

Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning OCT 1, 2020, and ending SEP 30, 2021**2020**Department of the Treasury  
Internal Revenue Service▶ Do not send to the IRS. Keep for your records.  
▶ Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.

Name of exempt organization or person subject to tax

Taxpayer identification number

**NORTHEAST GEORGIA HEALTH SYSTEM, INC.****58-1694090**

Name and title of officer or person subject to tax

**BRIAN D. STEINES****CFO****Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>256,567,331.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that ☒ I am an officer of the above organization or ☐ I am a person subject to tax with respect to (name of organization) \_\_\_\_\_ (EIN) \_\_\_\_\_ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize PYA, P.C. to enter my PIN 94090  
ERO firm name Enter five numbers, but  
do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**62073217792**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶ 8/9/22

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

023051 11-03-20

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2020.06000 NORTHEAST GEORGIA HEALTH 3925-4\_1

EXTENDED TO AUGUST 15, 2022

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

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

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**Open to Public  
Inspection**A** For the 2020 calendar year, or tax year beginning **OCT 1, 2020** and ending **SEP 30, 2021****B** Check if applicable:Address change  
Name change  
Initial return  
Final return/terminated  
Amended return  
Application pending**C** Name of organization**NORTHEAST GEORGIA HEALTH SYSTEM, INC.**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

**743 SPRING STREET**

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

**GAINESVILLE, GA 30501-3899****F** Name and address of principal officer: **CAROL BURRELL****SAME AS C ABOVE****D** Employer identification number**58-1694090****E** Telephone number**770-219-6659****G** Gross receipts \$**256,923,512.****H(a)** Is this a group returnfor subordinates? ..... ☐ Yes ☒ No**H(b)** Are all subordinates included? **Yes** **No**

If "No," attach a list. See instructions

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

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>IMPROVING THE HEALTH OF THE COMMUNITY IN ALL WE DO.</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>15</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>12</b>
	<b>5</b>	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>0</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>8</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 3,652,791.	<b>Current Year</b> 5,734,791.
	<b>9</b>	Program service revenue (Part VIII, line 2g)	209,263,471.	246,148,529.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,289,882.	3,991,266.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,035,663.	692,745.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	216,241,807.	256,567,331.
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,433,322.	1,967,677.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	119,182,337.	152,399,353.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	114,145,112.	115,479,105.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	234,760,771.	269,846,135.	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	-18,518,964.	-13,278,804.	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 318,580,244.	<b>End of Year</b> 336,092,097.
	<b>21</b>	Total liabilities (Part X, line 26)	230,729,028.	110,746,425.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	87,851,216.	225,345,672.

**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.

<b>Sign Here</b>	Signature of officer		Date		
	<b>BRIAN D. STEINES, CFO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	<b>DEBORAH O. ERNSBERGER</b>	<i>Deborah O. Ernsberger</i>	<b>08/09/22</b>	<input type="checkbox"/>	<b>P00364912</b>
<b>Paid Preparer Use Only</b>	Firm's name ▶	Firm's EIN ▶			
	<b>PYA, P. C.</b>	<b>62-1517792</b>			
<b>Paid Preparer Use Only</b>	Firm's address ▶	Phone no.			
	<b>2220 SUTHERLAND AVE.</b> <b>KNOXVILLE, TN 37919</b>	<b>865-673-0844</b>			

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

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

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

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

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 234,347,920. including grants of \$ 1,967,677. ) (Revenue \$ 246,148,529. )

**NORTHEAST GEORGIA HEALTH SYSTEM IS BASED IN GAINESVILLE, GEORGIA, AND SERVES MORE THAN A MILLION PEOPLE ACROSS 19 COUNTIES IN OUR REGION. SEE SCHEDULE O FOR PROGRAM SERVICE ACCOMPLISHMENTS CONTINUATION.**

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

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **234,347,920.**Form **990** (2020)

