

Form **990**
(Rev. January 2020)
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

2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **OCT 1, 2019** and ending **SEP 30, 2020**

B Check if applicable:	C Name of organization NORTHEAST GEORGIA MEDICAL CENTER, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 743 SPRING STREET City or town, state or province, country, and ZIP or foreign postal code GAINESVILLE, GA 30501-3899	D Employer identification number 58-1694098
Address change Name change Initial return Final return/terminated Amended return Application pending	F Name and address of principal officer: CAROL BURRELL SAME AS C ABOVE	E Telephone number 770-219-6659
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	J Website: WWW.NGHS.COM	G Gross receipts \$ 1,341,991,414.
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶	L Year of formation: 1986	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes No If "No," attach a list. (see instructions)
M State of legal domicile: GA		H(c) Group exemption number ▶

Part I Summary

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	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	10488
6	Total number of volunteers (estimate if necessary)	6	605
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,055,641.
7b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	747,436.	40,295,200.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,302,590,272.	1,272,778,234.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	24,133,984.	8,526,239.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	856,824.	707,310.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,328,328,516.	1,322,306,983.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	2,452,694.	1,683,643.
	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)	434,558,698.	487,701,375.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	729,032,449.	754,845,416.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,166,043,841.	1,244,230,434.
19 Revenue less expenses. Subtract line 18 from line 12	162,284,675.	78,076,549.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,845,989,165.	1,937,388,441.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,154,823,547.	1,251,987,182.

Part II Signature Block

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

Sign Here	Signature of officer BRIAN D. STEINES, CFO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name DEBORAH O. ERNSBERGER	Preparer's signature <i>Deborah O. Ernsberger</i>
	Firm's name ▶ PYA, P. C.	Date 08/11/21
	Firm's address ▶ 2220 SUTHERLAND AVE. KNOXVILLE, TN 37919	Check if self-employed <input type="checkbox"/> PTIN P00364912
		Firm's EIN ▶ 62-1517792 Phone no. 865-673-0844

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

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

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

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

4a (Code:) (Expenses \$ 1,077,712,558. including grants of \$ 1,683,643.) (Revenue \$ 1,240,197,342.) NORTHEAST GEORGIA MEDICAL CENTER, INC. (NGMC) INCLUDES CAMPUSES IN GAINESVILLE AND BRASELTON, GEORGIA AND IS AFFILIATED WITH NGMC BARROW AND NGMC LUMPKIN. AS A PART OF NORTHEAST GEORGIA HEALTH SYSTEM, NGMC SERVES MORE THAN A MILLION PEOPLE ACROSS 19 COUNTIES IN OUR REGION. SEE SCHEDULE O FOR PROGRAM SERVICE ACCOMPLISHMENTS CONTINUATION.

SEE SCHEDULE O FOR PROGRAM SERVICE ACCOMPLISHMENTS CONTINUATION

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

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

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

4e Total program service expenses 1,077,712,558.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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	
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b 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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <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):		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	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		
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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 10488		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b	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)? 4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
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 on 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? 15		X
If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If "Yes," complete Form 4720, Schedule O.			

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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?		
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.		
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	
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	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	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	
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	

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 on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **ELENA BARBERIS - 770-219-6659**
743 SPRING STREET, GAINESVILLE, GA 30501

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALEX WAYNE MEMBER	1.00	X					0.	0.	0.	
(2) BRENDA PERRY MEMBER	1.00	X					0.	0.	0.	
(3) DEBORAH MACK MEMBER	1.00	X					0.	0.	0.	
(4) DJ CAMPBELL, MD MEMBER	1.00	X					227,481.	0.	0.	
(5) EUGENE CINDEA, MD MEMBER	1.00	X					0.	0.	0.	
(6) GREG OURS MEMBER	1.00	X					0.	0.	0.	
(7) HOLT HARRISON, MD MEMBER, PHYSICIAN - NGPG	1.00 40.00	X					733,856.	0.	36,692.	
(8) JOHN NIX CHAIR	1.00 1.00	X					0.	0.	0.	
(9) KAYE ANN HERTH MEMBER	1.00	X					0.	0.	0.	
(10) LUA BLANKENSHIP MEMBER	1.00	X					0.	0.	0.	
(11) PHILLIPPA LEWIS-MOSS VICE CHAIR	1.00	X					0.	0.	0.	
(12) PRESTON BOWEN MEMBER	1.00 1.00	X					0.	0.	0.	
(13) SEMUEL MAYSONET MEMBER	1.00	X					0.	0.	0.	
(14) STEVE BLAIR MEMBER	1.00	X					0.	0.	0.	
(15) TIM SCULLY, MD MEMBER, PHYSICIAN - NGHS/THC PHYSICI	1.00 40.00	X					328,135.	0.	32,249.	
(16) CAROL BURRELL PRESIDENT & CEO	1.00 40.00			X			1,562,139.	0.	84,398.	
(17) BRIAN D. STEINES CHIEF FINANCIAL OFFICER	1.00 40.00			X			840,389.	0.	107,221.	

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) STEPHEN KELLY CHIEF COMPLIANCE OFFICER	1.00 40.00			X				316,884.	0.	52,647.
(19) MICHAEL COVERT CHIEF OPERATING OFFICER	40.00 1.00			X				201,605.	0.	0.
(20) SAMUEL JOHNSON, MD CHIEF MEDICAL OFFICER - NGHS	1.00 40.00				X			594,781.	0.	80,717.
(21) TRACY VARDEMAN CHIEF STRATEGY EXECUTIVE - NGHS	1.00 40.00				X			509,295.	0.	118,157.
(22) BRENDA SIMPSON CHIEF NURSING EXECUTIVE - NGMC	40.00 1.00				X			470,031.	0.	70,781.
(23) JOHN DELZELL, JR. VP MEDICAL EDUCATION - NGMC	40.00				X			482,920.	0.	71,033.
(24) JOHN A. WILLIAMSON PRESIDENT NGMC BRASELTON	40.00				X			571,447.	0.	117,917.
(25) ANDREW GREEN NGMC PHYSICIAN	40.00					X		898,763.	0.	34,134.
(26) CHARLES RICHART NGMC PHYSICIAN	40.00					X		674,917.	0.	36,439.
1b Subtotal								8,412,643.	0.	842,385.
c Total from continuation sheets to Part VII, Section A								4,045,816.	0.	244,463.
d Total (add lines 1b and 1c)								12,458,459.	0.	1,086,848.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 627

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	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
MEDIFIS INC PO BOX 5068, NEW YORK, NY 10087	STAFFING SERVICES	18,538,526.
EPIC SYSTEMS CORPORATION PO BOX 88314, MILWAUKEE, WI 53288	SOFTWARE LICENSE AND MAINTENANCE	12,571,914.
ANESTHESIA ASSOCIATES OF GAINESVILLE PO BOX 1076, GAINESVILLE, GA 30503	ANESTHESIA SERVICES	6,739,527.
GE PRECISION HEALTHCARE LLC PO BOX 96483, CHICAGO, IL 60693	BIOMEDICAL EQUIPMENT MAINTENANCE	5,946,599.
UNIDINE CORPORATION PO BOX 102289, ATLANTA, GA 30368	NUTRITIONAL SERVICES	5,016,378.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

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

Part IX Statement of Functional Expenses

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

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

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

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

Part X Balance Sheet

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

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

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,322,306,983.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,244,230,434.
3	Revenue less expenses. Subtract line 2 from line 1	3	78,076,549.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	691,165,618.
5	Net unrealized gains (losses) on investments	5	-54,285,569.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-29,555,339.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	685,401,259.

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 on 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 on Schedule O and describe any steps taken to undergo such audits

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

Form 990 (2019)

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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

Schedule A (Form 990 or 990-EZ) 2019

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

Schedule C (Form 990 or 990-EZ) 2019

LHA

932041 11-26-19

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	.....	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	.....	
c Total lobbying expenditures (add lines 1a and 1b)	.....	
d Other exempt purpose expenditures	.....	
e Total exempt purpose expenditures (add lines 1c and 1d)	.....	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)	.....	
h Subtract line 1g from line 1a. If zero or less, enter -0-	.....	
i Subtract line 1f from line 1c. If zero or less, enter -0-	.....	
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	.....	

Yes No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		69,063.
j Total. Add lines 1c through 1i			69,063.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

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

FOLLOWING ORGANIZATIONS:

-AMERICAN ACADEMY OF FAMILY PHYSICIANS

-AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS

Part IV Supplemental Information (continued)

-AMERICAN ACADEMY OF SLEEP MEDICINE

-AMERICAN ASSOCIATION OF CARDIOVASCULAR AND PULMONARY REHABILITATION

-AMERICAN ASSOCIATION OF DIABETES EDUCATORS

-AMERICAN COLLEGE OF CARDIOLOGY

-AMERICAN COLLEGE OF HEALTHCARE EXECUTIVES

-AMERICAN COLLEGE OF PHYSICIANS

-AMERICAN COLLEGE OF SURGEONS

-AMERICAN HEALTH INFORMATION MANAGEMENT ASSOCIATION

-AMERICAN MEDICAL ASSOCIATION

-AMERICAN ORGANIZATION OF NURSING LEADERSHIP

-ASSOCIATION FOR PROFESSIONALS IN INFECTION CONTROL AND EPIDEMIOLOGY

-ASSOCIATION OF REHABILITATION NURSES

-ASSOCIATION OF SCIENCE ENGINEERING TECHNOLOGY

-ASSOCIATION OF WOMEN'S HEALTH OBSTETRIC AND NEONATAL NURSES

-AMERICAN SOCIETY OF ECHOCARDIOLOGY

-AMERICAN SOCIETY OF RADIOLOGIC TECHNOLOGISTS

-AMERICAN SOCIETY FOR HEALTHCARE ENGINEERING

-COLLEGE OF AMERICAN PATHOLOGISTS

-COLLEGE OF HEALTHCARE INFORMATION MANAGEMENT EXECUTIVES

-EMERGENCY NURSES ASSOCIATION

-GEORGIA ALLIANCE OF COMMUNITY HOSPITALS

-GEORGIA HEALTH CARE ASSOCIATION

-GEORGIA HOSPITAL ASSOCIATION

-GREATER HALL CHAMBER OF COMMERCE

-NATIONAL HOSPICE AND PALLIATIVE CARE ORGANIZATION

-SOCIETY OF DIAGNOSTIC MEDICAL SONOGRAPHY

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, completion of lines 2a-2d, number of easements modified, states where located, monitoring policy, staff hours, expenses, and requirements of section 170(h)(4)(B)(i).

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures, and amounts required to be reported under FASB ASC 958.

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 make 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 program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII _____

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	21,656,841.	20,784,579.	19,765,400.	18,583,043.	18,118,047.
b Contributions	3,457,050.	3,238,108.	4,000,666.	3,314,674.	3,540,926.
c Net investment earnings, gains, and losses	-100,742.	98,280.	113,308.	150,450.	196,428.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,265,325.	2,665,485.	3,737,972.	2,291,945.	3,336,244.
f Administrative expenses	71,342.	-201,359.	-643,177.	-9,178.	-63,886.
g End of year balance	23,676,482.	21,656,841.	20,784,579.	19,765,400.	18,583,043.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 23.52 %
 - c Term endowment 76.48 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | X | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | X | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		9,170,006.		9,170,006.
b Buildings		660,507,629.	256,630,868.	403,876,761.
c Leasehold improvements		13,227,319.	10,636,348.	2,590,971.
d Equipment		697,105,871.	514,067,104.	183,038,767.
e Other		26,083,969.	4,621,228.	21,462,741.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				620,139,246.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

PART X, LINE 2:

NORTHEAST GEORGIA MEDICAL CENTER, INC. (NGMC) IS CLASSIFIED AS AN ORGANIZATION EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. AS SUCH, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS. AT SEPTEMBER 30, 2020 AND 2019, RESPECTIVELY, MANAGEMENT DOES NOT BELIEVE NGMC HOLDS ANY UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES. IT IS NGMC'S POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS AS AN OPERATING EXPENSE WHERE APPLICABLE.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information (continued)

RENTAL EXPENSES	29,463.
PARTNERSHIP INCOME NOT ON BOOKS	130,717.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	160,180.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

NON-OPERATING EXPENSES	1,406,310.
ESTIMATED PROVISION FOR BAD DEBTS	108,338,333.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	109,744,643.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES	29,463.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

NON-OPERATING EXPENSES	1,406,310.
ESTIMATED PROVISION FOR BAD DEBTS	108,338,333.
PARTNERSHIP EXPENSES NOT ON BOOKS	208.
CONTRIBUTIONS IN NET ASSETS	1,683,434.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	111,428,285.

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization NORTHEAST GEORGIA MEDICAL CENTER, INC.	Employer identification number 58-1694098
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Part I Financial Assistance and Certain Other Community Benefits at Cost

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

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			65,175,462.		65,175,462.	5.24%
b Medicaid (from Worksheet 3, column a)			136,517,596.	104,823,052.	31,694,544.	2.55%
c Costs of other means-tested government programs (from Worksheet 3, column b)			2,983,339.	1,297,921.	1,685,418.	.14%
d Total. Financial Assistance and Means-Tested Government Programs			204,676,397.	106,120,973.	98,555,424.	7.93%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		254,651	3,434,681.	1,620.	3,433,061.	.28%
f Health professions education (from Worksheet 5)			4,242,662.	529,508.	3,713,154.	.30%
g Subsidized health services (from Worksheet 6)			261,022,648.	246,470,112.	14,552,536.	1.17%
h Research (from Worksheet 7)			1,330,772.	539,017.	791,755.	.06%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,066,529.		1,066,529.	.09%
j Total. Other Benefits		254,651	271,097,292.	247,540,257.	23,557,035.	1.90%
k Total. Add lines 7d and 7j		254,651	475,773,689.	353,661,230.	122,112,459.	9.83%

Part V Facility Information

Section A. Hospital Facilities

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

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

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

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

Table with columns: Licensed hospital, Gen. medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group. Row 1 contains 'X' marks in the first four columns and 'X' in the ER-24 hours column.

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

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

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

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 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	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	X	
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.NGHS.COM</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>HABERSHAMMEDICAL.COM;STEPHENS COUNTYHOSPITAL.COM</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	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 NORTHEAST GEORGIA MEDICAL CENTER, INC.

