0.
(14) PRISCILLA STROM, MD MEMBER	1.00	X						0.	0.	0.
(15) R.K. WHITEHEAD CHAIR	1.00	X						0.	0.	0.
(16) SPENCE PRICE MEMBER	1.00	X						0.	0.	0.
(17) BRIAN D. STEINES CHIEF FINANCIAL OFFICER - NGHS	40.00 1.00			X				791,746.	0.	110,406.

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) CAROL BURRELL PRESIDENT & CEO	40.00 1.00			X				5,078,841.	0.	67,760.
(19) STEPHEN KELLY CHIEF COMPLIANCE OFFICER - NGHS	40.00 1.00			X				276,440.	0.	50,921.
(20) BRENDA SIMPSON CHIEF NURSING OFFICER - NGMC	1.00 40.00				X			412,036.	0.	72,090.
(21) CHAD HATFIELD PRESIDENT - NGMC BARROW	40.00				X			265,363.	0.	48,020.
(22) CHRISTOPHER PARAVATE CHIEF INFORMATION OFFICER - NGHS	40.00				X			504,918.	0.	83,572.
(23) DANIEL TUFFY PRESIDENT OF PHYSICIAN SERVICES	40.00 1.00				X			490,290.	0.	90,066.
(24) DEBORAH WEBER CHIEF HUMAN RESOURCES OFFICER - NGHS	40.00 1.00				X			417,402.	0.	67,493.
(25) JOHN A. WILLIAMSON PRESIDENT NGMC - BRA & SOUTHERN MARK	1.00 40.00				X			490,386.	0.	99,183.
(26) LINDA NICHOLSON VP CORPORATE FINANCIAL REPORTING/CON	40.00 1.00				X			316,107.	0.	121,044.
1b Sub-total								9,905,383.	198,214.	849,896.
c Total from continuation sheets to Part VII, Section A								6,846,611.	0.	645,783.
d Total (add lines 1b and 1c)								16,751,994.	198,214.	1,495,679.

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

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- 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
KING AND SPALDING PO BOX 116133, ATLANTA, GA 30309	LEGAL SERVICES	1,901,855.
EXPERIAN HEALTH, INC. PO BOX 886133, LOS ANGELES, CA 90088	MERCHANT PROCESSING	1,790,608.
SIMPLER NORTH AMERICAN, INC. PO BOX 643979, PITTSBURGH, PA 15264	SIX SIGMA CONSULTING	1,699,880.
DRAFFIN & TUCKER PO BOX 71309, ALBANY, GA 31708	CONSULTING/COST REPORT/ REIMBURSEMENT	1,587,742.
ACCELERATED CLAIMS, INC. PO BOX 742319, ATLANTA, GA 30374	COLLECTIONS	1,378,901.

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

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SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2018)

Part VIII Statement of RevenueCheck 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 section 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a MANAGEMENT FEES	Business Code	541610	114,813,259.	112,901,198.	1,912,061.	
	b OPERATING REVENUE	621400		77,725,494.	77,725,494.		
	c PS RENT FROM AFFILIATE	531120		6,926,467.	6,926,467.		
	d OTHER OPERATING REVENUE	900099		2,246,190.	2,246,190.		
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			201,711,410.			
	3 Investment income (including dividends, interest, and other similar amounts)			4,341,193.			4,341,193.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
Other Revenue	6 a Gross rents	(i) Real	1,157,155.				
	b Less: rental expenses	(ii) Personal	264,693.				
	c Rental income or (loss)		892,462.				
	d Net rental income or (loss)			892,462.			892,462.
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	141,658.			
	b Less: cost or other basis and sales expenses		373,728.	143,722.			
	c Gain or (loss)		-373,728.	-2,064.			
	d Net gain or (loss)			-375,792.			-375,792.
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue			Business Code			
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions				206,569,273.	199,799,349.	1,912,061.	4,857,863.

Part IX Statement of Functional Expenses

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

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

☒

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,981,226.	1,981,226.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	10,907,595.	2,812,050.	8,095,545.	
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	88,292,898.	66,758,260.	21,534,638.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	13,189,147.	9,972,314.	3,216,833.	
10 Payroll taxes	5,970,992.	4,514,667.	1,456,325.	
11 Fees for services (non-employees):				
a Management				
b Legal	4,260,183.	3,221,124.	1,039,059.	
c Accounting	638,230.	482,566.	155,664.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	322,643.	243,950.	78,693.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	27,207,183.	20,571,352.	6,635,831.	
12 Advertising and promotion	3,190,579.	2,412,397.	778,182.	
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	5,936,214.	4,488,371.	1,447,843.	
17 Travel	345,944.	261,568.	84,376.	
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	13,767,254.	10,409,421.	3,357,833.	
23 Insurance	8,319,170.	6,290,124.	2,029,046.	
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 ADMINISTRATIVE OVERHEAD	17,236,247.	1,240,758.	15,995,489.	
b BAD DEBT	16,318,418.	16,318,418.		
c MEDICAL SUPPLIES	6,206,033.	6,206,033.		
d RENTAL AND MAINTENANCE	1,895,786.	1,433,404.	462,382.	
e All other expenses	11,216,152.	8,480,533.	2,735,619.	
25 Total functional expenses. Add lines 1 through 24e	237,201,894.	168,098,536.	69,103,358.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck 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	-230,990.	1	-408,719.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	4,346,979.	4	4,346,204.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	3,529,888.	5	5,874,642.
	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		7	
	8 Inventories for sale or use	420,717.	8	643,487.
	9 Prepaid expenses and deferred charges	208,918.	9	83,333.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 238,242,150.		
	b Less: accumulated depreciation	10b 86,146,488.	10c	152,095,662.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	1,702,901.	12	1,465,889.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	3,995,732.	14	3,556,149.
15 Other assets. See Part IV, line 11	150,682,316.	15	146,736,019.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	305,985,673.	16	314,392,666.	
Liabilities	17 Accounts payable and accrued expenses	17,080,488.	17	22,841,601.
	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	51,969,451.	25	105,306,981.
	26 Total liabilities. Add lines 17 through 25	69,049,939.	26	128,148,582.
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	236,935,734.	27	186,244,084.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	236,935,734.	33	186,244,084.
34 Total liabilities and net assets/fund balances	305,985,673.	34	314,392,666.	

Form 990 (2018)

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	206,569,273.
2	Total expenses (must equal Part IX, column (A), line 25)	2	237,201,894.
3	Revenue less expenses. Subtract line 2 from line 1	3	-30,632,621.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	236,935,734.
5	Net unrealized gains (losses) on investments	5	2,423,803.
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	-22,482,832.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	186,244,084.

Part XII Financial Statements and Reporting

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

☐

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Form 990 (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

NORTHEAST GEORGIA HEALTH SYSTEM, INC.

Employer identification number

58-1694090

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)(vii). (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

1

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your exempt or document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
NORTHEAST GEORGIA MEDICAL CENTER	58-1694098	3	X		0.	0.
Total					0.	0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018

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.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	%
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 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

(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 8						
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 ☐

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).	X	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		X
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.		X
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.		X
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?		X
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.		X
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).		X
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).		X
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.		X
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.		X
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.		X
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		X
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.)		

Part IV Supporting Organizations (continued)

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.

	Yes	No
11a		X
11b		X
11c		X

Section B. Type I Supporting Organizations

- 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.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 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.

	Yes	No
1	X	
2	X	
3	X	

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 ☐ The organization satisfied the Activities Test. Complete line 2 below.

- b ☒ The organization is the parent of each of its supported organizations. Complete line 3 below.

- c ☐ 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.

	Yes	No
2a		
2b		
3a	X	
3b	X	

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			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2018

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 A (Form 990 or 990-EZ) 2018

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

PART IV, SECTION D, LINE 3

NORTHEAST GEORGIA HEALTH SYSTEM, INC. EXERCISES A SUBSTANTIAL DEGREE OF DIRECTION OVER THE POLICIES, PROGRAMS, AND ACTIVITIES, TO INCLUDE THE INVESTMENTS OF NORTHEAST GEORGIA MEDICAL CENTER, INC. BY APPOINTING THE MEMBERS OF ITS BOARD OF TRUSTEES.

PART IV, SECTION E, LINE 3A

NORTHEAST GEORGIA HEALTH SYSTEM, INC. HAS THE POWER TO REGULARLY APPOINT THE MEMBERS OF THE BOARD OF TRUSTEES OF NORTHEAST GEORGIA MEDICAL CENTER, INC.

PART IV, SECTION E, LINE 3B

NORTHEAST GEORGIA HEALTH SYSTEM, INC. EXERCISES A SUBSTANTIAL DEGREE OF DIRECTION OVER THE POLICIES, PROGRAMS, AND ACTIVITIES OF NORTHEAST GEORGIA MEDICAL CENTER, INC. BY APPOINTING THE MEMBERS OF ITS BOARD OF TRUSTEES.

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018

Open to Public
Inspection

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

NORTHEAST GEORGIA HEALTH SYSTEM, INC.

Employer identification number

58-1694090

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures

▶ \$

3 Volunteer hours for political campaign activities

▶

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

1 Enter the amount of any excise tax incurred by the organization under section 4955

▶ \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955

▶ \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

☐ Yes ☐ No

4a Was a correction made?

☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities

▶ \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities

▶ \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b

▶ \$

4 Did the filing organization file Form 1120-POL for this year?

☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

Schedule C (Form 990 or 990-EZ) 2018

LHA

832041 11-08-18

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a 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"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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
2 a 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

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		193,638.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		116,156.
i Other activities?	X		183,876.
j Total. Add lines 1c through 1i			493,670.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

NORTHEAST GEORGIA HEALTH SYSTEM, INC. PAYS MEMBERSHIP DUES TO SEVERAL PROFESSIONAL AND TRADE ASSOCIATIONS SUCH AS:

-AMERICAN ACADEMY OF NURSE PRACTITIONERS

-AMERICAN ACADEMY OF PHYSICIAN ASSISTANTS

-AMERICAN COLLEGE OF HEALTHCARE EXECUTIVES
-AMERICAN COLLEGE OF PHYSICIANS
-AMERICAN HEALTH INFORMATION MANAGEMENT ASSOCIATION
-AMERICAN MEDICAL ASSOCIATION
-AMERICAN ORGANIZATION OF NURSING EXECUTIVES
-AMERICAN SOCIETY FOR HEALTHCARE HUMAN RESOURCES ADMINISTRATION
-AMERICAN SOCIETY OF ECHOCARDIOGRAPHY
-COLLEGE OF AMERICAN PATHOLOGISTS
-COLLEGE OF HEALTHCARE INFORMATION MANAGEMENT EXECUTIVES
-GEORGIA ALLIANCE OF COMMUNITY HOSPITALS
-GEORGIA ASSOCIATION OF PHYSICIAN ASSISTANTS
-GEORGIA CHAMBER OF COMMERCE
-GEORGIA HOSPITAL ASSOCIATION
-GREATER HALL CHAMBER OF COMMERCE
-MEDICAL ASSOCIATION OF GEORGIA
-SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS
-SOCIETY FOR HUMAN RESOURCE MANAGEMENT
-SOCIETY OF DIAGNOSTIC MEDICAL SONOGRAPHY
-SOCIETY FOR VASCULAR ULTRASOUND

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

NORTHEAST GEORGIA HEALTH SYSTEM, INC.

Employer identification number

58-1694090

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	▶ \$

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Schedule D (Form 990) 2018

832051 10-29-18

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:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
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.

1a Beginning of year balance

b Contributions

c Net investment earnings, gains, and losses

d Grants or scholarships

e Other expenditures for facilities and programs

f Administrative expenses

g End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
1b					
1c					
1d					
1e					
1f					

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 ☐ %

c Temporarily restricted endowment ☐ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

(i) unrelated organizations

(ii) related organizations

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

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

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		53,719,211.		53,719,211.
1b Buildings		122,401,107.	55,515,192.	66,885,915.
1c Leasehold improvements		3,239,754.	2,925,391.	314,363.
1d Equipment		49,445,028.	26,529,599.	22,915,429.
1e Other		9,437,050.	1,176,306.	8,260,744.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				152,095,662.

Schedule D (Form 990) 2018

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DEFERRED COMPENSATION	17,917,624.
(2) BOARD DESIGNATED ASSETS	86,225,206.
(3) ASSETS LIMITED AS TO USE	42,283,287.
(4) A/R DUE TO/FROM TENANTS	157.
(5) OTHER ASSETS	309,745.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	146,736,019.

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)	DEFERRED COMPENSATION	63,363,901.
(3)	OTHER LIABILITIES	10,693.
(4)	ESTIMATED LIABILITY FOR INSURANCE	
(5)	CLAIMS	41,932,387.
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		105,306,981.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	

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
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	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	

Part XIII Supplemental Information.

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

PART X, LINE 2:

NORTHEAST GEORGIA HEALTH SYSTEM, INC. (NGHS), NORTHEAST GEORGIA MEDICAL CENTER, INC. (NGMC), THE MEDICAL CENTER FOUNDATION, INC., AND NORTHEAST GEORGIA PHYSICIANS GROUP, INC. (NGPG) ARE CLASSIFIED AS ORGANIZATIONS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE INCOME FOR NGMC-BARROW, NGMC-LUMPKIN AND THE HEART CENTER PASSES THROUGH TO NGHS, WHICH IS TAX EXEMPT. AS SUCH, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. NORTHEAST GEORGIA HEALTH PARTNERS, LLC IS A TAXABLE ENTITY AND ACCOUNTS FOR INCOME TAXES IN ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS BOARD'S (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) 740, INCOME TAXES (ASC 740). AT SEPTEMBER 30, 2019, MANAGEMENT DOES NOT BELIEVE THE SYSTEM HOLDS

Part XIII Supplemental Information *(continued)*

ANY UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT
RECOGNITION OR DISCLOSURE UNDER ASC 740. IT IS THE SYSTEM'S POLICY TO
RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS AS AN
OPERATING EXPENSE.

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

NORTHEAST GEORGIA HEALTH SYSTEM, INC.

Employer identification number
58-1694090

Part I Financial Assistance and Certain Other Community Benefits at Cost

- 1 a** Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a
- b** If "Yes," was it a written policy?
- 2** If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.
- ☒ **Applied uniformly to all hospital facilities** ☐ **Applied uniformly to most hospital facilities**
☐ **Generally tailored to individual hospital facilities**
- 3** Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.
- a** Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing **free** care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:
- ☐ 100% ☒ 150% ☐ 200% ☐ Other _____ %
- b** Did the organization use FPG as a factor in determining eligibility for providing **discounted** care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:
- ☐ 200% ☐ 250% ☒ 300% ☐ 350% ☐ 400% ☐ Other _____ %
- c** If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.
- 4** Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?
- 5 a** Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?
- b** If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?
- c** If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?
- 6 a** Did the organization prepare a community benefit report during the tax year?
- b** If "Yes," did the organization make it available to the public?

	Yes	No
1a	<input checked="" type="checkbox"/>	
1b	<input checked="" type="checkbox"/>	
3a	<input checked="" type="checkbox"/>	
3b	<input checked="" type="checkbox"/>	
4	<input checked="" type="checkbox"/>	
5a	<input checked="" type="checkbox"/>	
5b	<input checked="" type="checkbox"/>	
5c		<input checked="" type="checkbox"/>
6a	<input checked="" type="checkbox"/>	
6b	<input checked="" type="checkbox"/>	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			3837684.		3837684.	1.74%
b Medicaid (from Worksheet 3, column a)			7677283.	6381364.	1295919.	.59%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			11514967.	6381364.	5133603.	2.33%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		4,012	121,746.	3,093.	118,653.	.05%
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			39,439.		39,439.	.02%
j Total. Other Benefits		4,012	161,185.	3,093.	158,092.	.07%
k Total. Add lines 7d and 7j		4,012	11676152.	6384457.	5291695.	2.40%

432091 11-09-18 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule H (Form 990) 2018

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group NGMC BARROW LLCLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

Community Health Needs Assessment		Yes	No
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: <u>20 18</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	X	
7	Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.NGHS.COM</u>		
b	<input checked="" type="checkbox"/> Other website (list url): <u>TELLUS@HCMCMED.ORG, STEPHENSCOUNTYHOSPITAL.COM</u>		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 18</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a	If "Yes," (list url): <u>WWW.NGHS.COM</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group NGMC BARROW LLC

Did the hospital facility have in place during the tax year a written financial assistance policy that:

13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?

If "Yes," indicate the eligibility criteria explained in the FAP:

- a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 150 %
and FPG family income limit for eligibility for discounted care of 300 %
- b ☐ Income level other than FPG (describe in Section C)
- c ☐ Asset level
- d ☐ Medical indigency
- e ☐ Insurance status
- f ☐ Underinsurance status
- g ☒ Residency
- h ☐ Other (describe in Section C)

14 Explained the basis for calculating amounts charged to patients?

15 Explained the method for applying for financial assistance?

If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):

- a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application
- b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application
- c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process
- d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications
- e ☐ Other (describe in Section C)

16 Was widely publicized within the community served by the hospital facility?

If "Yes," indicate how the hospital facility publicized the policy (check all that apply):

- a ☒ The FAP was widely available on a website (list url): WWW.NGHS.COM/FINANCIAL-ASSISTANCE
- b ☒ The FAP application form was widely available on a website (list url): WWW.NGHS.COM/FINANCIAL-ASSISTANCE
- c ☒ A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PAGE 6
- d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
- e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)
- f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
- g ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention
- h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP
- i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations
- j ☐ Other (describe in Section C)

	Yes	No
13	X	
14	X	
15	X	
16	X	

Schedule H (Form 990) 2018

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group NGMC BARROW LLC

- 17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?
- 18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:

- a ☐ Reporting to credit agency(ies)
- b ☐ Selling an individual's debt to another party
- c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP
- d ☐ Actions that require a legal or judicial process
- e ☐ Other similar actions (describe in Section C)
- f ☒ None of these actions or other similar actions were permitted

- 19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?

If "Yes," check all actions in which the hospital facility or a third party engaged:

- a ☐ Reporting to credit agency(ies)
- b ☐ Selling an individual's debt to another party
- c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP
- d ☐ Actions that require a legal or judicial process
- e ☐ Other similar actions (describe in Section C)

- 20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):

- a ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)
- b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
- c ☒ Processed incomplete and complete FAP applications (if not, describe in Section C)
- d ☒ Made presumptive eligibility determinations (if not, describe in Section C)
- e ☐ Other (describe in Section C)
- f ☐ None of these efforts were made

Policy Relating to Emergency Medical Care

- 21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

If "No," indicate why:

- a ☐ The hospital facility did not provide care for any emergency medical conditions
- b ☐ The hospital facility's policy was not in writing
- c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- d ☐ Other (describe in Section C)

	Yes	No
17	X	
18		
19		X
20		
21	X	
22		

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Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group NGMC BARROW LLC

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
23		X
24		X

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Part V Facility Information *(continued)***Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group NGMC LUMPKIN LLCLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1 X	
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2 X	
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3 X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA		20 <u>18</u>
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5 X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b X	
7 Did the hospital facility make its CHNA report widely available to the public?	7 X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.NGHS.COM</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>TELLUS@HCMCMED.ORG, STEPHENSCOUNTYHOSPITAL.COM</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8 X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy		20 <u>18</u>
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10 X	
a If "Yes," (list url): <u>WWW.NGHS.COM</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group NGMC LUMPKIN LLC

Did the hospital facility have in place during the tax year a written financial assistance policy that:

13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?