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<b>2</b>	X
<b>3</b> 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>	<b>3</b>	X
<b>4 Section 501(c)(3) organizations.</b> 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>	<b>4</b> X	
<b>5</b> 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>	<b>5</b>	X
<b>6</b> 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>	<b>6</b>	X
<b>7</b> 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>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> 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>	<b>9</b>	X
<b>10</b> 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>	<b>10</b>	X
<b>11</b> 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.		
<b>a</b> 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>	<b>11a</b> X	
<b>b</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>	<b>11b</b>	X
<b>c</b> 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>	<b>11c</b>	X
<b>d</b> 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>	<b>11d</b> X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b> X	
<b>f</b> 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>	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b>	X
<b>b</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>	<b>12b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</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>	<b>14b</b>	X
<b>15</b> 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>	<b>15</b>	X
<b>16</b> 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>	<b>16</b>	X
<b>17</b> 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>	<b>17</b>	X
<b>18</b> 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>	<b>18</b>	X
<b>19</b> 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>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b> X	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b> X	
<b>21</b> 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>	<b>21</b> X	



**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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> .....	<b>22</b>	X
<b>23</b> 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> .....	<b>23</b>	X
<b>24a</b> 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> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> .....	<b>25a</b>	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>	X
<b>26</b> 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> .....	<b>26</b>	X
<b>27</b> 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> .....	<b>27</b>	X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> 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> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> 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> .....	<b>32</b>	X
<b>33</b> 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> .....	<b>33</b>	X
<b>34</b> 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> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>	X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> 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> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	<b>38</b>	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
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	0
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	

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

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

Form 990 (2020)

**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**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	15			
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.				
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent		12		
<b>2</b> 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
<b>3</b> 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
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?				X
<b>6</b> Did the organization have members or stockholders?				X
<b>7a</b> 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>b</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
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?			X	
<b>b</b> Each committee with authority to act on behalf of the governing body?			X	
<b>9</b> 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
<b>10a</b> Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b> Did the organization have a written whistleblower policy?	X	
<b>14</b> Did the organization have a written document retention and destruction policy?	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</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).		
<b>16a</b> 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>b</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) BEN HAWKINS MEMBER	1.00	X						0.	0.	0.
(2) BRAD PURYEAR MEMBER	1.00	X						0.	0.	0.
(3) GREG OURS MEMBER	1.00	X						0.	0.	0.
(4) JACK KEENER MEMBER	1.00	X						0.	0.	0.
(5) JACKIE WALLACE MEMBER	1.00	X						0.	0.	0.
(6) JANE SMOOT MEMBER	1.00 1.00	X						0.	0.	0.
(7) JOHN CLIFTON HASTINGS, MD MEMBER, PHYSICIAN - NGPG	1.00 40.00	X						0.	887,919.	44,442.
(8) JOHN NIX MEMBER	1.00 1.00	X						0.	0.	0.
(9) LETRELL SIMPSON MEMBER	1.00	X						0.	0.	0.
(10) MOHAK DAVE, MD MEMBER	1.00	X						0.	0.	0.
(11) PIERPONT BROWN, MD MEMBER, PHYSICIAN - NGPG	1.00 40.00	X						0.	414,343.	44,208.
(12) PRISCILLA STROM, MD MEMBER	1.00	X						0.	0.	0.
(13) R.K. WHITEHEAD CHAIR	1.00	X						0.	0.	0.
(14) SPENCE PRICE VICE CHAIR	1.00	X						0.	0.	0.
(15) CAROL BURRELL PRESIDENT & CEO	40.00 1.00	X		X				0.	1,387,598.	124,036.
(16) BRIAN D. STEINES CHIEF FINANCIAL OFFICER	40.00 1.00			X				0.	836,593.	113,162.
(17) STEPHEN KELLY CHIEF COMPLIANCE OFFICER	40.00 1.00			X				0.	297,483.	53,353.



**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) MICHAEL COVERT CHIEF OPERATING OFFICER	1.00 40.00			X				0.	785,050.	69,102.
(19) ANDREI BOYARSHINOV VP LEGAL AFFAIRS & CHIEF L	40.00				X			0.	456,393.	83,769.
(20) CHAD HATFIELD VP-REGIONAL HOSPITALS	40.00				X			0.	277,091.	59,669.
(21) CHRISTOPHER PARAVATE CHIEF INFORMATION OFFICER - NGHS	40.00				X			0.	526,048.	89,286.
(22) DANIEL TUFFY PRESIDENT AND CAO - NGPG	40.00 1.00				X			0.	521,459.	87,722.
(24) TRACY VARDEMAN CHIEF STRATEGY EXECUTIVE - NGHS	40.00 1.00				X			0.	444,369.	168,264.
(25) IOANNIS PARASTATIDIS THC PHYSICIAN	40.00					X		0.	706,195.	38,815.
(26) LAURA DIVOKY THC PHYSICIAN	40.00					X		0.	732,020.	28,751.
(27) MITCHELL DAVIS THC PHYSICIAN	40.00					X		0.	720,112.	41,887.
<b>1b Subtotal</b>								0.	8,992,673.	1046466.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	3,159,689.	238,991.
<b>d Total (add lines 1b and 1c)</b>								0.	12,152,362.	1285457.