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>150</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance status		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.NGHS.COM/FINANCIAL-ASSISTANCE</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.NGHS.COM/FINANCIAL-ASSISTANCE</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2019

Part V Facility Information (continued)

Billing and Collections

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

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

Policy Relating to Emergency Medical Care

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

		Yes	No
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.			
a	<input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	<input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.		23	X
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.		24	X

Schedule H (Form 990) 2019

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.

NORTHEAST GEORGIA MEDICAL CENTER, INC.:

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.

NORTHEAST GEORGIA MEDICAL CENTER, INC.:

PART V, SECTION B, LINE 6A: THE FOLLOWING ORGANIZATIONS HAVE PARTNERED

AND COLLABORATED TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FOR

COMMUNITIES THEY (CHNA PARTNERS) SERVE IN NORTHEASTERN GEORGIA:

-HABERSHAM MEDICAL CENTER

-NORTHEAST GEORGIA MEDICAL CENTER GAINESVILLE

-NORTHEAST GEORGIA MEDICAL CENTER BRASELTON

-NORTHEAST GEORGIA MEDICAL CENTER BARROW

-NORTHEAST GEORGIA MEDICAL CENTER LUMPKIN

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.

-STEPHENS COUNTY HOSPITAL

NORTHEAST GEORGIA MEDICAL CENTER, INC.:

PART V, SECTION B, LINE 6B: THE FOLLOWING NON-HOSPITAL ORGANIZATION HAS

PARTNERED AND COLLABORATED WITH NGMC TO CONDUCT A CHNA FOR THE COMMUNITY

IT SERVES IN NORTHEASTERN GEORGIA:

-DISTRICT 2 PUBLIC HEALTH

NORTHEAST GEORGIA MEDICAL CENTER, INC.:

PART V, SECTION B, LINE 11: NGMC DEFINED FOUR COMMUNITIES SERVED BY THEIR

FOUR HOSPITAL FACILITIES: NGHS GREATER BRASELTON SERVICE AREA (GBSA), NGHS

PRIMARY SERVICE AREA (PSA), NGHS SECONDARY SERVICE AREA 400 (SSA 400), AND

NGHS SECONDARY SERVICE AREA NORTH (SSA NORTH). BASED ON RESULTS OF THE

2019 CHNA, THE FOLLOWING FIVE PRIORITIES WERE ADOPTED BY THE ORGANIZATION

AND REPRESENT THOSE ON WHICH WE CAN HAVE THE MOST IMPACT BASED ON

PRIORITIZATION CRITERIA:

- BEHAVIORAL AND MENTAL HEALTH (ALL NGHS SERVICE AREAS)

- ACCESS TO CARE (ALL NGHS SERVICE AREAS)

- DIABETES (GBSA, SSA 400, SSA NORTH)

- CARDIOVASCULAR DISEASE (SSA 400)

- SEPTICEMIA (ALL NGHS SERVICE AREAS)

FOR DETAILS ON HOW NGMC IS ADDRESSING THE SIGNIFICANT NEEDS IDENTIFIED IN

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.

ITS MOST RECENTLY CONDUCTED CHNA, GO TO:

HTTPS://WWW.NGHS.COM/WP-CONTENT/UPLOADS/2020/08/IMPLEMENTATION-PLAN-2020-UP

DATED.PDF.

SPECIFIC TO NGMC, THE HEALTH NEEDS NGMC CHOSE NOT TO ADDRESS THROUGH THE

PRIORITIZATION PROCESS INCLUDE THE FOLLOWING:

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

ISOLATION.

- GBSA: MATERNAL AND CHILD HEALTH, PHYSICAL ACTIVITY, INJURY AND DEATH,

VIOLENCE, CHILD ABUSE, INCOME, EDUCATION, ACCESS TO DENTAL CARE, CANCER,

TRANSPORTATION.

- SSA NORTH: MATERNAL AND CHILD HEALTH, CARDIOVASCULAR DISEASE, INCOME,

PHYSICAL ACTIVITY, VIOLENCE, CHILD ABUSE, EDUCATION, ACCESS TO DENTAL

CARE, EMPLOYMENT, CEREBROVASCULAR DISEASE, SOCIAL ISOLATION, CANCER, COPD

AND RESPIRATORY DISEASE, INJURY AND DEATH.

- SSA 400: MATERNAL AND CHILD HEALTH, SMOKING, VIOLENCE/CHILD ABUSE,

INCOME, ACCESS TO DENTAL CARE, SOCIAL ISOLATION, CANCER, TRANSPORTATION.

THIS IS NOT TO SAY THAT NGMC DOES NOT HAVE ANY ACTIVITY RELATED TO THESE

ISSUES. THE ORGANIZATION HAD TO CHOOSE WHERE IT COULD HAVE THE MOST IMPACT

BASED ON PRIORITIZATION CRITERIA, AND SOME OF THE NEEDS NOT CHOSEN STILL

RELATE TO CHOSEN HEALTH PRIORITIES. FOR INSTANCE, ACCESS TO CARE IS A

PRIORITY ACROSS THE REGION. WHILE TRANSPORTATION ON ITS OWN DID NOT MAKE

THE HEALTH PRIORITY LIST, IT WOULD BE AN ISSUE CONSIDERED IN ACCESS TO

CARE ISSUES. AND WHILE CANCER WAS NOT CHOSEN AS A COMMUNITY HEALTH

IMPROVEMENT PRIORITY, NGMC ALREADY HAS AN INTERNAL EMPHASIS ON THIS HEALTH

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.

ISSUE AND WILL REPORT ITS ACTIVITY VIA THE ANNUAL COMMUNITY BENEFIT

REPORT.

NORTHEAST GEORGIA MEDICAL CENTER, INC.

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

WWW.NGHS.COM/FINANCIAL-ASSISTANCE

NORTHEAST GEORGIA MEDICAL CENTER, INC.:

PART V, SECTION B, LINE 16J: PATIENTS MAY SUBMIT A FINANCIAL ASSISTANCE

APPLICATION VIA OUR ONLINE PATIENT PORTAL APP VERSION OF MYCHART.

Part V Facility Information *(continued)*

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 28

Name and address	Type of Facility (describe)
1 IMAGING CENTER - GAINESVILLE 1315 JESSE JEWELL PKWY GAINESVILLE, GA 30501	IMAGING / RADIOLOGY CENTER
2 NGMC NICD 1404 RIVER PLACE, SUITE 100 BUFORD, GA 30517	TESTING AND DIAGNOSTIC CENTER
3 IMAGING CENTER - BRASELTON 1515 RIVER PLACE BRASELTON, GA 30517	IMAGING / RADIOLOGY CENTER
4 BRASELTON RADIATION THERAPY/PHYSICS 1515 RIVER PLACE, STE 120 BRASELTON, GA 30517	RADIATION THERAPY
5 LAURELWOOD 200 WISTERIA DRIVE GAINESVILLE, GA 30501	MENTAL HEALTH SERVICES
6 TOCCOA CANCER CENTER 1640 FALLS ROAD TOCCOA, GA 30577	CANCER SERVICES
7 IMAGING CENTER - DAWSONVILLE 108 PROMINENCE COURT DAWSONVILLE, GA 30534	IMAGING / RADIOLOGY CENTER
8 NEW HORIZONS LIMESTONE NORTH 2020 BEVERLY ROAD, NE GAINESVILLE, GA 30501	LONG TERM CARE
9 REHABILITATION INSTITUTE 597 SOUTH ENOTA DRIVE NE GAINESVILLE, GA 30501	REHABILITATION SERVICES
10 WOUND OSTOMY CONTINENCE/HYPERBARIC TH 675 WHITE SULPHUR ROAD GAINESVILLE, GA 30501	WOUND HEALING CENTER

Schedule H (Form 990) 2019

Part V Facility Information (continued)

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 28

Name and address	Type of Facility (describe)
11 NEW HORIZONS LANIER PARK WEST 675 WHITE SULPHUR ROAD GAINESVILLE, GA 30501	LONG TERM CARE
12 SLEEP LAB 1466 JESSE JEWELL PKWY GAINESVILLE, GA 30501	SLEEP DISORDER CENTER
13 HEALTHLINK LAB AT RIVERPLACE 1515 RIVER PLACE, STE 170 BRASELTON, GA 30517	CLINICAL LABORATORY
14 CUMMING OP DIAGNOSTIC CARDIOLOGY 900 SANDERS ROAD CUMMING, GA 30041	DIAGNOSTIC CARDIOLOGY
15 REHAB - BRASELTON 1515 RIVER PLACE, STE 290 BRASELTON, GA 30517	REHABILITATION SERVICES
16 GYN ONCOLOGY INFUSION SERVICES 1498 JESSE JEWELL PARKWAY, SUITE C HALL, GA 30501	GYNECOLOGIC ONCOLOGY
17 BUFORD OUTPATIENT IMAGING 3425 BUFORD DRIVE, SUITE 100 BUFORD, GA 30519	IMAGING / RADIOLOGY CENTER
18 REHAB - FRIENDSHIP (BUFORD) 4889 GOLDEN PKWY, SUITE 150 BUFORD, GA 30518	REHABILITATION SERVICES
19 REHAB - DAWSONVILLE 5959 HIGHWAY 53E, SUITE 200 DAWSONVILLE, GA 30534	REHABILITATION SERVICES
20 REHAB - CLEVELAND 640-A HELEN HWY CLEVELAND, GA 30528	REHABILITATION SERVICES

Schedule H (Form 990) 2019

Part V Facility Information *(continued)*

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 28

Name and address	Type of Facility (describe)
21 REHAB - DAHLONEGA 95 MORRISON MOORE PKWY DAHLONEGA, GA 30533	REHABILITATION SERVICES
22 HEALTHLINK LAB AT DAWSONVILLE 108 PROMINENCE COURT DAWSONVILLE, GA 30534	CLINICAL LABORATORY
23 ESSENTIALLY FOR WOMEN - LACTATION CEN 825 JESSE JEWELL PKWY GAINESVILLE, GA 30501	LACTATION CENTER
24 NGMC NEUROPHYSIOLOGY 1404 RIVER PLACE, SUITE 403 BRASELTON, GA 30517	NEUROPHYSIOLOGY
25 DIABETES EDUCATION 675 WHITE SULPHUR ROAD GAINESVILLE, GA 30501	DIABETES SERVICES
26 BARIATRIC SERVICES 675 WHITE SULPHUR ROAD GAINESVILLE, GA 30501	BARIATRIC WEIGHT LOSS SERVICES
27 BUFORD OUTPATIENT IMAGING CENTER 3425 BUFORD DRIVE BUFORD, GA 30519	IMAGING / RADIOLOGY CENTER
28 BARIATRIC WEIGHT MGMT/NUTRITION COUNS 1515 RIVER PLACE, SUITE 190 BRASELTON, GA 30517	BARIATRIC WEIGHT LOSS SERVICES

Schedule H (Form 990) 2019

Part VI Supplemental Information

Provide the following information.

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

PART I, LINE 3C:

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

PART I, LINE 6A:

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

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

Part VI Supplemental Information (Continuation)

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

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

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

PART I, LN 7 COL(F):
THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 24, COLUMN A, BUT
SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS
\$108,338,333. THE ESTIMATED PROVISION FOR BAD DEBTS IS REPORTED AS A
DEDUCTION FROM PATIENT SERVICE REVENUE.

PART II, COMMUNITY BUILDING ACTIVITIES:
IT IS WELL DOCUMENTED THAT MANY FACTORS COMBINE TO AFFECT THE HEALTH OF
INDIVIDUALS AND COMMUNITIES. WHETHER PEOPLE ARE HEALTHY OR NOT IS
DETERMINED BY THEIR CIRCUMSTANCES AND THEIR ENVIRONMENT, ACCORDING TO THE
WORLD HEALTH ORGANIZATION. TO A LARGE EXTENT, FACTORS SUCH AS WHERE WE
LIVE, THE STATE OF OUR ENVIRONMENT, GENETICS, OUR INCOME AND EDUCATION
LEVEL, OUR RELATIONSHIPS WITH FRIENDS AND FAMILY ALL HAVE CONSIDERABLE

Part VI Supplemental Information (Continuation)

IMPACTS ON HEALTH.

THE DETERMINANTS OF HEALTH INCLUDE THE SOCIAL AND ECONOMIC ENVIRONMENT,

THE PHYSICAL ENVIRONMENT, AND A PERSON'S INDIVIDUAL CHARACTERISTICS AND

BEHAVIORS. ADDITIONAL FACTORS THAT RELATE INCLUDE EDUCATION, CULTURE,

INCOME AND SOCIAL STATUS, EMPLOYMENT AND WORKING CONDITIONS, SOCIAL

SUPPORT NETWORKS, GENETICS, HEALTH SERVICES, AND GENDER. IF COMMUNITY

MEMBERS HAVE ADEQUATE EDUCATION, EMPLOYMENT, INCOME, A SAFE ENVIRONMENT

AND SUPPORTIVE SOCIAL NETWORKS, THEY WILL HAVE THE CAPACITY TO MAKE

HEALTHIER BEHAVIOR CHOICES AND BE MORE LIKELY TO HAVE ACCESS TO HEALTH

SERVICES. THEREFORE, NGMC AS AN ORGANIZATION MUST CONSIDER THE SOCIAL

DETERMINANTS OF HEALTH STATUS AS PART OF PREVENTATIVE CARE. A FEW OF THE

COMMUNITY BUILDING ACTIVITIES INCLUDED IN PART II INCLUDE:

COMMUNITY SUPPORT:

COVID-19 OUTREACH IN PARTNERSHIP WITH COMMUNITY LEADERS: BY APRIL 2020,

50% OF CONFIRMED COVID-19 CASES WERE IN THE LATINO POPULATION, WHICH WAS

DISPROPORTIONATE CONSIDERING 29% OF HALL COUNTY'S POPULATION IS LATINO.