If "Yes," indicate the eligibility criteria explained in the FAP:

- a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 150 %
and FPG family income limit for eligibility for discounted care of 300 %
- b ☐ Income level other than FPG (describe in Section C)
- c ☐ Asset level
- d ☐ Medical indigency
- e ☐ Insurance status
- f ☐ Underinsurance status
- g ☒ Residency
- h ☐ Other (describe in Section C)

14 Explained the basis for calculating amounts charged to patients?

15 Explained the method for applying for financial assistance?

If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):

- a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application
- b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application
- c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process
- d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications
- e ☐ Other (describe in Section C)

16 Was widely publicized within the community served by the hospital facility?

If "Yes," indicate how the hospital facility publicized the policy (check all that apply):

- a ☒ The FAP was widely available on a website (list url): WWW.NGHS.COM/FINANCIAL-ASSISTANCE
- b ☒ The FAP application form was widely available on a website (list url): WWW.NGHS.COM/FINANCIAL-ASSISTANCE
- c ☒ A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PAGE 8
- d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
- e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)
- f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
- g ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention
- h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP
- i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations
- j ☐ Other (describe in Section C)

	Yes	No
13	X	
14	X	
15	X	
16	X	

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Part V Facility Information *(continued)***Billing and Collections**Name of hospital facility or letter of facility reporting group **NGMC LUMPKIN LLC**

- 17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?
- 18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:

- a ☐ Reporting to credit agency(ies)
- b ☐ Selling an individual's debt to another party
- c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP
- d ☐ Actions that require a legal or judicial process
- e ☐ Other similar actions (describe in Section C)
- f ☒ None of these actions or other similar actions were permitted

- 19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?

If "Yes," check all actions in which the hospital facility or a third party engaged:

- a ☐ Reporting to credit agency(ies)
- b ☐ Selling an individual's debt to another party
- c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP
- d ☐ Actions that require a legal or judicial process
- e ☐ Other similar actions (describe in Section C)

- 20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):

- a ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)
- b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
- c ☒ Processed incomplete and complete FAP applications (if not, describe in Section C)
- d ☒ Made presumptive eligibility determinations (if not, describe in Section C)
- e ☐ Other (describe in Section C)
- f ☐ None of these efforts were made

Policy Relating to Emergency Medical Care

- 21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

If "No," indicate why:

- a ☐ The hospital facility did not provide care for any emergency medical conditions
- b ☐ The hospital facility's policy was not in writing
- c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- d ☐ Other (describe in Section C)

	Yes	No
17	X	
18		
19		X
20		
21	X	
22		

Schedule H (Form 990) 2018

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group NGMC LUMPKIN LLC**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
23		X
24		X

Schedule H (Form 990) 2018

Part V Facility Information *(continued)*

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

NGMC BARROW LLC:

PART V, SECTION B, LINE 5: THE FOLLOWING ORGANIZATIONS HAVE PARTNERED AND COLLABORATED TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FOR COMMUNITIES THEY (CHNA PARTNERS) SERVE IN NORTHEASTERN GEORGIA:

- DISTRICT 2 PUBLIC HEALTH
- HABERSHAM MEDICAL CENTER
- NORTHEAST GEORGIA MEDICAL CENTER GAINESVILLE
- NORTHEAST GEORGIA MEDICAL CENTER BRASELTON
- NORTHEAST GEORGIA MEDICAL CENTER BARROW
- NORTHEAST GEORGIA MEDICAL CENTER LUMPKIN
- STEPHENS COUNTY HOSPITAL

THESE CHNA PARTNERS UNDERSTAND THE IMPORTANCE OF SERVING THE HEALTH NEEDS OF THEIR COMMUNITIES. BEGINNING IN NOVEMBER 2018, THE CHNA PARTNERS BEGAN THE PROCESS OF ASSESSING THE HEALTH NEEDS OF THE COMMUNITIES SERVED BY THE HOSPITAL FACILITIES AND THE HEALTH DEPARTMENT WITH A COLLABORATIVE COMMUNITY HEALTH NEEDS ASSESSMENT. IBM WATSON HEALTH (WATSON HEALTH) WAS ENGAGED TO HELP COLLECT AND ANALYZE THE DATA FOR THIS PROCESS, AND TO COMPILE A FINAL REPORT TO BE MADE PUBLICLY AVAILABLE BY SEPTEMBER 30, 2019; WATSON HEALTH DELIVERS ANALYTIC TOOLS, BENCHMARKS, AND STRATEGIC CONSULTING SERVICES TO THE HEALTHCARE INDUSTRY, COMBINING RICH DATA ANALYTICS IN DEMOGRAPHICS, INCLUDING THE COMMUNITY NEEDS INDEX, PLANNING, AND DISEASE PREVALENCE ESTIMATES, WITH EXPERIENCED STRATEGIC CONSULTANTS TO DELIVER COMPREHENSIVE AND ACTIONABLE COMMUNITY HEALTH NEEDS ASSESSMENTS.

Part V Facility Information *(continued)*

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

THE COMMUNITIES SERVED BY EACH OF THE CHNA PARTNERS OVERLAPPED AND COMBINED TO INCLUDE ALL OR PART OF 16 COUNTIES IN NORTHEAST GEORGIA. WHILE A COLLABORATIVE APPROACH WAS UTILIZED, A NEEDS ANALYSIS WAS CONDUCTED FOR EACH CHNA PARTNER'S DEFINED COMMUNITY; COMMUNITY-SPECIFIC SUBSECTIONS ARE INCLUDED IN THE REPORT. NORTHEAST GEORGIA HEALTH SYSTEM (NGHS) DEFINED FOUR COMMUNITIES SERVED BY THEIR FOUR HOSPITAL FACILITIES: NGHS GREATER BRASELTON SERVICE AREA (GBSA), NGHS PRIMARY SERVICE AREA (PSA), NGHS SECONDARY SERVICE AREA 400 (SSA 400), AND NGHS SECONDARY SERVICE AREA NORTH (SSA NORTH).

WATSON HEALTH CONDUCTED EIGHT (8) FOCUS GROUPS WITH A TOTAL OF 75 PARTICIPANTS AS WELL AS 25 KEY INFORMANT INTERVIEWS TO GATHER THE INPUT OF PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITIES SERVED THROUGHOUT THE REGION. THE FOCUS GROUPS AND INTERVIEWS SOLICITED FEEDBACK FROM LEADERS AND REPRESENTATIVES WHO SERVE THE COMMUNITY AND HAVE INSIGHT INTO COMMUNITY NEEDS.

PARTICIPATION IN THE WATSON HEALTH INTERVIEW AND FOCUS GROUPS INCLUDED INPUT FROM AT LEAST ONE STATE, LOCAL, OR REGIONAL GOVERNMENTAL PUBLIC HEALTH DEPARTMENT (OR EQUIVALENT DEPARTMENT OR AGENCY) WITH KNOWLEDGE, INFORMATION, OR EXPERTISE RELEVANT TO THE HEALTH NEEDS OF THE COMMUNITY, AS WELL AS INDIVIDUALS OR ORGANIZATIONS WHO SERVED AND/OR REPRESENTED THE INTERESTS OF MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS IN THE COMMUNITY.

PARTICIPATION FROM COMMUNITY LEADERS/GROUPS, PUBLIC HEALTH ORGANIZATIONS, OTHER HEALTHCARE ORGANIZATIONS, AND OTHER HEALTHCARE PROVIDERS ENSURED

Part V Facility Information *(continued)*

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

THAT THE INPUT RECEIVED REPRESENTED THE BROAD INTERESTS OF THE COMMUNITY SERVED.

ADDITIONAL QUALITATIVE DATA SOURCES SUPPLEMENTED THE FOCUS GROUPS AND INTERVIEWS. THESE INCLUDED A HALL COUNTY HEALTH SURVEY OF UNINSURED INDIVIDUALS (199 SURVEYS COMPLETED); HALL COUNTY MENTAL AND BEHAVIORAL HEALTH LISTENING SESSIONS (60+ PARTICIPANTS FROM KEY STAKEHOLDER ORGANIZATIONS); AND QUALITATIVE FINDINGS FROM UNION GENERAL & CHATUGE REGIONAL HOSPITALS 2018 CHNA REPORTS (148 COMMUNITY-BASED SURVEYS, FOUR KEY INFORMANT INTERVIEWS).

IN JUNE 2019, A SESSION WAS HELD WITH THE CHNA PARTNERS AND THEIR COMMUNITY ADVISORS TO IDENTIFY AND PRIORITIZE THE SIGNIFICANT HEALTH NEEDS FOR EACH CHNA PARTNER'S COMMUNITY. THE MEETING WAS MODERATED BY WATSON HEALTH.

NGMC LUMPKIN LLC:

PART V, SECTION B, LINE 5: THE FOLLOWING ORGANIZATIONS HAVE PARTNERED AND COLLABORATED TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FOR COMMUNITIES THEY (CHNA PARTNERS) SERVE IN NORTHEASTERN GEORGIA:

- DISTRICT 2 PUBLIC HEALTH
- HABERSHAM MEDICAL CENTER
- NORTHEAST GEORGIA MEDICAL CENTER GAINESVILLE
- NORTHEAST GEORGIA MEDICAL CENTER BRASELTON
- NORTHEAST GEORGIA MEDICAL CENTER BARROW
- NORTHEAST GEORGIA MEDICAL CENTER LUMPKIN
- STEPHENS COUNTY HOSPITAL

Part V Facility Information *(continued)*

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

THESE CHNA PARTNERS UNDERSTAND THE IMPORTANCE OF SERVING THE HEALTH NEEDS OF THEIR COMMUNITIES. BEGINNING IN NOVEMBER 2018, THE CHNA PARTNERS BEGAN THE PROCESS OF ASSESSING THE HEALTH NEEDS OF THE COMMUNITIES SERVED BY THE HOSPITAL FACILITIES AND THE HEALTH DEPARTMENT WITH A COLLABORATIVE COMMUNITY HEALTH NEEDS ASSESSMENT. IBM WATSON HEALTH (WATSON HEALTH) WAS ENGAGED TO HELP COLLECT AND ANALYZE THE DATA FOR THIS PROCESS, AND TO COMPILE A FINAL REPORT TO BE MADE PUBLICLY AVAILABLE BY SEPTEMBER 30, 2019; WATSON HEALTH DELIVERS ANALYTIC TOOLS, BENCHMARKS, AND STRATEGIC CONSULTING SERVICES TO THE HEALTHCARE INDUSTRY, COMBINING RICH DATA ANALYTICS IN DEMOGRAPHICS, INCLUDING THE COMMUNITY NEEDS INDEX, PLANNING, AND DISEASE PREVALENCE ESTIMATES, WITH EXPERIENCED STRATEGIC CONSULTANTS TO DELIVER COMPREHENSIVE AND ACTIONABLE COMMUNITY HEALTH NEEDS ASSESSMENTS.