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

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- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3	X	
4	X	
5		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
GA EMERGENCY DEPARTMENT SERVICES 1000 COBB PLACE BLVD, KENNESAW, GA 30144	PHYSICIAN SERVICES	1,533,818.
ACCELERATED CLAIMS, INC. PO BOX 742319, ATLANTA, GA 30374	REIMBURSEMENT SERVICES	1,507,078.
PARKER HUDSON RAINER & DOBBS, 303 PEACHTREE ST NE STE 3600, ATLANTA, GA	LEGAL SERVICES	1,428,271.
RESOURCE ANESTHESIA PC 12752 KINGSTON PIKE, KNOXVILLE, TN 37934	ANESTHESIA SERVICES	1,210,142.
MEDEFIS INC PO BOX 5068, NEW YORK, NY 10087	STAFFING SERVICES	1,195,328.

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

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SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2020)

Form 990

NORTHEAST GEORGIA HEALTH SYSTEM, INC.

58-1694090

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(28) RYAN WHITNEY THC PHYSICIAN	40.00					X		0.	712,800.	38,424.
(29) UGOCHUKWU EGOLUM THC PHYSICIAN	40.00					X		0.	752,741.	49,727.
(30) BRENDA SIMPSON FORMER CHIEF NURSING EXECUTIVE - NGM	0.00 0.00						X	0.	544,847.	71,066.
(31) DEBORAH WEBER FORMER CHIEF HR OFFICER - NGHS	0.00 0.00						X	0.	164,774.	17,093.
(32) LOUIS SMITH JR. FORMER PRESIDENT - NGMC - SYSTEM ACU	0.00 0.00						X	0.	757,577.	29,396.
(33) SAMUEL JOHNSON, MD FORMER CHIEF MEDICAL OFFICER - NGHS	0.00 0.00						X	0.	226,950.	33,285.
Total to Part VII, Section A, line 1c .....									3,159,689.	238,991.

**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b>	Federated campaigns .....	<b>1a</b>				
	<b>b</b>	Membership dues .....	<b>1b</b>				
	<b>c</b>	Fundraising events .....	<b>1c</b>				
	<b>d</b>	Related organizations .....	<b>1d</b>				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>	5,734,791.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>				
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		5,734,791.			
<b>Program Service Revenue</b>	<b>2 a</b>	MANAGEMENT FEES	Business Code	541610	117,285,482.	117,285,482.	
	<b>b</b>	OPERATING REVENUE		621400	115,789,921.	115,789,921.	
	<b>c</b>	PS RENT FROM AFFILIATE		531120	9,587,272.	9,587,272.	
	<b>d</b>	OTHER OPERATING REVENUE		900099	3,485,854.	3,485,854.	
	<b>e</b>						
	<b>f</b>	All other program service revenue .....					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....			246,148,529.		
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....			3,094,337.		3,094,337.
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....					
	<b>5</b>	Royalties .....					
	<b>6 a</b>	Gross rents .....	(i) Real	1,035,010.			
	<b>b</b>	Less: rental expenses ...	(ii) Personal	342,265.			
	<b>c</b>	Rental income or (loss) .....		692,745.			
	<b>d</b>	Net rental income or (loss) .....			692,745.		692,745.
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	(i) Securities		910,845.		
	<b>b</b>	Less: cost or other basis and sales expenses .....	(ii) Other	13,916.	0.		
	<b>c</b>	Gain or (loss) .....		-13,916.	910,845.		
	<b>d</b>	Net gain or (loss) .....			896,929.		896,929.
	<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....					
	<b>b</b>	Less: direct expenses .....					
<b>c</b>	Net income or (loss) from fundraising events .....						
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....						
<b>b</b>	Less: direct expenses .....						
<b>c</b>	Net income or (loss) from gaming activities .....						
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....						
<b>b</b>	Less: cost of goods sold .....						
<b>c</b>	Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>	<b>11 a</b>		Business Code				
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue .....					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....					
<b>12</b>	<b>Total revenue.</b> See instructions .....			256,567,331.	246,148,529.	0.	4,684,011.