THIS PROMPTED NGMC TO GATHER AN OUTREACH COMMITTEE AND COMMUNITY-WIDE

COLLABORATIVE TO SUPPORT AND EDUCATE THE LATINO COMMUNITY THROUGH

GRASSROOTS EFFORTS. THE GROUP PROVIDED EDUCATION AND INFORMATION FOR

BUSINESSES AND THE GENERAL COMMUNITY, PARTNERED WITH AREA SCHOOL SYSTEMS

TO PROVIDE MASKS, CLEANING SUPPLIES, AND ONE-ON-ONE EDUCATION TO CHILDREN

AND THEIR FAMILIES, ORGANIZED COVID-19 TESTING EVENTS, PROVIDED HEALTH

MESSAGING FOR THE COMMUNITY TO USE WITH THEIR CIRCLES OF INFLUENCE, AND

POSTED DAILY UPDATES ON NGHS'S PUBLIC WEBSITE AND SOCIAL MEDIA CHANNELS TO

SHARE DATA, RESOURCES AND TRENDS ABOUT COVID-19 AT WWW.NGHS.COM/COVID-19.

Part VI Supplemental Information (Continuation)

THE PREVALENCE OF COVID-19 IN THESE COMMUNITIES ALSO LED TO THE CREATION OF THE GAINESVILLE AGAINST COVID-19 TASK FORCE WHICH INCLUDED LOCAL HISPANIC LEADERS, NGMC PHYSICIANS, THE NORTHEAST GEORGIA LATINO CHAMBER OF COMMERCE AND OTHERS. NGMC REPRESENTATIVES CHRISTY MOORE AND ANTONIO RIOS, M.D., SERVED ON THIS TASK FORCE WHICH WAS BORN OUT OF THE GOVERNOR'S VISIT TO HALL COUNTY IN MAY 2020 WITH GEORGIA DEPARTMENT OF PUBLIC HEALTH COMMISSIONER, KATHLEEN TOOMEY, M.D.

THE COMMUNITY COVID-19 LEADERSHIP COALITION, A COMMUNITY-WIDE COLLABORATIVE, WAS FORMED IN SEPTEMBER 2020 THAT INCLUDED NGMC, LONGSTREET CLINIC, GOOD NEWS CLINIC, DISTRICT 2 PUBLIC HEALTH, GREATER HALL CHAMBER OF COMMERCE AND OTHER LOCAL ORGANIZATIONS TO IMPLEMENT A UNIFIED PLAN FOR THE HALL COUNTY-GAINESVILLE AREA TO PREVENT THE SPREAD OF COVID-19, WITH A GOAL TO MEET AND SUSTAIN THE WORLD HEALTH ORGANIZATION'S TARGET OF NO MORE THAN 5% OF THOSE TESTED ARE POSITIVE FOR COVID-19 - PROTECTING THE MENTAL AND PHYSICAL HEALTH OF ALL AREA RESIDENTS AND SUPPORTING A HEALTHY ECONOMY GOING FORWARD. FROM THIS, LOCAL BUSINESSES AND GOVERNMENT ENTITIES JOINED TOGETHER TO CREATE THE "WE ARE HALL IN" CAMPAIGN TO SET THE STANDARD FOR COVID-19 PREVENTION. THOSE WHO ARE "HALL IN" PLEDGE TO WEAR A MASK WHEN APPROPRIATE, PRACTICE SOCIAL DISTANCING AND ABIDE BY OTHER HEALTH AND SAFETY GUIDELINES. LEARN MORE AT WWW.WEAREHALLIN.COM.

COALITION BUILDING:

NGMC PROVIDED SUPPORT TO UNITED WAY OF HALL COUNTY, BOTH MONETARILY AND IN MANPOWER. UNITED WAY UNITES PEOPLE, ORGANIZATIONS AND RESOURCES WITHIN THE COMMUNITY TO BUILD A STRONGER, HEALTHIER AND SAFER HALL COUNTY. NGMC

Part VI Supplemental Information (Continuation)

CONTRIBUTES AS A CORPORATE SPONSOR FOR UNITED WAY ACTIVITIES THROUGHOUT THE YEAR, AND PARTICIPATES IN THE ANNUAL UNITED WAY CAMPAIGN TO RAISE MONEY FOR DIFFERENT NON-PROFIT ORGANIZATIONS IN THE COMMUNITY WITH THE GOAL OF FIGHTING FOR THE HEALTH, EDUCATION AND FINANCIAL STABILITY OF EVERY PERSON IN OUR COMMUNITY. THE PURPOSE OF THE ONE HALL INITIATIVE IS TO BREAK THE CYCLE OF POVERTY IN HALL COUNTY BY GAINING THE PERSPECTIVES OF THOSE DIRECTLY EXPERIENCING POVERTY AND WORKING SIDE BY SIDE WITH COMMUNITY AGENCIES TO DEVELOP STRATEGIES TO ADDRESS THE NEEDS.

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

WORKFORCE DEVELOPMENT:

Part VI Supplemental Information (Continuation)

IN THE YOUTH APPRENTICESHIP PROGRAM, HIGH SCHOOL STUDENTS WORK IN THE HOSPITAL FOR ONE CLASS PERIOD IN THEIR DAY AND ROTATE THROUGH MULTIPLE DEPARTMENTS. IN FY20, 354 STUDENTS PARTICIPATED REPRESENTING 11 AREA HIGH SCHOOLS. ADDITIONALLY, WITH THE HALL COUNTY SCHOOLS HONORS MENTORSHIP PROGRAM, JUNIORS AND SENIORS ARE MATCHED WITH A HEALTHCARE PROFESSIONAL IN THEIR AREA OF INTEREST AS PART OF A REAL-LIFE CAREER EXPERIENCE IN AN HONORS LEVEL ELECTIVE. IN FY20, 16 STUDENTS PARTICIPATED IN THIS PROGRAM.

PART III, LINE 2:

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

PART III, LINE 4:

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

PART III, LINE 8:

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

Part VI Supplemental Information (Continuation)

PART III, LINE 9B:

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

PART VI, LINE 2:

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

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

- NGMC IS ACTIVELY INVOLVED WITH THE GREATER HALL CHAMBER OF COMMERCE WHICH, THROUGH VISION 3030, FOCUSES ON THE CREATION OF A CULTURE OF COMMUNITY WELLNESS, THE SUPPORT AND MAINTENANCE OF LIFELONG LEARNING, THE BUILDING OF AN ECONOMY AROUND EMERGING LIFE SCIENCES, THE ENCOURAGEMENT OF

Part VI Supplemental Information (Continuation)

INNOVATIVE GROWTH/INFRASTRUCTURE DEVELOPMENT, AND THE PROMOTION OF CULTURAL INTEGRATION. THREE NGHS STAFF ARE ON THE 2020-2021 BOARD OF DIRECTORS.

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

- WE ALSO MONITOR THE COUNTY HEALTH RANKINGS PUBLISHED BY THE ROBERT WOOD JOHNSON FOUNDATION ([HTTP://WWW.COUNTYHEALTHRANKINGS.ORG/ABOUT-PROJECT](http://www.countyhealthrankings.org/about-project)).

PART VI, LINE 3:

WE HAVE SIGNAGE POSTED THROUGHOUT THE EMERGENCY DEPARTMENT (ED) AND AT REGISTRATION AREAS. OUR NGHS, THE HEART CENTER AT NGMC, AND NGPG WEBSITES PROVIDE A PLAIN LANGUAGE SUMMARY ALONG WITH A COPY OF OUR APPLICATION AND POLICY IN ENGLISH AND SPANISH. OUR PATIENT PORTAL, MYCHART, PROVIDES AN ONLINE APPLICATION. WE HAVE PLAIN LANGUAGE SUMMARIES OF OUR FINANCIAL ASSISTANCE POLICY FOR PATIENTS AT REGISTRATION. REGISTRARS OFFER FINANCIAL ASSISTANCE APPLICATIONS TO PATIENTS WHO EXPRESS A NEED OR ARE NOT ABLE TO PAY AT TIME OF SERVICE. FINANCIAL NAVIGATORS COMPLETE BED-SIDE SCREENING FOR SELF-PAY BEDDED PATIENTS AND EMERGENCY DEPARTMENT PATIENTS DURING OUR SERVICE HOURS. MISSED PATIENTS ARE CALLED AND MAILED FINANCIAL ASSISTANCE

Part VI Supplemental Information (Continuation)

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:

POPULATION: FROM 2010 TO 2019, THE HEALTH SYSTEM'S TOTAL SERVICE AREA ("TSA") POPULATION GREW AN ESTIMATED 2.0% PER YEAR ON AVERAGE COMPARED TO THE STATE OF GEORGIA AT 1.0% AND THE US AT 0.7%. POPULATION FOR THE TSA IN 2019 IS ESTIMATED TO BE 989,845 REPRESENTING A TOTAL GROWTH RATE OF 19.9% SINCE 2010, COMPARED TO THE STATE OF GEORGIA'S GROWTH (9.3%) AND THE US (5.3%) OVER THE SAME TIME PERIOD. THE TSA'S POPULATION GROWTH RATE IS PROJECTED TO OUTPACE GEORGIA AND THE US THROUGH AT LEAST 2021, THUS CONTINUING TO DRIVE ABOVE AVERAGE DEMAND FOR HEALTH CARE SERVICES.

SOURCES: US CENSUS BUREAU; ESRI, INC.

HOUSEHOLD INCOME AND HOME VALUES: MEDIAN HOUSEHOLD INCOME FOR THE TSA IS CURRENTLY \$51,790 COMPARED TO THE STATE OF GEORGIA AT \$58,700. THE MEDIAN HOME VALUE FOR THE TSA IS CURRENTLY \$185,800 COMPARED TO THE STATE OF GEORGIA AT \$176,000. SOURCES: US CENSUS BUREAU; ESRI, INC.

Part VI Supplemental Information (Continuation)

EMPLOYMENT: THE UNEMPLOYMENT RATE FOR THE NGHS TOTAL SERVICE AREA WAS
 3.0% IN 2019 COMPARED WITH THE STATE OF GEORGIA AT 3.5% AND THE U.S. AT
 3.7%. FOR AT LEAST THE LAST 10 YEARS, THE TSA HAS CONSISTENTLY
 EXPERIENCED AN ANNUAL UNEMPLOYMENT RATE BELOW THOSE OF GEORGIA AND THE
 U.S. SOURCE: US BUREAU OF LABOR STATISTICS; ESRI, INC.

PART VI, LINE 5:

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

PRACTITIONERS AT NGHS ENTITIES UNDERGO EXTENSIVE ONBOARDING PRIOR TO BEING
 AFFILIATED WITH THE HEALTH SYSTEM, SECURING STANDARD OF CARE AND SAFETY TO
 OUR COMMUNITY. THE MEDICAL CENTER CONDUCTS PHYSICIAN MANPOWER STUDIES TO
 DETERMINE THE NUMBER OF PHYSICIANS NEEDED BY SPECIALTY TO MEET COMMUNITY
 NEED. INFORMATION FROM THESE STUDIES IS USED TO HELP GUIDE DECISIONS FOR
 PHYSICIAN RECRUITMENT.

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

Part VI Supplemental Information (Continuation)

DISCOUNTED CARE ON A SLIDING SCALE, WITH THE MOST THAT A PATIENT WOULD PAY

IS THE MEDICARE RATE.

PART VI, LINE 6:

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

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

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

NGMC BARROW, LLC, PROVIDES EMERGENCY CARE, SURGERY, ORTHOPEDICS, HEART CARE, IMAGING /RADIOLOGY, LABORATORY SERVICES, PULMONARY REHABILITATION, WOUND HEALING, STROKE CARE AND MORE. SINCE JOINING NORTHEAST GEORGIA HEALTH SYSTEM IN 2017, NGMC BARROW HAS BEEN NAMED ONE OF TOP 5 SMALL HOSPITALS IN THE STATE BY GEORGIA TREND MAGAZINE, ACHIEVED DESIGNATION AS

Part VI Supplemental Information (Continuation)

A PRIMARY STROKE TREATMENT CENTER, AND ADDED 3D MAMMOGRAPHY TO BETTER
DETECT BREAST CANCER.

NGMC LUMPKIN, LLC, (FORMERLY CHESTATEE REGIONAL HOSPITAL) WAS ACQUIRED IN
JULY 2018 BY NGHS TO INCLUDE EMERGENCY SERVICES, 10 INPATIENT BEDS, AND
OTHER SUPPORT SERVICES IN DAHLONEGA AND SURROUNDING COMMUNITIES.

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

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

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

NORTHEAST GEORGIA PHYSICIANS GROUP IS A MULTI-SPECIALTY GROUP WITH MORE
THAN 500 PHYSICIANS, PHYSICIAN ASSISTANTS, NURSE PRACTITIONERS AND OTHER
CLINICAL STAFF PROVIDING HEALTHCARE SERVICES AT 65 LOCATIONS THROUGHOUT
NORTHEAST GEORGIA, WHICH FURTHER IMPROVES THE COMMUNITY'S ACCESS TO CARE

Part VI Supplemental Information (Continuation)

FOR THE REGION OF 19 COUNTIES.

NORTHEAST GEORGIA HEALTH SYSTEM VOLUNTEERS AND AUXILIANS ARE PEOPLE OF ALL

AGES WHO GIVE OF THEMSELVES TO MAKE A DIFFERENCE IN THE LIVES OF OTHERS.

THE MEDICAL CENTER AUXILIARY IS COMMITTED TO INVOLVING DEDICATED

VOLUNTEERS TO IMPROVE THE SERVICES OF THE HEALTH SYSTEM. VOLUNTEERS

CONTRIBUTE TIME AND COMPASSIONATE SERVICE ASSISTING WITH NON-MEDICAL

DUTIES AS THEY PROVIDE COMFORT AND SUPPORT TO PATIENTS, FAMILY MEMBERS AND

VISITORS.

THE AFFILIATION BETWEEN NORTHEAST GEORGIA MEDICAL CENTER'S HEART AND

VASCULAR SERVICES AND THE HEART CENTER OF NORTHEAST GEORGIA MEDICAL CENTER

ENSURES PATIENTS HAVE ACCESS TO THE LATEST CARDIOVASCULAR TECHNOLOGY AND

RECEIVE TOP QUALITY CARE FROM TOP PHYSICIANS. THIS GROUP HAS SEVERAL

OFFICES THROUGHOUT THE NORTHEASTERN PART OF GEORGIA AND PROVIDES ALL

CARDIOVASCULAR SUBSPECIALTY CARE, INCLUDING GENERAL, INVASIVE AND

INTERVENTIONAL CARDIOLOGY, CONGESTIVE HEART FAILURE, ELECTROPHYSIOLOGY,

PERIPHERAL VASCULAR INTERVENTIONS AND WOMEN'S CARDIOVASCULAR HEALTH

PROGRAMS.