THE COMMUNITIES SERVED BY EACH OF THE CHNA PARTNERS OVERLAPPED AND COMBINED TO INCLUDE ALL OR PART OF 16 COUNTIES IN NORTHEAST GEORGIA. WHILE A COLLABORATIVE APPROACH WAS UTILIZED, A NEEDS ANALYSIS WAS CONDUCTED FOR EACH CHNA PARTNER'S DEFINED COMMUNITY; COMMUNITY-SPECIFIC SUBSECTIONS ARE INCLUDED IN THE REPORT. NORTHEAST GEORGIA HEALTH SYSTEM (NGHS) DEFINED FOUR COMMUNITIES SERVED BY THEIR FOUR HOSPITAL FACILITIES: NGHS GREATER BRASELTON SERVICE AREA (GBSA), NGHS PRIMARY SERVICE AREA (PSA), NGHS SECONDARY SERVICE AREA 400 (SSA 400), AND NGHS SECONDARY SERVICE AREA NORTH (SSA NORTH).

WATSON HEALTH CONDUCTED EIGHT (8) FOCUS GROUPS WITH A TOTAL OF 75 PARTICIPANTS AS WELL AS 25 KEY INFORMANT INTERVIEWS TO GATHER THE INPUT OF

Part V Facility Information *(continued)*

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

PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITIES SERVED

THROUGHOUT THE REGION. THE FOCUS GROUPS AND INTERVIEWS SOLICITED FEEDBACK FROM LEADERS AND REPRESENTATIVES WHO SERVE THE COMMUNITY AND HAVE INSIGHT INTO COMMUNITY NEEDS.

PARTICIPATION IN THE WATSON HEALTH INTERVIEW AND FOCUS GROUPS INCLUDED INPUT FROM AT LEAST ONE STATE, LOCAL, OR REGIONAL GOVERNMENTAL PUBLIC HEALTH DEPARTMENT (OR EQUIVALENT DEPARTMENT OR AGENCY) WITH KNOWLEDGE, INFORMATION, OR EXPERTISE RELEVANT TO THE HEALTH NEEDS OF THE COMMUNITY, AS WELL AS INDIVIDUALS OR ORGANIZATIONS WHO SERVED AND/OR REPRESENTED THE INTERESTS OF MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS IN THE COMMUNITY.

PARTICIPATION FROM COMMUNITY LEADERS/GROUPS, PUBLIC HEALTH ORGANIZATIONS, OTHER HEALTHCARE ORGANIZATIONS, AND OTHER HEALTHCARE PROVIDERS ENSURED THAT THE INPUT RECEIVED REPRESENTED THE BROAD INTERESTS OF THE COMMUNITY SERVED.

ADDITIONAL QUALITATIVE DATA SOURCES SUPPLEMENTED THE FOCUS GROUPS AND INTERVIEWS. THESE INCLUDED A HALL COUNTY HEALTH SURVEY OF UNINSURED INDIVIDUALS (199 SURVEYS COMPLETED); HALL COUNTY MENTAL AND BEHAVIORAL HEALTH LISTENING SESSIONS (60+ PARTICIPANTS FROM KEY STAKEHOLDER ORGANIZATIONS); AND QUALITATIVE FINDINGS FROM UNION GENERAL & CHATUGE REGIONAL HOSPITALS 2018 CHNA REPORTS (148 COMMUNITY-BASED SURVEYS, FOUR KEY INFORMANT INTERVIEWS).

IN JUNE 2019, A SESSION WAS HELD WITH THE CHNA PARTNERS AND THEIR

Part V Facility Information *(continued)*

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

COMMUNITY ADVISORS TO IDENTIFY AND PRIORITIZE THE SIGNIFICANT HEALTH NEEDS FOR EACH CHNA PARTNER'S COMMUNITY. THE MEETING WAS MODERATED BY WATSON HEALTH.

NGMC BARROW LLC:

PART V, SECTION B, LINE 6A: THE FOLLOWING HOSPITAL FACILITIES WERE INCLUDED IN THE CHNA:

- NORTHEAST GEORGIA MEDICAL CENTER BARROW
- NORTHEAST GEORGIA MEDICAL CENTER GAINESVILLE
- NORTHEAST GEORGIA MEDICAL CENTER BRASELTON
- NORTHEAST GEORGIA MEDICAL CENTER LUMPKIN
- HABERSHAM MEDICAL CENTER
- STEPHENS COUNTY HOSPITAL

NGMC LUMPKIN LLC:

PART V, SECTION B, LINE 6A: A REGION-WIDE COMMUNITY HEALTH NEEDS ASSESSMENT WAS CONDUCTED UNDER NORTHEAST GEORGIA HEALTH SYSTEM IN 2019. THE FOLLOWING HOSPITAL FACILITIES WERE INCLUDED AND PARTNERED IN THE CHNA:

- NORTHEAST GEORGIA MEDICAL CENTER GAINESVILLE
- NORTHEAST GEORGIA MEDICAL CENTER BRASELTON
- NORTHEAST GEORGIA MEDICAL CENTER BARROW
- NORTHEAST GEORGIA MEDICAL CENTER LUMPKIN
- HABERSHAM MEDICAL CENTER
- STEPHENS COUNTY HOSPITAL

Part V Facility Information *(continued)*

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

NGMC BARROW LLC:

**PART V, SECTION B, LINE 6B: THE FOLLOWING ORGANIZATION PARTNERED AND
COLLABORATED TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT:**

- DISTRICT 2 PUBLIC HEALTH

NGMC LUMPKIN LLC:

**PART V, SECTION B, LINE 6B: THE FOLLOWING ORGANIZATION PARTNERED AND
COLLABORATED TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT:**

- DISTRICT 2 PUBLIC HEALTH

NGMC LUMPKIN LLC:

**PART V, SECTION B, LINE 2: NORTHEAST GEORGIA MEDICAL CENTER LUMPKIN
(FORMERLY KNOWN AS CHESTATEE REGIONAL HOSPITAL) WAS ACQUIRED BY NORTHEAST
GEORGIA HEALTH SYSTEM (NGHS) IN JULY 2018. COMPLETE EMERGENCY SERVICES ARE
PROVIDED BY THE SAME GROUP OF PHYSICIANS THAT CARE FOR EMERGENCY PATIENTS
AT ALL NORTHEAST GEORGIA MEDICAL CENTER (NGMC) HOSPITALS. NGMC LUMPKIN
BRINGS SERVICES MODELED AROUND THE PROGRAMS OF EXCELLENCE AT NGMC
GAINESVILLE TO DAHLONEGA AND SURROUNDING COMMUNITIES. 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 BARROW LLC:

PART V, SECTION B, LINE 11: NORTHEAST GEORGIA HEALTH SYSTEM (NGHS)

Part V Facility Information *(continued)*

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

DEFINED FOUR COMMUNITIES SERVED BY THEIR FOUR HOSPITAL FACILITIES: NGHS GREATER BRASELTON SERVICE AREA (GBSA), NGHS PRIMARY SERVICE AREA (PSA), NGHS SECONDARY SERVICE AREA 400 (SSA 400), AND NGHS SECONDARY SERVICE AREA NORTH (SSA NORTH). THE 2019 CHNA REVEALED THE FOLLOWING FIVE PRIORITIES ADOPTED BY THE ORGANIZATION AND REPRESENT THOSE ON WHICH WE CAN HAVE THE MOST IMPACT BASED ON PRIORITIZATION CRITERIA:

- BEHAVIORAL AND MENTAL HEALTH (ALL NGHS SERVICE AREAS)
- ACCESS TO CARE (ALL NGHS SERVICE AREAS)
- DIABETES (GBSA, SSA 400, SSA NORTH)
- CARDIOVASCULAR DISEASE (SSA 400)
- SEPTICEMIA (ALL NGHS SERVICE AREAS)

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

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

SPECIFIC TO NGHS, THE HEALTH NEEDS NGHS CHOSE NOT TO ADDRESS THROUGH THE PRIORITIZATION PROCESS INCLUDE THE FOLLOWING:

- PSA: FOOD ACCESS AND NUTRITION, MATERNAL AND CHILD HEALTH, SOCIAL ISOLATION.
- GBSA: MATERNAL AND CHILD HEALTH, PHYSICAL ACTIVITY, INJURY AND DEATH, VIOLENCE, CHILD ABUSE, INCOME, EDUCATION, ACCESS TO DENTAL CARE, CANCER, TRANSPORTATION.
- SSA NORTH: MATERNAL AND CHILD HEALTH, CARDIOVASCULAR DISEASE, INCOME, PHYSICAL ACTIVITY, VIOLENCE, CHILD ABUSE, EDUCATION, ACCESS TO DENTAL

Part V Facility Information *(continued)*

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

CARE, EMPLOYMENT, CEREBROVASCULAR DISEASE, SOCIAL ISOLATION, CANCER, COPD AND RESPIRATORY DISEASE, INJURY AND DEATH.

- SSA 400: MATERNAL AND CHILD HEALTH, SMOKING, VIOLENCE/CHILD ABUSE, INCOME, ACCESS TO DENTAL CARE, SOCIAL ISOLATION, CANCER, TRANSPORTATION. THIS IS NOT TO SAY THAT NGHS DOES NOT HAVE ANY ACTIVITY RELATED TO THESE ISSUES. THE ORGANIZATION HAD TO CHOOSE WHERE IT COULD HAVE THE MOST IMPACT BASED ON PRIORITIZATION CRITERIA, AND SOME OF THE NEEDS NOT CHOSEN STILL RELATE TO CHOSEN HEALTH PRIORITIES. FOR INSTANCE, ACCESS TO CARE IS A PRIORITY ACROSS THE REGION. WHILE TRANSPORTATION ON ITS OWN DID NOT MAKE THE HEALTH PRIORITY LIST, IT WOULD BE AN ISSUE CONSIDERED IN ACCESS TO CARE ISSUES. AND WHILE CANCER WAS NOT CHOSEN AS A COMMUNITY HEALTH IMPROVEMENT PRIORITY, NGHS ALREADY HAS AN INTERNAL EMPHASIS ON THIS HEALTH ISSUE AND WILL REPORT ITS ACTIVITY VIA THE ANNUAL COMMUNITY BENEFIT REPORT.