**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

☒ X

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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,967,677.	1,967,677.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	111,923,686.	97,675,801.	14,247,885.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	33,515,992.	29,249,406.	4,266,586.	
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes	6,959,675.	6,073,708.	885,967.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	2,571,121.	2,243,817.	327,304.	
<b>c</b> Accounting	279,195.	243,653.	35,542.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	258,037.	225,189.	32,848.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	29,593,055.	25,825,859.	3,767,196.	
<b>12</b> Advertising and promotion	3,608,571.	3,149,200.	459,371.	
<b>13</b> Office expenses				
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	6,041,476.	5,272,396.	769,080.	
<b>17</b> Travel	199,026.	173,690.	25,336.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	12,477,545.	10,889,154.	1,588,391.	
<b>23</b> Insurance	8,353,267.	7,289,896.	1,063,371.	
<b>24</b> 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.)				
<b>a</b> <b>BAD DEBT</b>	19,619,404.	19,619,404.		
<b>b</b> <b>MEDICAL SUPPLIES</b>	10,253,729.	10,253,729.		
<b>c</b> <b>ADMINISTRATIVE OVERHEAD</b>	8,030,042.	1,807,681.	6,222,361.	
<b>d</b> <b>BANK FEES</b>	2,300,978.	2,008,064.	292,914.	
<b>e</b> All other expenses	11,893,659.	10,379,596.	1,514,063.	
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	269,846,135.	234,347,920.	35,498,215.	0.
<b>26</b> <b>Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	0.	<b>1</b>	28,289.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	3,829,020.	<b>4</b>	8,735,874.
	<b>5</b> 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 .....	5,341,784.	<b>5</b>	5,737,849.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	833,693.	<b>8</b>	1,136,587.
	<b>9</b> Prepaid expenses and deferred charges .....	10,185.	<b>9</b>	0.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 287,696,756.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 115,055,231.		
		158,383,425.	<b>10c</b>	172,641,525.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	2,398,708.	<b>12</b>	2,642,939.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....	3,263,093.	<b>14</b>	3,263,093.
<b>15</b> Other assets. See Part IV, line 11 .....	144,520,336.	<b>15</b>	141,905,941.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	318,580,244.	<b>16</b>	336,092,097.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	37,480,607.	<b>17</b>	57,479,810.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	13,956,744.	<b>19</b>	8,102,697.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	179,291,677.	<b>25</b>	45,163,918.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	230,729,028.	<b>26</b>	110,746,425.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	87,851,216.	<b>27</b>	225,345,672.
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	87,851,216.	<b>32</b>	225,345,672.
	<b>33</b> Total liabilities and net assets/fund balances .....	318,580,244.	<b>33</b>	336,092,097.

Form 990 (2020)



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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	256,567,331.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	269,846,135.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-13,278,804.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	87,851,216.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	14,532,400.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	136,240,860.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	225,345,672.

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
<b>c</b> 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.	<input checked="" type="checkbox"/>	
<b>3a</b> 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? _____		<input checked="" type="checkbox"/>
<b>b</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 _____		

Form 990 (2020)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Public Charity Status and Public Support**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020****Open to Public Inspection**

Name of the organization

NORTHEAST GEORGIA HEALTH SYSTEM, INC.

Employer identification number

58-1694090

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☒ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

1

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		
<b>b 33 1/3% support test - 2019.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		
<b>17a 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		
<b>b 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		

Schedule A (Form 990 or 990-EZ) 2020

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 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**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>	X	
<b>2</b> 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>		X
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		X
<b>b</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>		
<b>3c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		X
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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>		X
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		X
<b>7</b> 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>		X
<b>8</b> 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>		X
<b>9a</b> 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>		X
<b>b</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>		X
<b>c</b> 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>		X
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		X
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		<b>X</b>
<b>b</b> A family member of a person described in line 11a above?		<b>X</b>
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		<b>X</b>

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?	<b>X</b>	
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	<b>X</b>	
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	<b>X</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input checked="" type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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? If "Yes" or "No" provide details in <b>Part VI</b> .	<b>X</b>	
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	<b>X</b>	

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<b>Distributable Amount.</b> 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) 2020

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>	
<b>7</b> <b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>	
<b>9</b> Distributable amount for 2020 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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

**PART IV, SECTION D, LINE 3**

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

**PART IV, SECTION E, LINE 3A**

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

**PART IV, SECTION E, LINE 3B**

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

**SCHEDULE C**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

**2020****Open to Public  
Inspection****If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

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

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

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

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

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

Name of organization

**NORTHEAST GEORGIA HEALTH SYSTEM, INC.**

Employer identification number

**58-1694090****Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

2 Political campaign activity expenditures ..... ▶ \$ .....

3 Volunteer hours for political campaign activities ..... ▶ .....

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ .....