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

GA

Public Disclosure Copy

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

2019

Open to Public
Inspection

Name of the organization
NORTHEAST GEORGIA MEDICAL CENTER, INC.

Employer identification number
58-1694098

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
NGHS FOUNDATION 743 SPRING STREET GAINESVILLE, GA 30501	58-1694820	501(C)(3)	1,683,434.	0.			OPERATING SUPPORT

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

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

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

Schedule I (Form 990) (2019)

Public Disclosure Copy

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

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

OBTAINED PRIOR TO DISBURSEMENT.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> <input checked="" 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) <input type="checkbox"/>		
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	X	
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?	X	
3 Indicate which, if any, of the following the 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. Compensation committee <input type="checkbox"/> Written employment contract <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Approval by the board or compensation committee <input type="checkbox"/>		
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?		X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	X	
c Participate in, or receive payment from, an equity-based compensation arrangement?		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?		X
b Any related organization?		X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?		X
b Any related organization?		X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III		X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		X
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) 2019

Public Disclosure Copy

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DJ CAMPBELL, MD MEMBER	(i)	227,481.	0.	0.	0.	0.	227,481.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) HOLT HARRISON, MD MEMBER, PHYSICIAN - NGPG	(i)	709,954.	0.	23,902.	9,800.	26,892.	770,548.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) TIM SCULLY, MD MEMBER, PHYSICIAN - NGHS/THC PHYSICI	(i)	249,135.	60,000.	19,000.	9,800.	22,449.	360,384.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CAROL BURRELL PRESIDENT & CEO	(i)	1,015,671.	502,744.	43,724.	61,583.	22,815.	1,646,537.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) BRIAN D. STEINES CHIEF FINANCIAL OFFICER	(i)	590,983.	201,224.	48,182.	83,297.	23,924.	947,610.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) STEPHEN KELLY CHIEF COMPLIANCE OFFICER	(i)	212,703.	83,967.	20,214.	37,734.	14,913.	369,531.	25,112.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MICHAEL COVERT CHIEF OPERATING OFFICER	(i)	201,605.	0.	0.	0.	0.	201,605.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) SAMUEL JOHNSON, MD CHIEF MEDICAL OFFICER - NGHS	(i)	418,235.	149,992.	26,554.	63,002.	17,715.	675,498.	53,202.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) TRACY VARDEMAN CHIEF STRATEGY EXECUTIVE - NGHS	(i)	313,473.	158,819.	37,003.	94,905.	23,252.	627,452.	72,212.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) BRENDA SIMPSON CHIEF NURSING EXECUTIVE - NGMC	(i)	321,866.	121,611.	26,554.	51,446.	19,335.	540,812.	37,483.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JOHN DELZELL, JR. VP MEDICAL EDUCATION - NGMC	(i)	367,674.	96,994.	18,252.	56,033.	15,000.	553,953.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) JOHN A. WILLIAMSON PRESIDENT NGMC BRASELTON	(i)	373,161.	174,354.	23,932.	94,292.	23,625.	689,364.	80,373.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) ANDREW GREEN NGMC PHYSICIAN	(i)	878,053.	0.	20,710.	9,800.	24,334.	932,897.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) CHARLES RICHART NGMC PHYSICIAN	(i)	667,393.	0.	7,524.	9,800.	26,639.	711,356.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) FRANK G. LAKE NGMC PHYSICIAN	(i)	627,338.	0.	45,524.	9,800.	22,187.	704,849.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) JAMEELA HARPER NGMC PHYSICIAN	(i)	456,012.	0.	19,228.	9,800.	20,023.	505,063.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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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	(i)	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) JAMES WOLFE NGMC PHYSICIAN	(i)	1,212,742.	0.	65,141.	9,800.	32,300.	1,319,983.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) LOUIS SMITH JR. FORMER PRESIDENT - NGMC - SYSTEM ACU	(i)	466,511.	466,282.	258,877.	85,746.	26,381.	1,303,797.	204,691.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) DEBORAH WEBER FORMER CHIEF HR OFFICER - NGHS	(i)	144,452.	110,764.	172,945.	5,688.	22,738.	456,587.	106,542.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

Public Disclosure Copy

Part III Supplemental Information

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

PART I, LINE 1A:

NORTHEAST GEORGIA MEDICAL CENTER PROVIDED LONG-TERM HOUSING TO DR. JAMES

WOLFE, WHO IS ONE OF THE FIVE HIGHEST COMPENSATED EMPLOYEES OF NGMC. DR.

WOLFE IS A CARDIOTHORACIC SURGEON AND THE HOUSING IS PROVIDED FOR THE

EMPLOYER'S BENEFIT OF HIS PROXIMITY TO PROVIDE MEDICAL SERVICES WHEN HE IS

PROVIDING CALL COVERAGE. THIS WAS GROSSED UP FOR TAX PURPOSES AND WAS

INCLUDED IN HIS TAXABLE WAGES AND REPORTED IN PART II COLUMN B(III).

PART I, LINE 4B:

EMPLOYER CONTRIBUTION TO 457(F) EXECUTIVE RETIREMENT BENEFIT PLAN

BRIAN D. STEINES \$ 73,497

SAMUEL O. JOHNSON \$ 53,202

STEPHEN KELLY \$ 27,934

TRACY M. VARDEMAN \$ 40,422

BRENDA SIMPSON \$ 41,646

JOHN DELZELL, JR. \$ 46,233

JOHN A. WILLIAMSON \$ 46,557

Public Disclosure Copy

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.

LOUIS SMITH, JR. \$ 75,946

CAROL H. BURRELL, PRESIDENT AND CEO: BEGINNING IN DECEMBER 2017, NORTHEAST

GEORGIA HEALTH SYSTEM (A RELATED ORGANIZATION) INVESTED IN A JOINTLY-OWNED

SPLIT DOLLAR LIFE INSURANCE PLAN FOR MS. BURRELL. THE ASSET VALUE AS OF

SEPTEMBER 30, 2020 WAS \$5,328,659.

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

REPORTED COMPENSATION):

BRENDA SIMPSON \$ 39,036

DEBORAH WEBER \$ 110,764

TRACY M. VARDEMAN \$ 75,460

JOHN A. WILLIAMSON \$ 83,990

SAMUEL O. JOHNSON \$ 53,202

STEPHEN KELLY \$ 26,152

LOUIS SMITH, JR. \$ 288,751

Public Disclosure Copy

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

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047

2019
Open to Public Inspection

Name of the organization
NORTHEAST GEORGIA MEDICAL CENTER, INC.

Employer identification number
58-1694098

Part I Bond Issues		SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS									
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A THE HOSPITAL AUTHORITY OF HALL COUNTY AND THE CITY OF GAINESVILLE (	58-6002388	362762LE4	12/11/14	227,171,226.	PAY THE COST OF ISSUING 2014A, REFUND PORTION OF		X		X		X
B THE HOSPITAL AUTHORITY OF HALL COUNTY AND THE CITY OF GAINESVILLE (	58-6002388	362762LT1	02/09/17	185,966,677.	PAY THE COST OF ISSUING 2017A, ADVANCE REFUND POR		X		X		X
C THE HOSPITAL AUTHORITY OF HALL COUNTY AND THE CITY OF GAINESVILLE (	58-6002388	362762MM5	02/09/17	160,203,063.	PAY THE COST OF ISSUING 2017B, ADVANCE REFUND POR		X		X		X
D THE HOSPITAL AUTHORITY OF HALL COUNTY AND THE CITY OF GAINESVILLE (	58-6002388	362762PT7	03/01/20	401,519,897.	PAY COST OF ISSUING 2020A, ADV. REFUND 2010A,		X		X		X

Part II Proceeds		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	227,214,996.		185,966,974.		160,203,280.		401,519,897.	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	783,066.		573,363.		475,282.		1,552,420.	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	88,715,198.							
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2017		2017		2017		2020	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			X		X		X
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X	X		X		X	
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

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

Schedule K (Form 990) 2019

Public Disclosure Copy

Part III Private Business Use								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X		X	
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		.24 %		.24 %		.24 %		.24 %
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....		.01 %		.01 %		.01 %		.01 %
6 Total of lines 4 and 5 .....		.25 %		.25 %		.25 %		.25 %
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X		X		X		X	
b Exception to rebate?		X		X		X		X
c No rebate due?		X		X		X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X		X		X

Public Disclosure Copy

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

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

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

SCHEDULE K, PART I, BOND ISSUES:

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

(F) DESCRIPTION OF PURPOSE:
 PAY THE COST OF ISSUING 2014A, REFUND PORTION OF 2010B AND ALL OF 2012 BOND

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

(F) DESCRIPTION OF PURPOSE:
 PAY THE COST OF ISSUING 2017A, ADVANCE REFUND PORTION OF 2010A

(A) ISSUER NAME:
 THE HOSPITAL AUTHORITY OF HALL COUNTY AND THE CITY OF GAINESVILLE (2017B)

(F) DESCRIPTION OF PURPOSE:
 PAY THE COST OF ISSUING 2017B, ADVANCE REFUND PORTION OF 2010B

(A) ISSUER NAME:
 THE HOSPITAL AUTHORITY OF HALL COUNTY AND THE CITY OF GAINESVILLE (2017B)

(F) DESCRIPTION OF PURPOSE:
 PAY COST OF ISSUING 2020A, ADV. REFUND 2010A, 2010B, 2011A, 2014B, 2017C, 2017D

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

2019

Open to Public
Inspection

Name of the organization

NORTHEAST GEORGIA MEDICAL CENTER, INC.

Employer identification number

58-1694098

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:

THE MISSION OF NORTHEAST GEORGIA HEALTH SYSTEM, INC., (NGHS) AND ALL

RELATED AFFILIATES IS TO "IMPROVE THE HEALTH OF THE COMMUNITY IN ALL WE

DO." LED BY VOLUNTEER BOARDS MADE UP OF COMMUNITY LEADERS, THE HEALTH

SYSTEM SERVES MORE THAN 1 MILLION PEOPLE IN 19 COUNTIES ACROSS

NORTHEAST GEORGIA.

NGHS IS A GEORGIA, NOT-FOR-PROFIT CORPORATION THAT ALONG WITH ITS

AFFILIATES, PROVIDES HEALTHCARE SERVICES TO THE RESIDENTS OF NORTHEAST

GEORGIA. NGHS OPERATES A 56-BED LICENSED HOSPITAL LOCATED IN WINDER

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

(FORMERLY CHESTATEE REGIONAL HOSPITAL), TO INCLUDE EMERGENCY SERVICES,

10 INPATIENT BEDS AND OTHER SUPPORT SERVICES IN DAHLONEGA AND

SURROUNDING COMMUNITIES. NGHS AFFILIATE, NORTHEAST GEORGIA MEDICAL

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

GAINESVILLE, AND A 134-LICENSED BED INPATIENT FACILITY IN BRASELTON.

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization NORTHEAST GEORGIA MEDICAL CENTER, INC.	Employer identification number 58-1694098
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OTHER AFFILIATES INCLUDE NORTHEAST GEORGIA PHYSICIANS GROUP (NGPG), THE
 NORTHEAST GEORGIA HEALTH SYSTEM FOUNDATION, RIVER PLACE MEDICAL OFFICE
 PLAZA I, AND THE HEART CENTER, LLC.

WHAT DRIVES COMMUNITY HEALTH IMPROVEMENT ACTIVITIES?

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

FOR DETAILS ON HOW NGHS AND AFFILIATES ARE ADDRESSING THE SIGNIFICANT
 NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA, GO TO:
WWW.NGHS.COM/2020-PLAN. VISIT [HTTPS://YOUTU.BE/UPDTTYIGAO8](https://youtu.be/UPDTTYIGAO8) TO WATCH A
 VIDEO ABOUT HOW NGHS PARTNERED IN THE COMMUNITY TO CONDUCT THE 2019
 CHNA.

NGHS, INC. AND AFFILIATES: RESPONSE TO COVID-19
 THE UNFORESEEN COVID-19 PANDEMIC QUICKLY BECAME A PRIMARY FOCUS FOR
 NGHS, NGMC, NGPG AND AFFILIATES. COMMITTED TO IMPROVING THE HEALTH OF
 OUR COMMUNITY IN ALL WE DO, THE HEALTH SYSTEM PIVOTED IN 2020 TO MEET
 THE DEMANDS OF THE PANDEMIC, REMAINING FLEXIBLE TO ADDRESS THE RISING
 NEEDS IN THE COMMUNITY THROUGH THE FOLLOWING ACTIVITIES:

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COVID-19 TESTING IN PARTNERSHIP WITH GOOD NEWS CLINICS AND DISTRICT 2
PUBLIC HEALTH: NGHS PARTNERED WITH DISTRICT 2 PUBLIC HEALTH AND GOOD
NEWS CLINICS TO HOST TWO FREE COVID-19 TESTING EVENTS FOR LOW INCOME
AND UNINSURED RESIDENTS OF HALL COUNTY WHO OTHERWISE MAY NOT HAVE HAD
THE TESTING. OVER 1,300 PEOPLE WERE TESTED, WITH NEARLY 50% TESTING
POSITIVE AT THE FIRST EVENT AND ABOUT ONE-THIRD TESTING POSITIVE AT THE
SECOND EVENT. NGMC PROVIDED COVID-19 TESTING KITS, SUPPLIES AND STAFF
TO SUPPORT THESE EVENTS.