NGMC LUMPKIN LLC:

PART V, SECTION B, LINE 11: NORTHEAST GEORGIA HEALTH SYSTEM (NGHS) DEFINED FOUR COMMUNITIES SERVED BY THEIR FOUR HOSPITAL FACILITIES: NGHS GREATER BRASELTON SERVICE AREA (GBSA), NGHS PRIMARY SERVICE AREA (PSA), NGHS SECONDARY SERVICE AREA 400 (SSA 400), AND NGHS SECONDARY SERVICE AREA NORTH (SSA NORTH). THE 2019 CHNA REVEALED THE FOLLOWING FIVE PRIORITIES ADOPTED BY THE ORGANIZATION AND REPRESENT THOSE ON WHICH WE CAN HAVE THE MOST IMPACT BASED ON PRIORITIZATION CRITERIA:

- BEHAVIORAL AND MENTAL HEALTH (ALL NGHS SERVICE AREAS)
- ACCESS TO CARE (ALL NGHS SERVICE AREAS)
- DIABETES (GBSA, SSA 400, SSA NORTH)
- CARDIOVASCULAR DISEASE (SSA 400)

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3i, 5, 6a, 8b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- SEPTICEMIA (ALL NGHS SERVICE AREAS)

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

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

SPECIFIC TO NGHS, THE HEALTH NEEDS NGHS CHOSE NOT TO ADDRESS THROUGH THE PRIORITIZATION PROCESS INCLUDE THE FOLLOWING:

- PSA: FOOD ACCESS AND NUTRITION, MATERNAL AND CHILD HEALTH, SOCIAL ISOLATION.

- GBSA: MATERNAL AND CHILD HEALTH, PHYSICAL ACTIVITY, INJURY AND DEATH, VIOLENCE, CHILD ABUSE, INCOME, EDUCATION, ACCESS TO DENTAL CARE, CANCER, TRANSPORTATION.

- SSA NORTH: MATERNAL AND CHILD HEALTH, CARDIOVASCULAR DISEASE, INCOME, PHYSICAL ACTIVITY, VIOLENCE, CHILD ABUSE, EDUCATION, ACCESS TO DENTAL CARE, EMPLOYMENT, CEREBROVASCULAR DISEASE, SOCIAL ISOLATION, CANCER, COPD AND RESPIRATORY DISEASE, INJURY AND DEATH.

- SSA 400: MATERNAL AND CHILD HEALTH, SMOKING, VIOLENCE/CHILD ABUSE, INCOME, ACCESS TO DENTAL CARE, SOCIAL ISOLATION, CANCER, TRANSPORTATION.

THIS IS NOT TO SAY THAT NGHS DOES NOT HAVE ANY ACTIVITY RELATED TO THESE ISSUES. THE ORGANIZATION HAD TO CHOOSE WHERE IT COULD HAVE THE MOST IMPACT BASED ON PRIORITIZATION CRITERIA, AND SOME OF THE NEEDS NOT CHOSEN STILL RELATE TO CHOSEN HEALTH PRIORITIES. FOR INSTANCE, ACCESS TO CARE IS A PRIORITY ACROSS THE REGION. WHILE TRANSPORTATION ON ITS OWN DID NOT MAKE THE HEALTH PRIORITY LIST, IT WOULD BE AN ISSUE CONSIDERED IN ACCESS TO

Part V Facility Information *(continued)*

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

CARE ISSUES. WHILE CANCER WAS NOT CHOSEN AS A COMMUNITY HEALTH IMPROVEMENT PRIORITY, NGHS ALREADY HAS AN INTERNAL EMPHASIS ON THIS HEALTH ISSUE AND WILL REPORT ITS ACTIVITY VIA THE ANNUAL COMMUNITY BENEFIT REPORT.

NGMC BARROW LLC

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

WWW.NGHS.COM/FINANCIAL-ASSISTANCE

NGMC LUMPKIN LLC

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

WWW.NGHS.COM/FINANCIAL-ASSISTANCE

Part VI Supplemental Information

Provide the following information.

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

PART I, LINE 3C:

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

PART I, LINE 6A:

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

PART I, LINE 7:

CHARITY CARE COST WAS CALCULATED APPLYING SEPARATE COST-TO-CHARGE RATIOS (CCR) TO THE SKILLED NURSING FACILITY (SNF) AND TO THE REMAINING PATIENT CHARGES FROM ALL OTHER HOSPITAL ACTIVITIES. THE CCR FOR THE SNF WAS

632100 11-09-18

Schedule H (Form 990) 2018

Part VI Supplemental Information (Continuation)

COMPUTED USING THE TOTAL SNF OPERATING EXPENSES DIVIDED BY THE TOTAL SNF GROSS CHARGES. THE CCR FOR THE REMAINING PATIENT CHARGES WAS COMPUTED PURSUANT TO WORKSHEET 2 IN THE SCHEDULE H INSTRUCTIONS.

THE CCR FOR THE UNREIMBURSED MEDICAID SERVICES WAS COMPUTED USING A CCR COMPUTED PURSUANT TO WORKSHEET 2 IN THE SCHEDULE H INSTRUCTIONS. OTHER MEANS TESTED GOVERNMENT PROGRAM COST WAS DERIVED FROM INTERNAL TRENDSTAR SYSTEM DATA WHICH COMPUTED COST AT THE PATIENT DETAIL LEVEL.

IN ADDITION, NGHS HAS MULTIPLE ACTIVITIES WITHIN THE ORGANIZATION THAT DO NOT FALL UNDER THE OPERATIONS OF THE HOSPITALS, NGMC BARROW OR NGMC LUMPKIN. THE INSTRUCTIONS FOR SCHEDULE H, PART I, LINE 7, COLUMN (F) STATE THAT THE PERCENTAGE IS TO BE CALCULATED USING THE TOTAL EXPENSES FROM FORM 990, PART IX, LINE 25, COLUMN (A) LESS BAD DEBT EXPENSE. THEREFORE, THE REPORTED PERCENTAGES ARE RELATIVE TO ALL NGHS EXPENSES, NOT JUST THE EXPENSES ATTRIBUTABLE TO THE HOSPITAL OPERATIONS OF NGMC BARROW AND NGMC LUMPKIN.

A CALCULATION OF THE PERCENT OF TOTAL EXPENSE THAT RELATES TO COMMUNITY BENEFIT ACTIVITIES USING THE \$47,086,931 OF HOSPITAL EXPENSES SOLELY ASSOCIATED WITH NGMC BARROW AND NGMC LUMPKIN RESULTS IN A PERCENTAGE OF 11.3%. THIS IS A MORE ACCURATE REFLECTION OF THE PERCENT OF EXPENSES WITHIN NGMC BARROW AND NGMC LUMPKIN THAT ARE APPLIED TO COMMUNITY BENEFIT.

PART I, LN 7 COL(F):

THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 24, COLUMN D, BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$16,318,418.

Part VI Supplemental Information (Continuation)**PART II, COMMUNITY BUILDING ACTIVITIES:****NGMC BARROW**

TO ENHANCE WORKFORCE DEVELOPMENT, NGMC BARROW PARTICIPATED IN THE YOUTH APPRENTICESHIP PROGRAM WHEREBY HIGH SCHOOL STUDENTS WORK WITH HOSPITAL STAFF FOR ONE CLASS PERIOD IN THEIR DAY; A TOTAL OF 100 STUDENTS PARTICIPATED WITH NGMC AND 14 OF THOSE STUDENTS PARTICIPATED WITH NGMC BARROW. STUDENTS ROTATE THROUGH MULTIPLE HOSPITAL DEPARTMENTS.

NGMC LUMPKIN

NGMC AND NGPG 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. IN ADDITION TO PROVIDING EDUCATION AND FREE FLU SHOTS TO THE COMMUNITY, AN NGMC ADVISORY BOARD MEMBER SERVES ON THE COMMITTEE. IN CONJUNCTION WITH THIS INITIATIVE, NGMC SUPPORTS COMMUNITY HELPING PLACE, THE INDIGENT HEALTH CLINIC IN LUMPKIN COUNTY THAT PROVIDES THE LUMPKIN MATTERS EVENTS.

PART III, LINE 2:

PATIENT ACCOUNTS RECEIVABLE ARE REDUCED BY AN ESTIMATED ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS. IN EVALUATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE, NORTHEAST GEORGIA HEALTH SYSTEM (THE SYSTEM) ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYER SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS AND PROVISION FOR BAD DEBTS. MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYER SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ESTIMATED ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS.

Part VI Supplemental Information (Continuation)**PART III, LINE 4:**

BAD DEBTS ARE DISCUSSED IN THE FOOTNOTES AS A COMPONENT OF NET PATIENT SERVICE REVENUE.

PART III, LINE 8:

THE MEDICARE COSTS SHOWN ON LINE 6 WERE COMPUTED USING THE COST TO CHARGE RATIO REFLECTED IN THE NGMC BARROW'S MEDICARE COST REPORT. NGMC LUMPKIN, AS A NEWLY ESTABLISHED HOSPITAL, DID NOT HAVE ITS OWN COST TO CHARGE RATIO AND, THUS, USED NGMC'S COST TO CHARGE RATIO FOR FISCAL YEAR 2019.

PART III, LINE 9B:

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

PART VI, LINE 2:**NGMC BARROW**

DATA FROM NGMC'S 2016 COMMUNITY HEALTH NEEDS ASSESSMENT SHOWED THAT BETWEEN 2008 AND 2012, BARROW COUNTY HAD A LUNG CANCER INDICATOR VALUE OF 87.9, WELL ABOVE ITS NEIGHBOR GWINNETT COUNTY'S VALUE OF 54.1 AND THE STATE BENCHMARK OF 68.8, ACCORDING TO THE NATIONAL CANCER INSTITUTE. IN RESPONSE TO THIS ISSUE, NGMC PARTNERED WITH BARROW COUNTY SCHOOLS TO IMPLEMENT TAR WARS, A TOBACCO-FREE EDUCATION PROGRAM FOR FOURTH AND FIFTH

Part VI Supplemental Information (Continuation)

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. NGMC BARROW HAS CONTINUED THIS PARTNERSHIP 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. 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. THIS PARTNERSHIP WILL CONTINUE IN FISCAL YEAR 20.