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ .....

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... ☐ Yes ☐ No4a Was a correction made? ..... ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ .....

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527  
exempt function activities ..... ▶ \$ .....3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,  
line 17b ..... ▶ \$ .....4 Did the filing organization file **Form 1120-POL** for this year? ..... ☐ Yes ☐ No

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

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

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

Schedule C (Form 990 or 990-EZ) 2020

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**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												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2020

**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
<b>1</b> 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:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		76,876.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....	X		148,083.
<b>i</b> Other activities? .....	X		101,655.
<b>j</b> Total. Add lines 1c through 1i .....			326,614.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> 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."

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> 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	
<b>5</b> Taxable amount of lobbying and political expenditures (See instructions) .....	5	

**Part IV** Supplemental Information

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

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

NORTHEAST GEORGIA HEALTH SYSTEM, INC. PAYS MEMBERSHIP DUES TO SEVERAL

PROFESSIONAL AND TRADE ASSOCIATIONS SUCH AS:

-AMERICAN ACADEMY OF PHYSICIAN ASSISTANTS

-AMERICAN ASSOCIATION OF NURSE PRACTITIONERS

**Part IV** Supplemental Information (continued)

-AMERICAN COLLEGE OF CARDIOLOGY

-AMERICAN COLLEGE OF HEALTHCARE EXECUTIVES

-AMERICAN COLLEGE OF PHYSICIANS

-AMERICAN HEALTH INFORMATION MANAGEMENT ASSOCIATION

-AMERICAN MEDICAL ASSOCIATION

-AMERICAN ORGANIZATION FOR NURSING LEADERSHIP

-AMERICAN SOCIETY FOR HEALTHCARE HUMAN RESOURCES ADMINISTRATION

-AMERICAN SOCIETY OF ECHOCARDIOGRAPHY

-AMERICAN SOCIETY OF RADIOLOGIC TECHNOLOGISTS

-COLLEGE OF AMERICAN PATHOLOGISTS

-EMERGENCY NURSES ASSOCIATION

-GEORGIA CHAMBER OF COMMERCE

-GEORGIA HOSPITAL ASSOCIATION

-GREATER HALL CHAMBER OF COMMERCE

-HEALTHCARE INFORMATION AND MANAGEMENT SYSTEMS SOCIETY

-MEDICAL ASSOCIATION OF GEORGIA

-SOCIETY FOR HUMAN RESOURCE MANAGEMENT

-SOCIETY OF DIAGNOSTIC MEDICAL SONOGRAPHY

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

**SCHEDULE D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**Open to Public  
Inspection

Name of the organization

NORTHEAST GEORGIA HEALTH SYSTEM, INC.

Employer identification number

58-1694090

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

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

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) 2020

**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

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment ☐ \_\_\_\_\_ %

b Permanent endowment ☐ \_\_\_\_\_ %

c Term endowment ☐ \_\_\_\_\_ %

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

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

(i) Unrelated organizations

(ii) Related organizations

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

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		58,032,020.		58,032,020.
b Buildings		155,167,029.	76,285,182.	78,881,847.
c Leasehold improvements		3,382,240.	3,255,306.	126,934.
d Equipment		53,041,139.	35,364,439.	17,676,700.
e Other		18,074,328.	150,304.	17,924,024.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				172,641,525.

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**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) .....		
<b>Total.</b> (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) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) DEFERRED COMPENSATION	29,736,462.
(2) BOARD DESIGNATED ASSETS	95,182,131.
(3) OTHER ASSETS	8,780,768.
(4) ROU ASSET OPERATING LEASE	7,641,857.
(5) ELIMINATED AMOUNTS DUE FROM THIRD PARTY PAYERS	564,723.
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	141,905,941.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION	35,321,916.
(3) ESTIMATED THIRD PARTY SETTLEMENTS	2,090,842.
(4) LEASES	7,751,160.
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	45,163,918.