COVID-19 OUTREACH IN PARTNERSHIP WITH COMMUNITY LEADERS: BY APRIL 2020,
50% OF CONFIRMED COVID-19 CASES WERE IN THE LATINO POPULATION, WHICH
WAS DISPROPORTIONATE CONSIDERING 29% OF HALL COUNTY'S POPULATION IS
LATINO. THIS PROMPTED NGHS TO GATHER AN OUTREACH COMMITTEE AND
COMMUNITY-WIDE COLLABORATIVE TO SUPPORT AND EDUCATE THE LATINO
COMMUNITY THROUGH GRASSROOTS EFFORTS. THE GROUP ACCOMPLISHED THE
FOLLOWING:

- PRODUCED BI-LINGUAL FLIERS AND POSTERS (FOR BUSINESSES AND
COMMUNITY).
- DISTRIBUTED FACE MASKS AND CLEANING SUPPLIES TO BUSINESSES AND
SCHOOLS.
- PARTNERED WITH AREA SCHOOL SYSTEMS TO PROVIDE MASKS, CLEANING
SUPPLIES, AND ONE-ON-ONE EDUCATION TO CHILDREN AND THEIR FAMILIES
THROUGH LUNCH DELIVERY ROUTES OVER THE SUMMER.
- ORGANIZED TESTING EVENTS IN PARTNERSHIP WITH EMORY UNIVERSITY'S
ROLLINS SCHOOL OF PUBLIC HEALTH, WHICH ALSO DOUBLED AS CLINICAL TRIALS
FOR EMORY TO COMPARE A SALIVA TEST TO THE NASOPHARYNGEAL TESTING FOR
THOSE WILLING TO UNDERGO BOTH TESTS.

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- HOSTED EDUCATIONAL WEBINARS FOR COMMUNITY GROUPS AND CHURCHES.

- PRODUCED SPECIALIZED VIDEOS FOR THE LOCAL AUDIENCE.

- PROVIDED HEALTH EDUCATION AND MESSAGING FOR THE COMMUNITY TO USE WITH THEIR CIRCLES OF INFLUENCE.

- POSTED DAILY UPDATES ON NGHS' PUBLIC WEBSITE AND SOCIAL MEDIA CHANNELS TO SHARE INFORMATION ON THE NUMBER OF CONFIRMED COVID POSITIVE PATIENTS BEING TREATED IN NGHS FACILITIES, PATIENTS AWAITING TEST RESULTS, AND HALL COUNTY-SPECIFIC INFORMATION. RESOURCES AND TRENDS FOR COVID-19 ARE AVAILABLE TO THE PUBLIC AT WWW.NGHS.COM/COVID-19.

THE PREVALENCE OF COVID-19 IN THESE COMMUNITIES ALSO LED TO THE CREATION OF THE GAINESVILLE AGAINST COVID-19 TASK FORCE WHICH INCLUDED LOCAL HISPANIC LEADERS, NGHS PHYSICIANS, THE NORTHEAST GEORGIA LATINO CHAMBER OF COMMERCE AND OTHERS. NGHS REPRESENTATIVES CHRISTY MOORE AND ANTONIO RIOS, M.D., SERVED ON THIS TASK FORCE WHICH WAS BORN OUT OF THE GOVERNOR'S VISIT TO HALL COUNTY IN MAY 2020 WITH GEORGIA DEPARTMENT OF PUBLIC HEALTH COMMISSIONER, KATHLEEN TOOMEY, M.D.

COMMUNITY COVID-19 LEADERSHIP COALITION: A COMMUNITY-WIDE COLLABORATIVE WAS FORMED IN SEPTEMBER 2020 THAT INCLUDED NGHS, LONGSTREET CLINIC, GOOD NEWS CLINIC, DISTRICT 2 PUBLIC HEALTH, GREATER HALL CHAMBER OF COMMERCE AND OTHER LOCAL ORGANIZATIONS TO IMPLEMENT A UNIFIED PLAN FOR THE HALL COUNTY-GAINESVILLE AREA TO PREVENT THE SPREAD OF COVID-19, WITH A GOAL TO MEET AND SUSTAIN THE WORLD HEALTH ORGANIZATION'S TARGET OF NO MORE THAN 5% OF THOSE TESTED ARE POSITIVE FOR COVID-19 PROTECTING THE MENTAL AND PHYSICAL HEALTH OF ALL AREA RESIDENTS AND SUPPORTING A HEALTHY ECONOMY GOING FORWARD. FROM THIS, LOCAL BUSINESSES AND GOVERNMENT ENTITIES JOINED TOGETHER TO CREATE THE

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"WE ARE HALL IN" CAMPAIGN TO SET THE STANDARD FOR COVID-19 PREVENTION.
 THOSE WHO ARE "HALL IN" PLEDGE TO WEAR A MASK WHEN APPROPRIATE,
 PRACTICE SOCIAL DISTANCING AND ABIDE BY OTHER HEALTH AND SAFETY
 GUIDELINES. LEARN MORE AT WWW.WEAREHALLIN.COM.

EPIC AT GOOD NEWS CLINICS: IN JUNE 2020, GOOD NEWS CLINICS (GNC) JOINED
 NGHS ON THE SAME ELECTRONIC HEALTH RECORD (EHR) SYSTEM, CALLED EPIC.
 WITH THE ASSISTANCE OF LOCAL DONORS, THE NGHS FOUNDATION WAS ABLE TO
 ACCELERATE THE IMPLEMENTATION OF EPIC FOR GNC, WHICH PROVIDES FREE
 MEDICAL CARE TO UNDERINSURED AND UNINSURED RESIDENTS IN HALL COUNTY.
 SHARING THE SAME EHR SYSTEM HELPED TO STREAMLINE COMMUNICATION AND
 RECORD SHARING BETWEEN NGMC AND GNC, IMPROVING CARE FOR PATIENTS WITH
 COVID-19 AND OTHER ILLNESSES THROUGHOUT THE COMMUNITY.

IN LIGHT OF COVID-19, NGHS IMPLEMENTED A PLAN TO INCREASE ACCESS TO FLU
 VACCINATIONS IN THE COMMUNITY. NGHS PROVIDED OVER 1,000 FREE FLU
 VACCINES TO THE COMMUNITY IN 2020 THROUGH DISTRIBUTION TO GOOD NEWS
 CLINICS, GOOD SHEPHERD CLINIC IN DAWSON COUNTY, COMMUNITY HELPING PLACE
 IN DAHLONEGA, AND OPEN ARMS CLINIC IN TOCCOA.

HEALTH SYSTEM COLLABORATION ACROSS THE STATE: NGHS PARTICIPATED IN A
 SOCIAL MEDIA CAMPAIGN WITH HOSPITAL PEERS EMORY, GRADY, PIEDMONT,
 WELLSTAR AND CHILDREN'S HEALTHCARE OF ATLANTA. THE #3WS CAMPAIGN
 ENCOURAGED PEOPLE TO WEAR A MASK; WATCH YOUR DISTANCE; AND WASH YOUR
 HANDS.

MASK-MAKING AND SUPPLY DISTRIBUTION: NGHS STAFF AND VOLUNTEERS MADE
 13,222 MASKS IN 6 WEEKS AND DISTRIBUTED TO THE COMMUNITY TO A SCREENING

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EVENT AT GOOD NEWS CLINIC, GAINESVILLE AND HALL COUNTY SCHOOLS, JACKSON COUNTY AND BANKS COUNTY. THE NGHS FOUNDATION WAS A DROP-OFF LOCATION FOR MASKS AND COMMUNITY DONATIONS THAT WERE THEN DISTRIBUTED BY UNITED WAY OF HALL COUNTY TO THE COMMUNITY.

COMMUNITY ROUNDTABLES WITH REGIONAL SKILLED NURSING FACILITIES: NGHS HOSTED THREE COMMUNITY ROUNDTABLES (VIA ZOOM) WITH NURSING HOMES AND ASSISTED LIVING FACILITIES IN THE NORTHEAST GEORGIA REGION TO SHARE CURRENT ACTIVITIES AND LESSONS LEARNED AS THE REGION'S SKILLED NURSING FACILITIES MANAGED CLINICAL AND OPERATIONAL ISSUES RELATED TO THE COVID-19 PANDEMIC.

COVID-19 EDUCATION WITH SCHOOL SYSTEMS: IN PARTNERSHIP WITH DISTRICT 2 PUBLIC HEALTH, NGHS HOSTED A COMMUNITY WEBINAR WITH SCHOOL SYSTEMS ACROSS THE NORTHEAST GEORGIA REGION TO ANSWER QUESTIONS AND SHARE RECOMMENDATIONS FOR SCHOOL NURSES AND ADMINISTRATORS RELATED TO THE COVID 19 PANDEMIC AS THEY MANAGED ISSUES AND GUIDELINES IN SCHOOLS.

SECURED STATE AND FEDERAL RESOURCES: WORKING WITH STATE AND FEDERAL OFFICIALS, NGHS WAS ABLE TO SECURE RESOURCES TO ASSIST IN PANDEMIC RESPONSE EFFORTS. THESE INCLUDED ONE OF FOUR MOBILE MEDICAL UNITS MADE AVAILABLE IN THE STATE ADDING 20 MEDICAL/SURGICAL BEDS FOR PATIENTS WITH LESS SEVERE CASES OF COVID-19, ADDITIONAL STAFF FOR CRITICAL CARE TESTING AND INCREASED ALLOCATIONS OF THE DRUG REMDESIVIR, WHICH HAS BEEN INSTRUMENTAL IN OUR SUCCESSFUL TREATMENT PLANS.

STRETCHING OUR RESOURCES: VOLUNTEERS UNDER THE AGE OF 65 AND WITHOUT UNDERLYING HEALTH CONDITIONS, INCLUDING A SIGNIFICANT NUMBER OF COLLEGE

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STUDENTS, WERE ABLE TO VOLUNTEER MAINLY AS FRONT ENTRANCE SCREENERS AND WITH PPE PROJECTS OUTSIDE OF THE CLINICAL AREAS. OVER 160 VOLUNTEERS CONTRIBUTED NEARLY 10,000 HOURS IN SUPPORT OF COVID-19 RELIEF EFFORTS.

EARLY IN THE PANDEMIC, NGHS PERSEVERED THROUGH THE SUPPLY SHORTAGE, THANKS TO THE CREATIVITY AND INGENUITY OF EMPLOYEES, COMMUNITY MEMBERS WHO MADE MASKS, FACE SHIELDS AND ISOLATION GOWNS, AND THE GENEROSITY OF THE POULTRY INDUSTRY AND OTHER COMPANIES WHO DONATED THEIR PPE SUPPLIES. NGHS' EMPLOYEE SEWING TEAM AND COMMUNITY SEWERS PRODUCED MORE THAN 10,000 N95 MASK COVERS, USING DONATED LINEN. THIS TEAM ALSO PRODUCED ALMOST 1,000 FABRIC ISOLATION GOWNS AND MORE THAN 800 MASKS FOR GOOD NEWS CLINICS.

WORKING CLOSELY WITH STATE AND FEDERAL OFFICIALS, NGHS WAS ABLE TO SECURE MANY RESOURCES TO ASSIST IN OUR PANDEMIC RESPONSE EFFORTS. THESE INCLUDE ONE OF FOUR MOBILE MEDICAL UNITS MADE AVAILABLE IN THE STATE, ADDING 20 MEDICAL/SURGICAL BEDS FOR PATIENTS WITH LESS SEVERE CASES OF COVID-19, ADDITIONAL STAFF FOR CRITICAL CARE TESTING AND INCREASED ALLOCATIONS OF THE DRUG REMDESIVIR, WHICH HAS BEEN INSTRUMENTAL IN SUCCESSFUL TREATMENT PLANS.

USING TECHNOLOGY TO BETTER SERVE THE COMMUNITY, NGHS BEGAN OFFERING INTERACTIVE TELEMEDICINE TO IMPROVE ACCESS TO CARE WITHOUT A NEED FOR A TRADITIONAL MEDICAL VISIT IN A CLINICAL SETTING. TELEMEDICINE HAS PROVIDED NEW WAYS FOR NGMC TO CONNECT PATIENTS WITH THEIR CARE, WHICH HAS SERVED TO BE BENEFICIAL DURING THE COVID-19 PANDEMIC.

VISIT [HTTPS://WWW.NGHS.COM/COMMUNICARE-MAGAZINE](https://www.nghs.com/communicare-magazine) FOR THE FALL 2020 ISSUE

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OF COMMUNICARE TO READ MORE ABOUT NGHS' RESPONSE TO COVID-19 AND VISIT

HTTPS://YOUTU.BE/W5K8TUX3OEM TO SEE HOW NGHS PARTNERED IN THE

COMMUNITY.

NORTHEAST GEORGIA MEDICAL CENTER

NGMC SERVES AS A FINANCIAL ENGINE FOR THE LOCAL ECONOMY. IN 2019

(LATEST NUMBERS AVAILABLE), THE ORGANIZATION SURPASSED THE \$3 BILLION

MARK IN LOCAL AND STATE ECONOMIC IMPACT, ACCORDING TO A REPORT BY THE

GEORGIA HOSPITAL ASSOCIATION (GHA), WHICH APPLIED AN ECONOMIC

MULTIPLIER TO THE HOSPITAL'S DIRECT EXPENDITURES TO ACCOUNT FOR THE

"RIPPLE" EFFECT THE HOSPITAL'S SPENDING HAS ON OTHER SECTORS OF THE

LOCAL AND STATE ECONOMIES. THE REPORT FOUND THAT THROUGH ITS ECONOMIC

IMPACT, THE HEALTH SYSTEM SUSTAINED 20,920 FULL-TIME JOBS THROUGHOUT

THE REGION AND THE STATE IN ADDITION TO NEARLY 9,000 EMPLOYEES DIRECTLY

EMPLOYED.

NGMC PROVIDES A COMPREHENSIVE RANGE OF ACUTE CARE AND SPECIALTY

SERVICES AND SERVE THE AREA'S LOW-INCOME, UNINSURED, UNDERINSURED AND

OTHER VULNERABLE POPULATIONS. NGMC GAINESVILLE SERVES AS THE REGIONAL

SAFETY NET HOSPITAL, WITH MANY PATIENTS COMING FROM OUTSIDE OF HALL

COUNTY. NGMC GAINESVILLE, BRASELTON, BARROW AND LUMPKIN EXPEND SURPLUS

FUNDS IN THE ORGANIZATION IN A WAY THAT BENEFITS THE COMMUNITY. NGHS

RECEIVES NO TAX REVENUE FROM HALL OR OTHER COUNTIES SERVED, AND

SERVICES ARE FUNDED BY REVENUE GENERATED FROM OPERATIONS. NGMC'S

CHARITY CARE POLICY SUPPORTS THE PROVISION OF CARE FOR INDIGENT

PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY.