NGMC LUMPKIN

NORTHEAST GEORGIA MEDICAL CENTER LUMPKIN, FORMERLY KNOWN AS CHESTATEE REGIONAL HOSPITAL, ONLY RECENTLY JOINED NORTHEAST GEORGIA HEALTH SYSTEM IN JULY 2019. A REGION-WIDE COMMUNITY HEALTH NEEDS ASSESSMENT THAT INCLUDED LUMPKIN AND SURROUNDING COUNTIES WAS CONDUCTED IN 2016, AND THROUGH THAT, IDENTIFIED THE NEED TO IMPROVE ACCESS TO CARE THROUGH ENGAGEMENT WITH AREA INDIGENT CLINICS.

PART VI, LINE 3:**NGMC BARROW AND NGMC LUMPKIN**

WE HAVE SIGNAGE POSTED THROUGHOUT THE EMERGENCY DEPARTMENT (ED) AND AT

Part VI Supplemental Information (Continuation)

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

PART VI, LINE 4:

NGMC BARROW AND NGMC LUMPKIN

POPULATION: FROM 2010 TO 2018, THE HEALTH SYSTEM'S TOTAL SERVICE AREA ("TSA") POPULATION GREW AN ESTIMATED 2.1% PER YEAR ON AVERAGE COMPARED TO THE STATE OF GEORGIA AT 1.0% AND THE US AT 0.7%. POPULATION FOR THE TSA IN 2018 IS ESTIMATED TO BE 976,989 REPRESENTING A TOTAL GROWTH RATE OF

Part VI Supplemental Information (Continuation)

18.3% SINCE 2010, COMPARED TO THE STATE OF GEORGIA'S GROWTH (8.3%) AND THE US (5.8%) OVER THE SAME TIME PERIOD. THE TSA'S POPULATION GROWTH RATE IS PROJECTED TO OUTPACE GEORGIA AND THE US THROUGH AT LEAST 2021, THUS CONTINUING TO DRIVE ABOVE AVERAGE DEMAND FOR HEALTH CARE SERVICES.

SOURCES: US CENSUS BUREAU; ESRI, INC.

HOUSEHOLD INCOME AND HOME VALUES: MEDIAN HOUSEHOLD INCOME FOR THE TSA IS CURRENTLY \$47,488 COMPARED TO THE STATE OF GEORGIA AT \$55,679. THE MEDIAN HOME VALUE FOR THE TSA IS CURRENTLY \$174,000 COMPARED TO THE STATE OF GEORGIA AT \$166,800. SOURCES: US CENSUS BUREAU; ESRI, INC.

EMPLOYMENT: THE UNEMPLOYMENT RATE FOR THE NGHS TOTAL SERVICE AREA WAS 3.0% IN 2018 COMPARED WITH THE STATE OF GEORGIA AT 3.9% AND THE U.S. AT 3.9%. FOR AT LEAST THE LAST 10 YEARS, THE TSA HAS CONSISTENTLY EXPERIENCED AN ANNUAL UNEMPLOYMENT RATE BELOW THOSE OF GEORGIA AND THE U.S. SOURCE: US BUREAU OF LABOR STATISTICS; ESRI, INC.

PART VI, LINE 5:

NGMC BARROW AND NGMC LUMPKIN

NORTHEAST GEORGIA HEALTH SYSTEM'S BOARD OF DIRECTORS IS COMPRISED OF 15 MEMBERS AND REPRESENTS THE COMMUNITIES DIRECTLY SERVED BY THE ORGANIZATION. BOARD MEMBERS PROVIDE LEADERSHIP THAT SUPPORTS THE ORGANIZATION'S MISSION TO IMPROVE THE HEALTH OF THE COMMUNITY.

PRACTITIONERS AT NGHS ENTITIES UNDERGO EXTENSIVE ONBOARDING PRIOR TO BEING AFFILIATED WITH THE HEALTH SYSTEM, SECURING STANDARD OF CARE AND SAFETY TO OUR COMMUNITY. THE MEDICAL CENTER CONDUCTS PHYSICIAN MANPOWER STUDIES TO DETERMINE THE NUMBER OF PHYSICIANS NEEDED BY SPECIALTY TO MEET COMMUNITY

Part VI Supplemental Information (Continuation)

NEED. INFORMATION FROM THESE STUDIES IS USED TO HELP GUIDE DECISIONS FOR PHYSICIAN RECRUITMENT.

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

PART VI, LINE 6:

NGMC BARROW AND NGMC LUMPKIN:

AFFILIATES OF NORTHEAST GEORGIA HEALTH SYSTEM INCLUDE NGMC BARROW, NGMC LUMPKIN, NGMC GAINESVILLE AND BRASELTON, NORTHEAST GEORGIA PHYSICIANS GROUP, THE MEDICAL CENTER FOUNDATION DOING BUSINESS AS THE NORTHEAST GEORGIA HEALTH SYSTEM FOUNDATION (NGHS FOUNDATION), NORTHEAST GEORGIA HEALTH PARTNERS, RIVER PLACE MEDICAL OFFICE PLAZA I, AND THE HEART CENTER, LLC.

THE MISSION OF NORTHEAST GEORGIA HEALTH SYSTEM AND ALL RELATED AFFILIATES IS TO "IMPROVE THE HEALTH OF THE COMMUNITY IN ALL WE DO." AS A NOT-FOR-PROFIT HOSPITAL, IT TREATS PATIENTS REGARDLESS OF THEIR ABILITY TO PAY AND IS ACCOUNTABLE TO THE HOSPITAL AUTHORITY OF HALL COUNTY AND THE CITY OF GAINESVILLE FOR THE PROVISION OF CHARITABLE SERVICES TO THE COMMUNITY.

Part VI Supplemental Information (Continuation)

NORTHEAST GEORGIA MEDICAL CENTER PROVIDES ACUTE AND SPECIALTY INPATIENT AND OUTPATIENT SERVICES FOR A REGIONAL COMMUNITY OF OVER 18 COUNTIES AND RECEIVES NO LOCAL TAX SUPPORT FROM ANY OF THOSE COUNTIES FOR OPERATIONS OR INDIGENT CARE.

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

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

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

NORTHEAST GEORGIA PHYSICIANS GROUP IS A MULTI-SPECIALTY GROUP WITH MORE THAN 400 PHYSICIANS, PHYSICIAN ASSISTANTS, NURSE PRACTITIONERS AND OTHER CLINICAL STAFF PROVIDING HEALTHCARE SERVICES AT 65 LOCATIONS THROUGHOUT NORTHEAST GEORGIA, WHICH FURTHER IMPROVES THE COMMUNITY'S ACCESS TO CARE FOR THE REGION OF 19 COUNTIES.

Part VI Supplemental Information (Continuation)

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

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

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

GA

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

NORTHEAST GEORGIA HEALTH SYSTEM, INC.

Employer identification number
58-1694090

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 30368-2454	13-1788491	501(C)(3)	51,000.	0.			RELAY FOR LIFE SPONSORSHIP
AMERICAN HEART ASSOCIATION 1353 JENNINGS MILL RD, SUITE A BOGART, GA 30622	13-5613797	501(C)(3)	15,000.	0.			HEARTWALK SPONSORSHIP
CRESSWIND AT LAKE LANIER 330 CRESSWIND MARINA DRIVE GAINESVILLE, GA 30504	82-4514508		8,000.	0.			PICKLE BALL CLUB SPONSOR
DAHLONEGA LUMPKIN COUNTY 13 SOUTH PARK ST DAHLONEGA, GA 30533	80-0855643	115	32,400.	0.			VARIOUS SPONSORSHIPS
DAHLONEGA SUNRISE ROTARY CLUB PO BOX 1388 DAHLONEGA, GA 30533	82-4120728	501(C)(3)	5,280.	0.			DIAMOND SPONSOR
DANSON COUNTY CHAMBER OF COMMERCE 54 HWY 53 W DANSONVILLE, GA 30534	58-1950100	501(C)(3)	13,776.	0.			VARIOUS SPONSORSHIPS

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

30.

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

4.

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

Schedule I (Form 990) (2018)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FORUM COMMUNICATIONS, INC 1090 DIXON DRIVE GAINESVILLE, GA 30501	46-1330827		17,625.	0.			MENTAL HEALTH COMMUNITY INITIATIVE SPONSORSHIP
GAINESVILLE JAYCEES PO BOX 126 GAINESVILLE, GA 30503	31-1763149	501(C)(3)	11,000.	0.			CORP PARTNERSHIP AND YOUNG MEN AND WOMEN SPONSORSHIPS
GAINESVILLE PARK & RECREATION 830 GREEN ST NE GAINESVILLE, GA 30501	58-6000581	115	16,000.	0.			SPORTS MED SPONSORSHIP
GEORGIA HEALTHY FAMILY ALLIANCE 3760 LAVISTA ROAD SUITE 100 TUCKER, GA 30084	58-6212478	501(C)(3)	50,000.	0.			TAR WARS SPONSORSHIP
GOOD NEWS CLINICS PO BOX 2683 GAINESVILLE, GA 30503	58-1895047	501(C)(3)	415,120.	0.			CLINIC FUNDING-OPERATING COST
GREATER HALL CHAMBER OF COMMERCE P.O. BOX 374 GAINESVILLE, GA 30503	58-0251406	501(C)(3)	312,555.	0.			VARIOUS SPONSORSHIPS
WINNETT CHAMBER OF COMMERCE 6500 SUGARLOAF PARKWAY DULUTH, GA 30097	58-0537282	501(C)(3)	17,500.	0.			VARIOUS SPONSORSHIPS
HABERSHAM COUNTY CHAMBER OF COMMERCE - PO BOX 366 - CORNELIA, GA 30531	58-0541377	501(C)(3)	25,000.	0.			PARTNERSHIP FOR GROWTH PLEDGE/SPONSORSHIP
HALL CO LIBRARY SYSTEM 127 MAIN ST NW GAINESVILLE, GA 30501	58-2290422	501(C)(3)	50,000.	0.			GIFT/PLEDGE RENAISSANCE ROOM AFTER NGHS