NGMC'S CHARITY CARE POLICY REMOVES BARRIERS FOR LOW-INCOME POPULATIONS

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

IN 2020, NGMC PROVIDED CHARITY CARE IN THE COMMUNITY AT A COST OF AN ESTIMATED \$70 MILLION AND RECEIVES NO LOCAL TAX REVENUE FROM HALL COUNTY, OR ANY OTHER COUNTIES, TO SUPPORT OPERATIONS OR CARE PROVIDED TO INDIGENT RESIDENTS. THE CHARITY CARE POLICY PROVIDES FINANCIAL ASSISTANCE UP TO 300 PERCENT OF THE POVERTY LEVEL MANY HOSPITALS PROVIDE CHARITY ADJUSTMENTS ONLY TO THE LEVEL THAT MATCHES THE STATE DEFINITION OF MEDICALLY INDIGENT BUT NOT AT THE LEVEL THAT NGMC OFFERS.

TOTAL ESTIMATED CHARITY CARE COST FOR EACH HOSPITAL ENTITY IN FY20:
- NGMC GAINESVILLE AND BRASELTON: \$33.4 MILLION FOR HALL COUNTY WITH ANOTHER \$32.1 MILLION FOR REGIONAL RESIDENTS OUTSIDE OF HALL COUNTY.

- NGMC BARROW: \$2.6 MILLION FOR BARROW COUNTY WITH ANOTHER \$865,000 PROVIDED TO REGIONAL RESIDENTS OUTSIDE BARROW COUNTY.

- NGMC LUMPKIN: \$637,000 FOR LUMPKIN COUNTY WITH ANOTHER \$479,000 PROVIDED TO REGIONAL RESIDENTS OUTSIDE LUMPKIN COUNTY.

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

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

ADDITIONALLY:

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

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

- NGMC GAINESVILLE IS NUMBER 6 IN TOP HOSPITALS FOR NET UNCOMPENSATED
CARE (\$73.4 M) PROVIDED IN GA BASED ON STATE FISCAL YEAR (SFY) 2020
INDIGENT CARE TRUST FUND (ICTF) 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

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

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

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

- NGMC GAINESVILLE AND BRASELTON HAD 128,829 ER VISITS, OPERATING THE
#1 BUSIEST EMERGENCY DEPARTMENT IN GEORGIA, ACCORDING TO GHA; NGMC
BARROW AND LUMPKIN ALSO OPERATE A 24-HOUR ER;

- IN FY20, 22% OF ALL NGMC GAINESVILLE AND BRASELTON EMERGENCY ROOM
VISITS WERE MADE BY SELF-PAY PATIENTS; 27% FOR BARROW, AND 22% 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 FY20,

NGMC'S PAYOR MIX AT GAINESVILLE AND BRASELTON WAS 61%

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MEDICARE/MEDICAID, 30% COMMERCIAL INSURANCE AND 9% SELF-PAY;

- IN FY20, NGMC'S PAYOR MIX AT BARROW WAS 58% FOR MEDICARE/ MEDICAID,

26% FOR COMMERCIAL INSURANCE AND 16% FOR SELF-PAY;

- IN FY20, NGMC'S PAYOR MIX AT LUMPKIN WAS 52% FOR MEDICARE/ MEDICAID,

29% FOR COMMERCIAL INSURANCE AND 19% FOR SELF-PAY.

PARTICIPATE IN MEDICAID AND MEDICARE;

- 61% OF PATIENTS SERVED BY NGMC GAINESVILLE AND BRASELTON IN FY20 WERE

MEDICAID AND MEDICARE PATIENTS; 58% FOR BARROW AND 52% FOR LUMPKIN;

CREATE A GOVERNING BOARD THAT IS REPRESENTATIVE OF THE COMMUNITY IT

SERVES;

- MORE THAN 90 COMMUNITY MEMBERS ARE ACTIVELY INVOLVED IN GOVERNANCE

THROUGH NORTHEAST GEORGIA HEALTH SYSTEM, NGMC AND OTHER SUBSIDIARY

BOARDS AND COMMITTEES.

ALLOW MEDICAL STAFF PRIVILEGES TO ANY PROFESSIONAL WHO IS QUALIFIED AND

APPLIES; AND,

- NGMC HAS A MEDICAL STAFF OF OVER 800 PHYSICIANS REPRESENTING NUMEROUS

ADVANCED SPECIALTIES SUCH AS GYNECOLOGIC ONCOLOGY, ELECTROPHYSIOLOGY,

CARDIAC SURGERY, CRITICAL CARE MEDICINE, SURGICAL TRAUMA, NEONATOLOGY,

PERINATOLOGY AND TELEMEDICINE.

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REINVEST SURPLUS FUNDS IN OPERATIONS.

- AS NOT-FOR-PROFIT ORGANIZATIONS, THE REVENUE GENERATED BY NGMC AND ITS PARENT ORGANIZATION NORTHEAST GEORGIA HEALTH SYSTEM ABOVE OPERATING EXPENSES IS REINVESTED INTO THE COMMUNITY. EXAMPLES INCLUDE INVESTMENTS IN ADVANCED MEDICAL TECHNOLOGY SUCH AS ROBOTIC SURGICAL SYSTEMS AND STATE OF THE ART RADIATION THERAPY EQUIPMENT, THE DEVELOPMENT OF A LEVEL 2 TRAUMA CENTER, AND IN BARROW, THE ONLY FACILITY TO OFFER 3D MAMMOGRAPHY IN THAT COUNTY.

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

IN 2020, NGMC RECEIVED \$7.6 MILLION IN NET FUNDS ALLOCATED THROUGH THE MEDICAID DSH (ICTF) PROGRAM TO PARTIALLY OFFSET A FINANCIAL LOSS OF \$65.5 MILLION IN COST THE MEDICAL CENTER INCURRED TREATING UNINSURED AND MEDICAID PATIENTS. IN ADDITION, NGMC RECEIVED \$3.7 MILLION IN NET FUNDS ALLOCATED THROUGH THE MEDICAID UPL PROGRAM TO ADJUST MEDICAID PAYMENTS UPWARD TO MATCH MEDICARE PAYMENT LEVELS.

IN 2020, NGMC BECAME THE FIRST HOSPITAL IN GEORGIA TO RECEIVE ACCREDITATION AS A CENTER OF EXCELLENCE IN BOTH ROBOTIC SURGERY AND

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HERNIA SURGERY BY THE SURGICAL REVIEW CORPORATION (SRC). NGMC ALSO

RECEIVED THREE ADDITIONAL CENTER OF EXCELLENCE DESIGNATIONS AS THE

FIRST IN GEORGIA FOR COLORECTAL SURGERY, MINIMALLY INVASIVE SURGERY AND

MINIMALLY INVASIVE GYNECOLOGY.

NGMC VALUES COOPERATIVE EFFORTS WITH COMMUNITY ORGANIZATIONS AND OTHER

HEALTHCARE PROVIDERS TO IMPROVE THE HEALTH STATUS OF AREA RESIDENTS.

THIS IS DEMONSTRATED THROUGH MANY PARTNERSHIPS RANGING FROM SERVING AS

LEAD AGENCY OF SAFE KIDS NORTHEAST GEORGIA, TO PARTNERING WITH SCHOOLS

AND OTHER ORGANIZATIONS SUCH AS GOOD NEWS CLINICS AND THE DEPARTMENT OF

PUBLIC HEALTH TO REACH AT-RISK POPULATIONS IN NEED OF HEALTH CARE.

VISIT WWW.NGHS.COM/CBR AND CLICK ON VIEW VIDEOS TO SEE HOW NGHS IS

PARTNERING IN THE COMMUNITY.

IN FY20, NGMC GAINESVILLE AND BRASELTON PROVIDED OVER \$12 MILLION IN

COMMUNITY BENEFIT PROGRAMS/OUTREACH. HEALTH EDUCATION WAS PROVIDED

THROUGH FREE COMMUNITY LECTURES, HEALTH SCREENINGS, AND VARIOUS SUPPORT

GROUPS. NGMC ALSO OFFERED EDUCATION SEMINARS FOR HEALTH PROFESSIONALS

IN THE COMMUNITY, REGION AND STATE, AS WELL AS FOR STUDENTS PURSUING

CAREERS IN HEALTH. IN ADDITION, NGMC PROVIDED SUPPORT TO OTHER LOCAL

NON-PROFIT ORGANIZATIONS THAT SERVE THE COMMUNITY.

THE FOLLOWING CONTAINS ADDITIONAL HIGHLIGHTS OF COMMUNITY BENEFIT

ACTIVITIES, OFTEN PARTNERING WITH OTHER ORGANIZATIONS AND INDIVIDUALS

IN THE COMMUNITY:

NORTHEAST GEORGIA MEDICAL CENTER IS A PARTNER IN UNITED WAY'S ONE HALL

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

THE GROUP IS WORKING THROUGH NGMC'S RELATIONSHIP WITH AVIA, A DIGITAL SOLUTION TECHNOLOGY COMPANY, TO LEARN FROM OTHER COMMUNITIES ACROSS THE COUNTRY WHO HAVE BEEN SUCCESSFUL IN THIS ARENA. ACCORDING TO AVIA, 68% OF PATIENTS HAVE AT LEAST ONE SOCIAL CHALLENGE, BE IT HOUSING, FOOD OR TRANSPORTATION. AND, AVOIDABLE ER UTILIZATION IS USUALLY A SYMPTOM OF AN UNMET SOCIAL NEED, WHICH UNDERSCORES THE REASON HEALTH SYSTEMS ACROSS THE COUNTRY ARE ACTIVELY PURSUING SIMILAR PROJECTS TO IMPACT SOCIAL DETERMINANTS OF HEALTH. IN ADDITION TO THIS, MENTAL HEALTH FIRST AID TRAINING WILL BE PROVIDED TO TARGETED AUDIENCES.

NGMC IS A LEADING PARTNER IN THE REACH OUT CAMPAIGN TO DESTIGMATIZE THE NEED FOR MENTAL HEALTH SERVICES. AS PART OF THIS GROUP'S WORK, TESTIMONIALS FROM COMMUNITY MEMBERS ARE FEATURED ON UNITED WAY'S FACEBOOK PAGE. FEATURED COMMUNITY MEMBERS INCLUDE NGMC BOARD CHAIR PHILLIPPA LEWIS MOSS, NGPG/GME'S OWN DR. MONICA NEWTON AND NGHS CHIEF STRATEGY EXECUTIVE TRACY VARDEMAN. DR. NEWTON'S POST REACHED 11,290 PEOPLE AND HAD 555 ENGAGEMENTS. TESTIMONIALS AND MORE CAN BE SEEN AT

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HTTPS://WWW.UNITEDWAYHALLCOUNTY.ORG/MENTAL-AND-BEHAVIORAL-HEALTH.

VISIT HTTPS://YOUTU.BE/4JP58VTTQAW TO SEE HOW NGMC IS PARTNERING IN THE COMMUNITY TO ADDRESS MENTAL HEALTH.

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

NGMC REMAINS THE ONLY HOSPITAL SYSTEM IN THE NATION TO OFFER THE CARES PROGRAM IN ITS NEONATAL INTENSIVE CARE UNITS (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. NICU MANAGERS AND PEER RECOVERY COACHES WERE INSTRUMENTAL IN POLICY CHANGE IN GEORGIA AND THE ENTIRE U.S. THAT WILL KEEP MOTHER AND BABY TOGETHER WHILE MOTHER IS RECEIVING TREATMENT FOR RECOVERY.

PEER RECOVERY COACHES HAVE TOUCHED 1,550 INDIVIDUALS IN 2020, WITH NEARLY 6,000 SINCE THE PROGRAM BEGAN IN 2017.

PARTNERING TO REACH THE UNINSURED

NGMC WORKS COOPERATIVELY WITH OTHER AREA HEALTHCARE PROVIDERS TO CARE FOR AREA RESIDENTS, PARTICULARLY THE INDIGENT POPULATION. PARTNERS INCLUDE, BUT ARE NOT LIMITED TO, THE NORTHEAST GEORGIA PHYSICIANS GROUP

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(NGPG) PRIMARY CARE CLINIC AT HALL COUNTY HEALTH DEPARTMENT, THE
LONGSTREET CLINIC, MEDLINK (FEDERALLY QUALIFIED HEALTH CENTER), AREA
PHYSICIANS AND INDIGENT CLINICS SUCH AS GOOD NEWS CLINICS IN
GAINESVILLE AND GOOD SHEPHERD CLINIC OF DAWSON COUNTY.

GOOD NEWS CLINICS (GNC): NGMC PROVIDES FUNDING TO GNC (THE LARGEST
FREE CLINIC IN GEORGIA) THAT HELPS PROVIDE MEDICATIONS, MEDICAL
SUPPLIES AND OTHER SUPPORT. FOUNDED IN 1992, GNC IS A CHRISTIAN
MINISTRY THAT PROVIDES MEDICAL AND DENTAL CARE TO THE INDIGENT AND
UNINSURED POPULATION AT NO CHARGE. FORTY-SIX PHYSICIANS, 9 MID-LEVEL
PROVIDERS, 43 DENTISTS AND ONE DENTAL HYGIENIST VOLUNTEER TO TREAT
PATIENTS AT GNC. IN ADDITION, 340 SPECIALIST PHYSICIANS VOLUNTEER TO
TREAT PATIENTS IN THEIR OFFICES THROUGH HEALTH ACCESS INITIATIVE. IN
FY20, OVER \$550,000 WAS DONATED TO HELP GNC PROVIDE CARE TO INDIGENT
PATIENTS WHO WERE AT OR BELOW 150% OF THE FEDERAL POVERTY GUIDELINES
AND DID NOT QUALIFY FOR OTHER PROGRAMS. TO PROVIDE INTEGRATION BETWEEN
GNC, NGHS, AND OTHER PROVIDERS IN THE COMMUNITY, NGMC WORKED TO
IMPLEMENT A HIGH-LEVEL ELECTRONIC MEDICAL RECORD SYSTEM, EPIC, TO
IMPROVE COORDINATION OF CARE AND OUTCOMES FOR THIS VULNERABLE PATIENT
POPULATION.

EVA JOHNSON, NGMC NURSE PRACTITIONER AND HEART FAILURE DISEASE MANAGER,
HELPED ESTABLISH AND NOW RUNS THE HEART FAILURE CLINIC AT GNC. EVA HAS
WORKED WITH GOOD NEWS CLINIC TO SUCCESSFULLY APPLY FOR GRANTS THAT
AWARDED FUNDING FOR MEDICATIONS, BLOOD PRESSURE CUFFS AND SCALES FOR
PATIENTS IN THE HEART FAILURE CLINIC; AND PARTNERED WITH GNC'S
REGISTERED DIETITIAN TO ENSURE ALL LOW-INCOME, UNINSURED CHF PATIENTS
RECEIVED NUTRITION EDUCATION IN ADDITION TO TREATMENT, FREE MEDICATION,

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AND SUPPLIES NEEDED FOR HOME MONITORING. THIS PROJECT HAS BEEN
EXTREMELY SUCCESSFUL, HOLDING THE 30-DAY HOSPITAL READMISSIONS TO LESS
THAN 5% IN 2020.

PRENATAL CARE PROGRAM AT THE HEALTH DEPARTMENT: NGMC, THE LONGSTREET
CLINIC, AND HALL COUNTY HEALTH DEPARTMENT PARTNER TO IMPROVE BIRTH
OUTCOMES BY INCREASING EARLY PRENATAL CARE FOR LOW-INCOME, UNINSURED
AND UNDER-INSURED PREGNANT WOMEN VIA THE HEALTH DEPARTMENT'S PRIMARY
CARE CLINIC. IN FY20, NGMC PROVIDED SUPPORT OF OVER \$200,000.

INDIGENT PATIENT FUND: AT NGMC, FINANCIAL ASSISTANCE IS PROVIDED FOR
INDIGENT PATIENTS TO OBTAIN URGENTLY NEEDED DISCHARGE MEDICATIONS AND
TRANSPORTATION. INDIVIDUALS ELIGIBLE FOR THESE FUNDS ARE PATIENTS WHOSE
NEEDS CANNOT BE MET THROUGH PRIMARY INSURANCE, THEIR OWN PERSONAL
FUNDS, GOVERNMENT PROGRAMS OR OTHER CHARITABLE SERVICES. THIS HELPS TO
ENSURE MEDICATION COMPLIANCE AND MAXIMIZE CONDITIONS FOR RECOVERY AND
RECUPERATION. THE NORTHEAST GEORGIA HEALTH SYSTEM FOUNDATION PROVIDES
FUNDING FOR THIS PROGRAM THAT SERVED OVER 350 PEOPLE IN FY20.

GOOD SHEPHERD CLINIC OF DAWSON COUNTY: NGMC PROVIDED OFFICE SPACE IN
ADDITION TO FINANCIAL AND IN-KIND SUPPORT TO THE INDIGENT CARE CLINIC,
VALUED AT OVER \$130,000.

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

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MEDICAID OR DISABILITY, ACCESSING HEALTHCARE EXCHANGES OR PROCESSING

CHARITY APPLICATIONS WHEN APPROPRIATE. IN FY20, THE FINANCIAL

NAVIGATOR TEAM SERVED OVER 53,400 PEOPLE SEEKING ASSISTANCE.

VISIT [HTTPS://YOUTU.BE/KBYEDPAPSLK](https://youtu.be/kbyedpapslk) TO SEE HOW NGMC IS PARTNERING IN THE

COMMUNITY TO MEET THE NEEDS OF THE UNINSURED.

COMMUNITY EDUCATION

SAFE KIDS COALITION WORKS TO KEEP KIDS SAFE: SAFE KIDS NORTHEAST

GEORGIA, LED BY NGMC, IS PART OF SAFE KIDS WORLDWIDE, THE FIRST AND

ONLY NATIONAL ORGANIZATION DEDICATED SOLELY TO THE PREVENTION OF

UNINTENTIONAL CHILDHOOD INJURY, THE NATION'S NUMBER ONE KILLER OF

CHILDREN AGES 19 AND UNDER. THIS PROGRAM PROVIDES AFFORDABLE SAFETY

EQUIPMENT SUCH AS CAR SEATS, BIKE HELMETS, AND LIFE JACKETS TO AREA

CHILDREN IN NEED. WORKING WITH A COALITION MADE UP OF LAW ENFORCEMENT,

AREA SCHOOLS, COMMUNITY VOLUNTEERS AND OTHERS, SAFE KIDS PROVIDES

EDUCATIONAL MATERIALS AND PROGRAMS THAT TEACH CHILDREN AND THEIR

PARENTS HOW TO AVOID ACCIDENTS AND INJURIES. SAFE KIDS CONTINUED THE

WORK OF INJURY PREVENTION FOR FAMILIES IN THE HALL COUNTY COMMUNITY IN

2020 THANKS TO THE SUPPORT OF THE NGHS FOUNDATION AND THE MEDICAL

CENTER AUXILIARY PROCEEDS FROM MARKETPLACE (AN ANNUAL FUNDRAISING EVENT

OF THE MEDICAL CENTER AUXILIARY, WHICH BENEFITS HEALTHCARE SERVICES OF

NGMC).

IN FY20, MEMBERS OF THE SAFE KIDS NORTHEAST GEORGIA COALITION PROVIDED

OVER 50 PROGRAMS AND EVENTS THAT REACHED AN ESTIMATED 33,694 CHILDREN

AND THEIR FAMILY MEMBERS, TEACHERS AND CAREGIVERS. THROUGH THESE

PROGRAMS, OVER 2,000 SAFETY ITEMS WERE DISTRIBUTED TO FAMILIES IN NEED

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OF THEM.

PARTNERSHIP FOR A DRUG FREE HALL (DFH): HALL COUNTY'S RESPONSE TO THE OPIOID EPIDEMIC IS THE COLLABORATIVE PARTNERSHIP FOR A DRUG FREE HALL (DFH). MODELED AFTER A PARTNERSHIP FORMED IN GWINNETT COUNTY LED BY SENATOR RENEE UNTERMAN, WHO, ALONG WITH DEB BAILEY, EXECUTIVE DIRECTOR OF GOVERNMENTAL AFFAIRS AT NGHS, DALLAS GAY, FORMER NGHS BOARD MEMBER, AND JUDY BROWNELL, DIRECTOR OF PREVENTION AT CENTER POINT, PULLED TOGETHER A DIVERSE GROUP OF AGENCIES IN HALL COUNTY TO FORM DFH, A COLLABORATIVE DEDICATED TO PROVIDING THE PEOPLE OF HALL COUNTY WITH INFORMATION, RESOURCES AND ACTIONS TO ADDRESS DRUG ABUSE. IN 2020, MORE THAN 200 PEOPLE WERE REACHED THROUGH LIVE FORUMS AND 2,111 PEOPLE VIEWED INFORMATIVE VIDEOS ON FACEBOOK DURING THE PANDEMIC. ADDITIONAL RESOURCES, SUCH AS, FORUM RECORDINGS, PARENT SUPPORT GROUP INFORMATION AND MORE CAN BE FOUND AT [HTTP://DRUGFREEHALL.ORG](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, AN ESTIMATED 4,350 COPIES WERE DISTRIBUTED FOR ALL BABIES BORN AT NGMC GAINESVILLE AND NGMC BRASELTON. TO ACCOMPANY THE DISTRIBUTION OF THIS BOOK, 81 STAFF FROM THE POST-PARTUM MOTHER/BABY UNIT ATTENDED THE TALK WITH ME BABY TRAINING PROGRAM WHICH IS A PUBLIC ACTION CAMPAIGN TO COACH PARENTS AND

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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.

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 FY20, OVER 1,250 INDIVIDUALS WERE SERVED

THROUGH THESE PROGRAMS. ADDITIONALLY, HOSPICE OF NGMC WAS DESIGNATED

AS A LEVEL 5 PARTNER OF WE HONOR VETERANS (WHV) - THE HIGHEST LEVEL OF

ITS KIND FOR ITS ABOVE-AND-BEYOND COMMITMENT TO PROVIDING

VETERAN-SPECIFIC CARE. HOSPICE OF NGMC WAS ONE OF TWO HOSPICES IN THE

STATE OF GEORGIA TO BE DESIGNATED FOR ITS COMMITMENT TO UNDERSTANDING

THE DIFFERENTIATED NEEDS OF VETERANS AND HOW TO PROVIDE

VETERAN-SPECIFIC CARE.

REGIONAL TRAUMA ADVISORY COMMITTEE (RTAC) SYMPOSIUM: AS PART OF THE

STATE OF GEORGIA'S TRAUMA SYSTEM, THE REGIONAL TRAUMA ADVISORY

COMMITTEE (RTAC) DEVELOPS AND MAINTAINS THE REGION'S TRAUMA SYSTEM PLAN

AND 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 OVER 400 HEALTH

PROFESSIONALS IN THE REGION IN FY20. IN ADDITION TO THIS, COMMUNITY

EDUCATION ON INJURY PREVENTION AND TRAUMA, SUCH AS WITH FALLS AND THE

STOP THE BLEED CAMPAIGN, WAS PROVIDED TO NEARLY 1,000 PROFESSIONALS AND

INDIVIDUALS IN THE COMMUNITY.

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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, WHICH PROVIDED EDUCATION TO NEARLY 200 HEALTH PROFESSIONALS IN FY20. THIS CONFERENCE IS FOCUSED ON INCREASING KNOWLEDGE ON INFECTION PREVENTION. MANY OF THE SMALL RURAL FACILITIES THROUGHOUT GEORGIA HAVE LIMITED TO NO ACCESS TO INFECTION PREVENTION AND CONTROL EDUCATION.

SEPSIS EDUCATION: COMMUNITY EDUCATION WAS PROVIDED TO NEARLY 470 PEOPLE IN THE COMMUNITY TO INCREASE SEPSIS AWARENESS; WHAT IT IS, WHAT IT LOOKS LIKE, AND WHEN TO SEEK TREATMENT. ADDITIONALLY, FUNDING FROM THE NGHS FOUNDATION HAS BEEN GRANTED TO CREATE A SEPSIS REGIONAL POPULATION HEALTH TEAM THAT WILL USE EVIDENCE-BASED PROTOCOLS THROUGHOUT THE REGION TO DECREASE THE NUMBER OF DEATHS DUE TO SEPSIS.

STROKE EDUCATION: NURSES ON THE STROKE UNIT AT NGMC PROVIDE EDUCATION TO THE COMMUNITY ABOUT STROKE PREVENTION, SYMPTOMS, RISK FACTORS AND ACTIONS TO TAKE. EDUCATION WAS PROVIDED TO OVER 1,700 PEOPLE IN THE COMMUNITY.

DIABETES SUPPORT GROUPS, EDUCATION AND SCREENINGS: NGMC PROVIDED DIABETES OUTREACH FOR PREVENTION AND EDUCATION, SCREENINGS AND SUPPORT GROUPS. EVEN THOUGH COVID-19 HALTED MANY SESSIONS, THE DIABETES EDUCATION TEAM SERVED 245 PEOPLE IN THE COMMUNITY.

WORKFORCE DEVELOPMENT

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

FOOTHILLS AHEC IS A COMMUNITY-DRIVEN, NON-PROFIT CORPORATION, SUPPORTED BY FEDERAL AND LOCAL SOURCES. THE MISSION IS TO INCREASE THE SUPPLY AND DISTRIBUTION OF HEALTHCARE PROVIDERS, ESPECIALLY IN MEDICALLY UNDERSERVED AREAS. THROUGH JOINT EFFORTS, COMMUNITIES EXPERIENCE IMPROVED SUPPLY, DISTRIBUTION AND RETENTION OF QUALITY HEALTHCARE PROFESSIONALS. Foothills AHEC SERVES 31 COUNTIES IN THE NORTHEAST GEORGIA AREA. NGMC PROVIDED \$186,724 IN SUPPORT FOR AHEC EMPLOYEE BENEFITS PACKAGES, PHONE, UTILITIES AND CLEANING SERVICE EXPENSES.

GRADUATE MEDICAL EDUCATION (GME): NORTHEAST GEORGIA MEDICAL CENTER'S GME PROGRAM IS DESIGNED TO TRAIN RESIDENTS TO BE LEADERS IN THE MEDICAL FIELD AS WELL AS IN THE COMMUNITY. MEDICAL STUDENTS WILL RECEIVE HANDS-ON TRAINING IN ONE OF SIX MEDICAL SPECIALTIES: INTERNAL MEDICINE, FAMILY MEDICINE, GENERAL SURGERY, OB/GYN, PSYCHIATRY AND EMERGENCY MEDICINE. NGMC EXPECTS THIS PROGRAM TO GROW TO 200 RESIDENTS BY 2025, WHICH WOULD MAKE THIS PROGRAM ONE OF THE LARGEST IN THE STATE. THE GME PROGRAM IS ON TARGET WITH 64 POSITIONS FILLED BY 2020.

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

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IN FY20, 354 STUDENTS PARTICIPATED REPRESENTING 11 AREA HIGH SCHOOLS.

ADDITIONALLY, WITH THE HALL COUNTY SCHOOLS HONORS MENTORSHIP PROGRAM,

JUNIORS AND SENIORS ARE MATCHED WITH A HEALTHCARE PROFESSIONAL IN THEIR

AREA OF INTEREST AS PART OF A REAL-LIFE CAREER EXPERIENCE IN AN HONORS

LEVEL ELECTIVE. IN FY20, 16 STUDENTS PARTICIPATED IN THIS PROGRAM.