Schedule I (Form 990)

NORTHEAST GEORGIA HEALTH SYSTEM, INC.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERACTIVE NEIGHBORHOOD 999 CHESTNUT ST #11 GAINESVILLE, GA 30501	75-3077646	501(C)(3)	7,600.	0.			COMMERCIAL SUBLEASE AS SUPPORT TO INK; 2K SPONSORSHIP
ITW LANIER PO BOX 1183 GAINESVILLE, GA 30503	47-1876037	501(C)(3)	11,000.	0.			DONATION TO OPERATIONS AND PICKLE BALL SPONSOR
JACKSON CO AREA CHAMBER OF COMMERCE - 270 ATHENS ST, PO BOX 629 - JEFFERSON, GA 30549	58-1238040	501(C)(3)	8,925.	0.			VARIOUS SPONSORSHIPS
NORTH GA ELITE PO BOX 1805 OAKWOOD, GA 30566	90-0564789		8,000.	0.			HIGH SCHOOL SHOWCASE AND CAMP SPONSORSHIPS
NORTHEAST GEORGIA HISTORY CENTER PO BOX 1451 GAINESVILLE, GA 30503	58-1443900	501(C)(3)	10,000.	0.			TASTE OF HISTORY SPONSORSHIP
OAKWOOD FAMILY YMCA 2455 HOWARD ROAD GAINESVILLE, GA 30501	58-2203268	501(C)(3)	15,000.	0.			ANNUAL GIVING CAMPAIGN
OLD FASHIONED CHRISTMAS 16 NORTH PARK ST DARLOWEGA, GA 30533	83-2166551		10,000.	0.			SPIRIT OF SANTA AND OLD FASHIONED CHRISTMAS SPONSORSHIPS
PARTNERSHIP FOR GYNECOLOGICAL CANCER SUPPORT - PO BOX 499 - MURRAYVILLE, GA 30564	46-2114494	501(C)(3)	10,000.	0.			TOAST TO TEAL SPONSORSHIP
ROTARY CLUB OF DAWSON CO PO BOX 1495 DANSONVILLE, GA 30534	82-1123575	501(C)(3)	15,710.	0.			SPONSORSHIP

Schedule I (Form 990)

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 non-cash assistance

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

PART I, LINE 2:

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

OBTAINED PRIOR TO DISBURSEMENT.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

NORTHEAST GEORGIA HEALTH SYSTEM, INC.

Employer identification number
58-1694090

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 checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" 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)?

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018 **NORTHEAST GEORGIA HEALTH SYSTEM, INC.** 58-1694090**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation				(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(iv) Other reportable compensation				
(1) JOHN CLIFTON HASTINGS, MD MEMBER, PHYSICIAN - NPG	(i) 835,805. (ii) 0.	0.	0.	26,049.	9,625.	29,716.	901,195.	0.
(2) MORAK DAVE, MD MEMBER, NGHC MEDICAL DIRECTOR	(i) 0. (ii) 0.	0.	0.	198,214.	0.	0.	198,214.	0.
(3) BRIAN D. STEINES CHIEF FINANCIAL OFFICER - NGH	(i) 574,183. (ii) 0.	195,666.	21,897.	81,627.	81,627.	28,779.	902,152.	0.
(4) CAROL BURRELL PRESIDENT & CEO	(i) 972,032. (ii) 0.	463,840.	3,642,969.	56,590.	56,590.	11,170.	5,146,601.	0.
(5) STEPHEN KELLY CHIEF COMPLIANCE OFFICER - NGH	(i) 209,612. (ii) 0.	55,264.	11,564.	34,345.	34,345.	16,576.	327,361.	0.
(6) BRENDA SIMPSON CHIEF NURSING OFFICER - NGHC	(i) 330,112. (ii) 0.	74,408.	7,516.	49,508.	49,508.	22,582.	484,126.	0.
(7) CHAD HATFIELD PRESIDENT - NGHC BARROW	(i) 210,607. (ii) 0.	53,658.	1,098.	31,174.	31,174.	16,846.	313,383.	0.
(8) CHRISTOPHER PARAVATE CHIEF INFORMATION OFFICER - NGH	(i) 388,805. (ii) 0.	114,378.	1,735.	55,244.	55,244.	28,328.	588,490.	19,251.
(9) DANIEL TUFFY PRESIDENT OF PHYSICIAN SERVICES	(i) 364,302. (ii) 0.	84,582.	41,406.	56,994.	56,994.	33,072.	580,356.	0.
(10) DEBORAH WEBER CHIEF HUMAN RESOURCES OFFICER - NGH	(i) 294,611. (ii) 0.	96,987.	25,804.	46,765.	46,765.	20,728.	484,895.	30,147.
(11) JOHN A. WILLIAMSON PRESIDENT NGHC - BRA & SOUTHERN MARK	(i) 347,730. (ii) 0.	119,229.	23,427.	70,682.	70,682.	28,501.	589,569.	37,802.
(12) LINDA NICHOLSON VP CORPORATE FINANCIAL REPORTING/COO	(i) 220,537. (ii) 0.	79,424.	16,146.	90,941.	90,941.	30,103.	437,151.	24,002.
(13) LOUIS SMITH JR. PRESIDENT - NGHC - SYSTEM ACUTE/POST	(i) 589,410. (ii) 0.	170,471.	23,907.	82,456.	82,456.	31,735.	897,979.	33,249.
(14) ROY GRIFFIN, JR. VP FINANCIAL PLANNING & DECISION SUP	(i) 223,308. (ii) 0.	58,780.	19,360.	38,438.	38,438.	28,188.	368,074.	0.
(15) SAMUEL JOHNSON, MD CHIEF MEDICAL OFFICER - NGH	(i) 413,701. (ii) 0.	306,992.	26,049.	62,143.	62,143.	30,728.	839,613.	48,170.
(16) TAD GOMEZ VP PROFESSIONAL SUPPORT SVCS - NGHC	(i) 266,493. (ii) 0.	58,162.	1,412.	37,746.	37,746.	28,525.	392,338.	0.

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.

PART I, LINE 4B:

EMPLOYER CONTRIBUTION TO 457(F) EXECUTIVE RETIREMENT BENEFIT PLAN

BRIAN D. STEINES	\$ 72,002
CHAD HATFIELD	\$ 25,801
CHRISTOPHER PARAVATE	\$ 45,637
DANIEL TUFFY	\$ 47,402
DEBORAH WEBER	\$ 38,049
LINDA NICHOLSON	\$ 27,327
ROY GRIFFIN, JR.	\$ 29,281
SAMUEL O. JOHNSON	\$ 52,518
STEPHEN KELLY	\$ 26,489
TRACY M. VARDEMAN	\$ 39,045
BRENDA SIMPSON	\$ 39,883
JOHN A. WILLIAMSON	\$ 44,077
LOUIS SMITH, JR.	\$ 72,831
TAD GOMEZ	\$ 32,262

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

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.

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. SEE ALSO SCHEDULE L, PART V FOR ADDITIONAL INFORMATION REGARDING THE SPLIT DOLLAR LIFE INSURANCE.

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

CHRISTOPHER PARAVATE	\$ 20,327
DEBORAH WEBER	\$ 31,833
TRACY M. VARDEMAN	\$ 33,959
JOHN A. WILLIAMSON	\$ 39,916
LINDA NICHOLSON	\$ 25,344

Part III Supplemental Information

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

SAMUEL O. JOHNSON \$ 205,879

LOUIS SMITH, JR. \$ 35,108

(Form 990 or 990-EZ)

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

OMB No. 1545-0047

2018

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

NORTHEAST GEORGIA HEALTH SYSTEM, INC.

Employer identification number

58-1694090

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

[illegible]

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

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
CAROL BURRELL	PRESIDENT	SEE PART		X	5,600,000.	5,874,642.		X	X		X	
Total						5,874,642.						

Part III	Grants or Assistance Benefiting Interested Persons.
----------	---

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

[illegible]

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

Schedule L (Form 990 or 990-EZ) 2018

SEE PART V FOR CONTINUATIONS

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information.

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

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:**(A) NAME OF PERSON:** CAROL BURRELL**(B) RELATIONSHIP WITH ORGANIZATION:** PRESIDENT & CEO**(C) PURPOSE OF LOAN:** SEE PART V**PART II****EXPLANATION FOR NON-RECOURSE SPLIT DOLLAR TRANSACTION WITH CAROL****BURRELL, PRESIDENT & CEO:**

NGHS PROVIDES SUPPLEMENTAL RETIREMENT BENEFITS THROUGH AN ALTERNATIVE FUNDING ARRANGEMENT THE INTERNAL REVENUE SERVICE (IRS) REFERS TO AS COLLATERAL ASSIGNMENT SPLIT DOLLAR (CASD). ALTHOUGH THE IRS REQUIRES REPORTING IN THE LOAN SECTION OF SCHEDULE L, CASD IS NOT AN ACTUAL LOAN AND NO FUNDS ARE TRANSFERRED TO THE EXECUTIVE. RATHER, THE "LOAN" TREATMENT APPLIES BECAUSE, AFTER THE EXECUTIVE HAS RECEIVED RETIREMENT BENEFITS, NGHS WILL RECOVER ALL OF ITS OUTLAYS PLUS INTEREST. THE RECOVERY RIGHT IS A KEY ADVANTAGE OF CASD FOR THE ORGANIZATION. RATHER THAN PAYING RETIREMENT BENEFITS TO THE EXECUTIVE THAT WOULD NEVER BE RECOVERED, UNDER CASD NGHS WILL RECOVER NOT ONLY ITS OUTLAYS, BUT ALSO CONSIDERATION FOR THE TIME VALUE OF MONEY.

Part V Supplemental Information

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

CASD WORKS AS FOLLOWS. NGHS DEPOSITS FUNDS INTO A CASH VALUE LIFE INSURANCE POLICY ON THE EXECUTIVE'S LIFE. DURING LIFE, TO THE EXTENT THE EXECUTIVE FULFILLS SERVICE AND VESTING REQUIREMENTS, THE EXECUTIVE CAN BORROW AGAINST VALUES IN THE POLICY TO SUPPLEMENT RETIREMENT INCOME. POLICY PERFORMANCE IS CLOSELY MONITORED. IF POLICY PERFORMANCE LAGS, THE EXECUTIVE'S BORROWING RIGHTS ARE REDUCED TO PROTECT NGHS'S RECOVERY RIGHTS.