PROJECT SEARCH: NGMC PROVIDES EMPLOYMENT AND EDUCATION OPPORTUNITIES

FOR INDIVIDUALS WITH MILD TO MODERATE DISABILITIES. THE PROGRAM IS

DEDICATED TO WORKFORCE DEVELOPMENT THAT BENEFITS THE INDIVIDUAL,

COMMUNITY AND WORKPLACE. EMPLOYERS ARE CHALLENGED TO INCREASE

EMPLOYMENT OPPORTUNITIES FOR QUALIFIED PERSONS WITH DISABILITIES AND TO

ADVOCATE ON BEHALF OF THEIR EMPLOYMENT TO OTHER ORGANIZATIONS IN THEIR

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

EDUCATIONAL PROGRAM FOR STUDENTS WITH DISABILITIES IN THEIR LAST YEAR

OF HIGH SCHOOL. IT IS TARGETED FOR STUDENTS WHOSE MAIN GOAL IS

COMPETITIVE EMPLOYMENT. IN FY20, 6 STUDENTS PARTICIPATED. THE STUDENTS

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

ASSIGNED IN EACH DEPARTMENT AND ATTEND A MONTHLY MEETING TO DISCUSS

PROGRESS/NEEDS OF STUDENTS.

SUPPORT OF EFFORTS TO IMPROVE COMMUNITY HEALTH

EVERY DAY, EMPLOYEES OF NORTHEAST GEORGIA MEDICAL CENTER GO ABOUT THE

BUSINESS OF CARING FOR THE HEALTH OF THE PEOPLE OF OUR COMMUNITY. THEY

ARE NURSES AT THE BEDSIDE, THERAPISTS HELPING PEOPLE LEARN TO WALK

AGAIN, COOKS PREPARING MEALS, ADMINISTRATORS PLANNING FOR THE FUTURE,

OR OFFICE PERSONNEL PUSHING THROUGH THE DETAILS. CARING FOR OUR

COMMUNITY IS PART OF THEIR EVERYDAY ROUTINE. AND WHEN ASKED TO GIVE

BACK TO SUPPORT HEALTHCARE THROUGH THE FOUNDATION CAMPAIGNS, THEY DO

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GENEROUSLY AND PASSIONATELY.

BLOOD DRIVES: IN FY20, NGMC HOSTED 9 DRIVES, RESULTING IN 347 DONORS

AND OVER 321 PINTS OF BLOOD.

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

ENGAGE EMPLOYEES AND LEADERS IN THE COMMUNITY. NGHS EMPLOYEES

CONTRIBUTED \$97,857 TO UNITED WAY AS A PACESETTER COMPANY.

ENCOURAGING MEDICAL VOLUNTEERING: NGHS PROVIDES INFORMATION AT

PHYSICIAN ORIENTATION TO ENCOURAGE PHYSICIANS TO STEP UP TO VOLUNTEER

AT LOCAL FREE CLINICS, AS WELL AS HEALTH ACCESS. NGPG ALSO ENCOURAGES

PHYSICIANS TO GIVE OF THEIR TIME VOLUNTEERING AT THESE LOCATIONS.

THROUGH VARIOUS PHYSICIAN LEADERSHIP COUNCILS, PHYSICIANS ACTIVELY

PARTICIPATE IN COMMUNITY OUTREACH, INCLUDING EDUCATIONAL SEMINARS,

SCREENINGS, CANCER PREVENTION, AND VOLUNTEER IN REGIONAL INDIGENT

CLINICS.

VOLUNTEERS: IN FY20, 615 NGMC VOLUNTEERS CONTRIBUTED 46,429 VOLUNTEER

HOURS, EQUIVALENT TO 28 FULL TIME EMPLOYEES AND A VALUE OF OVER \$1.26

MILLION TO THE ORGANIZATION (INCLUSIVE OF GAINESVILLE, BRASELTON AND

BARROW). WHILE THESE FIGURES ARE NOT INCLUDED IN THE QUANTITATIVE

PORTION OF THE COMMUNITY BENEFIT REPORT, THEY SHOW THE DEPTH OF SUPPORT

THE COMMUNITY GIVES NGMC. TWENTY-SEVEN TEENS PARTICIPATED IN THE TEEN

VOLUNTEER PROGRAM IN 2020. THE TEENS REPRESENTED 17 HIGH SCHOOLS

WITHIN THE AREA.

FOR MORE INFORMATION ABOUT PROGRESS ON THESE AND OTHER HEALTH

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PRIORITIES OF 2020-2022, GO TO WWW.NGHS.COM/PROGRESS-REPORT-2020.

LEADING THE WAY

NGHS AND AFFILIATES HAVE MANY LEADERS WHO SUPPORT COMMUNITY, CIVIC, OR

PROFESSIONAL ORGANIZATIONS ON THEIR BOARD OF DIRECTORS OR AS A

PARTICIPATING MEMBER. IN ADDITION TO THIS, NGPG ADVANCED PRACTICE

PROVIDERS SUPPORT EVENTS IN THE COMMUNITY AND PROVIDE GRADUATE MEDICAL

EDUCATION INSTRUCTION TO MEDICAL, PHYSICIAN ASSISTANT, AND NURSE

PRACTITIONER STUDENTS. HERE ARE A FEW HIGHLIGHTS OF NGHS LEADERSHIP

RECOGNIZED IN THE COMMUNITY:

CAROL BURRELL, NGHS PRESIDENT AND CEO, HAS BEEN NAMED TO GEORGIA TREND

MAGAZINE'S LIST OF THE 100 MOST INFLUENTIAL GEORGIANS FOR THE SEVENTH

YEAR IN A ROW FOR HER CONTRIBUTION TO MAKING LIFE BETTER FOR GEORGIANS.

NGHS' EMERGENCY PREPAREDNESS MANAGER MATTHEW CRUMPTON RECEIVED THE

GEORGIA COMMENDATION MEDAL FROM THE GEORGIA NATIONAL GUARD FOR HIS

TIRELESS SERVICE AND LEADERSHIP DURING THE COVID-19 PANDEMIC.

THE GREATER HALL CHAMBER OF COMMERCE'S HEALTHY HALL AWARDS OF

EXCELLENCE ARE PRESENTED TO THOSE IN HEALTHCARE MAKING A SIGNIFICANT

IMPACT ON QUALITY OF LIFE, RECOGNIZING THE FOLLOWING STAFF AND PROGRAMS

AT THE 2020 HEALTHY HALL AWARDS:

- OUTSTANDING HEALTHCARE ADMINISTRATOR- DR. JOHN DELZELL, NGHS VP OF

MEDICAL EDUCATION

- SENIOR IMPACT - LIFELINE OF NORTHEAST GEORGIA MEDICAL CENTER

- CORPORATE INNOVATION- INFORMATION TECHNOLOGY AT NORTHEAST GEORGIA

HEALTH SYSTEM

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- NURSE OF THE YEAR (LPN)- ABBY ODLE, LPN, NORTHEAST GEORGIA MEDICAL CENTER GAINESVILLE

- LIFETIME ACHIEVEMENT AWARD- DR. BUDDY LANGSTON, RETIRED, NORTHEAST GEORGIA HEALTH SYSTEM & LONGSTREET CLINIC

TWO NGHS CLINICIANS WERE RECOGNIZED BY THE GWINNETT CHAMBER OF COMMERCE AT THEIR ANNUAL HEALTHCARE AWARDS CEREMONY:

- HEALTHCARE PROFESSIONAL OF THE YEAR- ANGIE CATON, RN, ASSISTANT NURSE MANAGER, CANCER SERVICES

- ALLIED HEALTH PROFESSIONAL OF THE YEAR- HEATHER WILSEY, SUPERVISOR, CLINICAL REHABILITATION IN BRASELTON

SPECIAL NOTES:

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

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

- IMPROVE ACCESS
- ENHANCE POPULATION HEALTH
- ADVANCE GENERALIZABLE KNOWLEDGE

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-RELIEVE GOVERNMENT BURDEN TO IMPROVE HEALTH

THE PROGRAM OR ACTIVITY MUST:

-PRIMARILY BENEFIT THE COMMUNITY RATHER THAN THE ORGANIZATION

-RESULT IN MEASURABLE EXPENSE TO THE ORGANIZATION

IF THE PROGRAM OR ACTIVITY IS PROVIDED PRIMARILY FOR MARKETING

PURPOSES, STANDARD PRACTICE, EXPECTED OF ALL HOSPITALS (SUCH AS

ACTIVITIES REQUIRED FOR ACCREDITATION, LICENSURE, OR TO PARTICIPATE IN

MEDICARE) OR IS PRIMARILY FOR EMPLOYEES (NOT INCLUDING INTERNS,

RESIDENTS AND FELLOWS) AND/OR AFFILIATED PHYSICIANS, IT IS NOT

COMMUNITY BENEFIT.

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

FOR MORE INFORMATION, CONTACT CHRISTY MOORE, DIRECTOR, COMMUNITY HEALTH

IMPROVEMENT, AT (770) 219-8097, EMAIL AT CHRISTY.MOORE@NGHS.COM OR GO

TO WWW.NGHS.COM.

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

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

GEORGIA MEDICAL CENTER, INC.

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

THE BOARD OF DIRECTORS OF NORTHEAST GEORGIA MEDICAL CENTER IS APPOINTED BY

THE BOARD OF NORTHEAST GEORGIA HEALTH SYSTEM, INC. - A RELATED 501(C)(3)

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ORGANIZATION.

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

THE BOARD OF DIRECTORS OF NORTHEAST GEORGIA MEDICAL CENTER IS APPOINTED BY

THE BOARD OF NORTHEAST GEORGIA HEALTH SYSTEM, INC. - A RELATED 501(C)(3)

ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 11B:

INFORMATION FOR THE FORM 990 WAS PROVIDED TO AN INDEPENDENT CERTIFIED

PUBLIC ACCOUNTANT FOR PREPARATION OF THE RETURN. AFTER THE RETURN WAS

PREPARED, IT WAS REVIEWED BY SENIOR FINANCIAL MANAGEMENT. THE FORM 990 IS

MADE AVAILABLE TO MEMBERS OF THE BOARD PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE

ANNUALLY. EMPLOYEES ATTEST TO THEIR UNDERSTANDING AND REPORTING/DISCLOSURE

REQUIREMENTS AT HIRE AND ANNUALLY. COMPLIANCE IS MONITORED CONTINUOUSLY

THROUGHOUT THE YEAR BY THE BOARD.

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

THE EXECUTIVE COMPENSATION COMMITTEE OF THE NORTHEAST GEORGIA HEALTH SYSTEM

BOARD (NGHS BOARD) HAS DEVELOPED A TOTAL COMPENSATION PHILOSOPHY AND

INSTALLED COMPENSATION POLICIES AND PROCEDURES THAT SEEK TO FURTHER THE

PURPOSE OF NGHS AND AFFILIATES AND THE IMPORTANCE OF THESE POLICIES TO

ATTRACT AND RETAIN KEY EMPLOYEES. THE EXECUTIVE COMPENSATION COMMITTEE IS

COMPOSED OF VOTING DIRECTORS WHO ARE NOT EMPLOYEES OF NGHS AND IS FREE FROM

CONFLICT OF INTEREST. ALL DECISIONS OF THE EXECUTIVE COMPENSATION

COMMITTEE ARE REVIEWED AND RATIFIED BY THE NGHS BOARD.

Name of the organization NORTHEAST GEORGIA MEDICAL CENTER, INC.	Employer identification number 58-1694098
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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 WITH THE COMMITTEE ALONG WITH COMPARISONS OF NGHS EXECUTIVE SALARIES COMPARED TO THE MARKET DATA. THE CEO MAKES RECOMMENDATIONS TO THE COMMITTEE FOR SALARIES WITHIN THE PEER GROUP SALARY RANGES BASED ON INDIVIDUAL PERFORMANCE ASSESSMENTS FOR EACH POSITION. IN EACH INSTANCE THE COMMITTEE MEMBERS REACH A CONSENSUS BASED ON THE COMBINATION OF AVAILABLE INFORMATION, AND THE COMMITTEE SETS A BASE SALARY LEVEL FOR EACH KEY EMPLOYEE.

PERFORMANCE BASED VARIABLE COMPENSATION

NGHS LEADERSHIP PARTICIPATE IN A PERFORMANCE BASED VARIABLE COMPENSATION PLAN WITH OPPORTUNITY LEVELS DETERMINED BASED ON THE PEER GROUP MARKET DATA AND TO ALIGN WITH THE NGHS EXECUTIVE COMPENSATION PHILOSOPHY PARAMETERS. ANNUAL GOALS AND OBJECTIVES ARE DETERMINED THROUGH A FORMAL PLANNING PROCESS INVOLVING BOARD MEMBERS AND SENIOR MANAGEMENT. FOLLOWING THE END OF THE FISCAL YEAR, CASH AWARDS ARE DETERMINED BASED ON ORGANIZATION AND INDIVIDUAL PERFORMANCE.

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BENEFITS AND RETENTION PROGRAMS

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

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

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

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

INTERCOMPANY DEBT FORGIVENESS	-30,388,768.
PARTNERSHIP INCOME NOT ON BOOKS	130,926.
OTHER ADJUSTMENT	702,503.
TOTAL TO FORM 990, PART XI, LINE 9	-29,555,339.

Public Disclosure Copy

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
NORTHEAST GEORGIA MEDICAL CENTER, INC.

Employer identification number
58-1694098

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
NORTHEAST GEORGIA HEALTH SYSTEM, INC. - 58-1694090, 743 SPRING STREET, GAINESVILLE, GA 30501	HEALTHCARE - PARENT ORG.	GEORGIA	501(C)(3)	LINE 12C, III-FI	N/A	X	
THE MEDICAL CENTER FOUNDATION DBA NGHS FOUNDATION - 58-1694820, 743 SPRING STREET, GAINESVILLE, GA 30501	FUNDRAISING AND SUPPORT	GEORGIA	501(C)(3)	LINE 7	NORTHEAST GEORGIA HEALTH SYSTEM, INC.	X	
NORTHEAST GEORGIA PHYSICIANS GROUP, INC. - 58-2078064, 743 SPRING STREET, GAINESVILLE, GA 30501	HEALTHCARE	GEORGIA	501(C)(3)	LINE 12B, II	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) 2019

Public Disclosure Copy

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

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

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

		Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b	X	
c Gift, grant, or capital contribution from related organization(s)	1c	X	
d Loans or loan guarantees to or for related organization(s)	1d	X	
e Loans or loan guarantees by related organization(s)	1e	X	
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o Sharing of paid employees with related organization(s)	1o	X	
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q		X
r Other transfer of cash or property to related organization(s)	1r	X	
s Other transfer of cash or property from related organization(s)	1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