AT THE EXECUTIVE'S DEATH, THE POLICY DEATH PROCEEDS ARE FIRST USED TO REPAY NGHS ITS DEPOSITS PLUS COMPOUNDED INTEREST (AT THE IRS LONG-TERM APPLICABLE FEDERAL RATE). THE EXECUTIVE'S BENEFICIARY THEN RECEIVES ANY PROJECTED RETIREMENT BORROWING THE EXECUTIVE DID NOT ACCESS DURING LIFE.

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

NORTHEAST GEORGIA HEALTH SYSTEM, INC.

Employer identification number
58-1694090

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

**- 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.**

**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

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 99-10-18

Name of the organization

NORTHEAST GEORGIA HEALTH SYSTEM, INC.

Employer identification number

58-1694090

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 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

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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:

- 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

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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 ALL 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 ALLOWING ANY PORTION OF ITS NET EARNINGS TO BENEFIT ANY PRIVATE SHAREHOLDER OR INDIVIDUAL.

AS A NOT-FOR-PROFIT HOSPITAL, NGMC CARRIES ADDITIONAL RESPONSIBILITIES,

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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;

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

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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 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

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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 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.

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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 DATED.PDF](https://www.nghs.com/fullpanel/uploads/files/implementation-plan-2020-updated.pdf).

NORTHEAST GEORGIA HEALTH SYSTEM IS A PARTNER IN UNITED WAY'S ONE HALL MENTAL AND BEHAVIORAL HEALTH SUBCOMMITTEE. UNDER UNITED WAY'S ONE

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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 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

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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 ACTIVITIES PROVIDED BY NGMC IN FY19, OFTEN PARTNERING WITH OTHER ORGANIZATIONS AND INDIVIDUALS IN THE COMMUNITY:

PARTNERING TO REACH THE UNINSURED

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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.

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

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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 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,

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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.

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

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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 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

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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), 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 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

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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 FOUNDATION 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 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

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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).

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

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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
AND NGHS, PLAN IN A CAN EMERGED. IN AN EMERGENCY, EMERGENCY MEDICAL
SERVICE TECHNICIANS 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

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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
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

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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
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

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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.

YOUTH APPRENTICESHIP AND MENTORSHIP PROGRAM: IN THE YOUTH

APPRENTICESHIP PROGRAM, HIGH SCHOOL STUDENTS WORK IN THE HOSPITAL FOR

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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 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

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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.

ENCOURAGING MEDICAL VOLUNTEERING: NGMC PROVIDES INFORMATION AT
PHYSICIAN ORIENTATION TO ENCOURAGE PHYSICIANS TO STEP UP TO VOLUNTEER

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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

SIDE BY SIDE WITH COMMUNITY AGENCIES TO DEVELOP STRATEGIES TO ADDRESS

THE NEEDS.

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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 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.

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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.

WHAT DRIVES NGMC BARROW'S COMMUNITY HEALTH IMPROVEMENT ACTIVITIES?

A MAJOR PRIORITY IN FY19 FROM THE 2016 CHNA WAS CANCER; STILL A

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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 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

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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.

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

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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.

SUPPORT OF COMMUNITY EFFORTS TO IMPROVE HEALTH

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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 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

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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 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

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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.

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.

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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, 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

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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
LUMPKIN COUNTY.

KAY HALL, NURSE MANAGER IN THE EMERGENCY DEPARTMENT, IS ON THE BOARD OF

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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
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

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58-1694090BASIC 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

NORTHEAST GEORGIA HEALTH SYSTEM IS A NOT-FOR-PROFIT COMMUNITY HEALTH
SYSTEM DEDICATED TO IMPROVING THE HEALTH AND QUALITY OF LIFE OF THE

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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, 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.

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SPECIAL NOTES

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

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

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

THE PROGRAM OR ACTIVITY MUST:

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

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

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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 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.

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THE COMMITTEE'S METHODOLOGY AND APPROACH INCORPORATE BOTH QUALITATIVE AND QUANTITATIVE CONSIDERATIONS, WHICH ARE REFLECTED IN THE COMMITTEE'S DETERMINATIONS CONCERNING KEY EMPLOYEE COMPENSATION AND THE SPECIFIC COMPONENTS THEREOF. THE COMPENSATION DECISIONS OF THE COMMITTEE ARE DESCRIBED BELOW AS TO EACH OF THE THREE CATEGORIES.

BASE SALARY

NGHS ENGAGES AN INDEPENDENT THIRD-PARTY CONSULTANT TO COLLECT APPROPRIATE DATA FROM A GROUP OF PEERS SIMILAR IN SIZE AND COMPLEXITY TO NGHS. THIS COMPARABILITY DATA IS REVIEWED 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.

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BENEFITS AND RETENTION PROGRAMS

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

FORM 990, PART VI, SECTION C, LINE 19:

**FINANCIAL STATEMENTS AND STATISTICS ARE FILED QUARTERLY WITH DIGITAL
ASSURANCE CERTIFICATION, LLC (DAC BOND). DAC BOND SERVES AS A DISCLOSURE
DISSEMINATION AGENT FOR ISSUERS OF MUNICIPAL BONDS ELECTRONICALLY POSTING
AND TRANSMITTING INFORMATION TO REPOSITORIES AND INVESTORS. ALL OTHER
ITEMS ARE AVAILABLE UPON REQUEST.**

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING FEES:

PROGRAM SERVICE EXPENSES	2,889,281.
MANAGEMENT AND GENERAL EXPENSES	932,014.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,821,295.

CONTRACT SERVICE FEES:

PROGRAM SERVICE EXPENSES	12,456,155.
MANAGEMENT AND GENERAL EXPENSES	4,018,061.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	16,474,216.

OUTSIDE SERVICE FEES:

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PROGRAM SERVICE EXPENSES 1,945,234.

MANAGEMENT AND GENERAL EXPENSES 627,486.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 2,572,720.

FEES FOR SERVICES - OTHER:

PROGRAM SERVICE EXPENSES 3,280,682.

MANAGEMENT AND GENERAL EXPENSES 1,058,270.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 4,338,952.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 27,207,183.

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

INTERCOMPANY FORGIVENESS 40,029,177.

MINIMUM PENSION LIABILITY ADJUSTMENT -62,588,117.

PARTNERSHIP INCOME NOT ON BOOKS 66,473.

NET ASSETS TRANSFERRED FOR CAPITAL EXPENDITURES 9,635.

TOTAL TO FORM 990, PART XI, LINE 9 -22,482,832.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

NORTHEAST GEORGIA HEALTH SYSTEM, INC.

Employer identification number
58-1694090

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
RIVER PLACE MEDICAL OFFICE PLAZA I, LLC - 58-1694090, 743 SPRING STREET, GAINESVILLE, GA 30501	RENTAL	GEORGIA	2,687,988.	12,737,015.	NORTHEAST GEORGIA HEALTH SYSTEM, INC.
THE HEART CENTER, LLC - 46-4354068 743 SPRING STREET GAINESVILLE, GA 30501	HEALTHCARE	GEORGIA	31,175,666.	3,202,851.	NORTHEAST GEORGIA HEALTH SYSTEM, INC.
HEALTHCONNECTIONS, LLC - 58-1694098 743 SPRING STREET GAINESVILLE, GA 30501	HEALTHCARE	GEORGIA	0.	0.	NORTHEAST GEORGIA MEDICAL CENTER, INC.
ROBC BARROW, LLC - 81-4015190 743 SPRING STREET GAINESVILLE, GA 30501	HEALTHCARE	GEORGIA	46,688,611.	11,512,551.	NORTHEAST GEORGIA HEALTH SYSTEM, INC.

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)(13) controlled entity?	
						Yes	No
NORTHEAST GEORGIA MEDICAL CENTER, INC. - 58-1694098, 743 SPRING STREET, GAINESVILLE, GA 30501	HEALTHCARE - HOSPITAL	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, II	NORTHEAST GEORGIA HEALTH SYSTEM, INC.		X
THE MEDICAL CENTER FOUNDATION DBA NGRS FOUNDATION - 58-1694820, 743 SPRING STREET, GAINESVILLE, GA 30501	FUNDRAISING AND SUPPORT	GEORGIA	501(C)(3)	LINE 7	NORTHEAST GEORGIA HEALTH SYSTEM, INC.		X
THE MEDICAL CENTER AUXILIARY, INC. - 58-1550576, 743 SPRING STREET, GAINESVILLE, GA 30501	FUNDRAISING AND SUPPORT	GEORGIA	501(C)(3)	LINE 10	NORTHEAST GEORGIA HEALTH SYSTEM, INC.		X

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

Schedule R (Form 990) 2018

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) NORTHEAST GEORGIA MEDICAL CENTER, INC.	B	82,483,030. COST	
2) NORTHEAST GEORGIA HEALTH SYSTEM, INC.	C	40,029,173. COST	
3) NORTHEAST GEORGIA PHYSICIAN GROUP, INC.	C	28,120,461. COST	
4) NORTHEAST GEORGIA HEALTH PARTNERS, LLC	C	14,333,396. COST	
5) NORTHEAST GEORGIA HEALTH PARTNERS, LLC	L	1,912,061. COST	
6) NORTHEAST GEORGIA MEDICAL CENTER, INC.	B	1,952,138. COST	

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a)	(b)	(c)	(d)
Name of other organization	Transaction type (a-r)	Amount involved	Method of determining amount involved
(7) NGHS FOUNDATION	C	1,952,138. COST	
(8) THE MEDICAL CENTER AUXILIARY, INC.	B	459,257. COST	
(9) NGHS FOUNDATION	C	459,257. COST	
(10) NORTHEAST GEORGIA MEDICAL CENTER, INC.	D	2,890,323. COST	
(11) NGHS FOUNDATION	B	2,890,323. COST	
(12) NORTHEAST GEORGIA MEDICAL CENTER, INC.	L	112,901,199. COST	
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Part VII	Supplemental Information.
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Provide additional information for responses to questions on Schedule R. See instructions.

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