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 ... ☒

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**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>		
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....		<b>5</b>	

**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.

<b>1</b>	Total expenses and losses per audited financial statements .....		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>		
<b>b</b>	Prior year adjustments .....	<b>2b</b>		
<b>c</b>	Other losses .....	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....		<b>5</b>	

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

NORTHEAST GEORGIA HEALTH SYSTEM, INC. (NGHS), NORTHEAST GEORGIA MEDICAL CENTER, INC. (NGMC), THE MEDICAL CENTER FOUNDATION, INC., NORTHEAST GEORGIA PHYSICIANS GROUP, INC. (NGPG), AND LANIER COMMUNITY ASSURANCE, LTD. (LCA) ARE CLASSIFIED AS ORGANIZATIONS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OR PROVISIONS OF THE COMPANIES LAW OF THE CAYMAN ISLANDS. THE INCOME FOR NGMC-BARROW, NGMC-LUMPKIN AND THE HEART CENTER PASSES THROUGH TO NGHS, WHICH IS TAX EXEMPT. AS SUCH, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. NORTHEAST GEORGIA HEALTH PARTNERS, LLC IS A TAXABLE ENTITY AND ACCOUNTS FOR INCOME TAXES IN ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS BOARD'S ACCOUNTING

**Part XIII** Supplemental Information *(continued)*

STANDARDS CODIFICATION 740, INCOME TAXES (ASC 740). AT SEPTEMBER 30, 2020  
AND 2019, RESPECTIVELY, MANAGEMENT DOES NOT BELIEVE THE SYSTEM HOLDS ANY  
UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION  
OR DISCLOSURE UNDER ASC 740. IT IS THE SYSTEM'S POLICY TO RECOGNIZE  
INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS AS AN OPERATING  
EXPENSE.

**SCHEDULE H  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Hospitals**

OMB No. 1545-0047

**2020****Open to Public  
Inspection**▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**▶ **Attach to Form 990.**▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.****Name of the organization****NORTHEAST GEORGIA HEALTH SYSTEM, INC.****Employer identification number****58-1694090****Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .....	<b>X</b>	
<b>b</b> If "Yes," was it a written policy? .....	<b>X</b>	
<b>2</b> 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		
<b>3</b> 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.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ..... <input type="checkbox"/> 100% <input checked="" type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<b>X</b>	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ..... <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<b>X</b>	
<b>c</b> 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.		
<b>4</b> 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"? .....	<b>X</b>	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? .....	<b>X</b>	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? .....	<b>X</b>	
<b>c</b> 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? .....		<b>X</b>
<b>6a</b> Did the organization prepare a community benefit report during the tax year? .....	<b>X</b>	
<b>b</b> If "Yes," did the organization make it available to the public? .....	<b>X</b>	

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
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1) .....			4499023.	0.	4499023.	1.67%
<b>b</b> Medicaid (from Worksheet 3, column a) .....			9182021.	6663324.	2518697.	.93%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....			5,083.	7,912.	0.	.00%
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs .....			13686127.	6671236.	7017720.	2.60%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....	7	5,386	306,452.	0.	306,452.	.11%
<b>f</b> Health professions education (from Worksheet 5) .....	1		500.	0.	500.	.00%
<b>g</b> Subsidized health services (from Worksheet 6) .....						
<b>h</b> Research (from Worksheet 7) .....						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....	18		186,024.	7,105.	178,919.	.07%
<b>j Total.</b> Other Benefits .....	26	5,386	492,976.	7,105.	485,871.	.18%
<b>k Total.</b> Add lines 7d and 7j .....	26	5,386	14179103.	6678341.	7503591.	2.78%

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

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

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

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

**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group NGMC BARROW LLC

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>13</b> 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)		
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	<b>14</b> X	
<b>15</b> Explained the method for applying for financial assistance? .....	<b>15</b> 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)		
<b>16</b> Was widely publicized within the community served by the hospital facility? .....	<b>16</b> 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) 2020

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

	Yes	No	
<b>17</b> 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? .....	<b>17</b>	<b>X</b>	
<b>18</b> 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:			
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b> <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			
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process			
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)			
<b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
<b>19</b> 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? .....	<b>19</b>		<b>X</b>
If "Yes," check all actions in which the hospital facility or a third party engaged:			
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b> <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			
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process			
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b> 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):			
<b>a</b> <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
<b>b</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)			
<b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)			
<b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)			
<b>e</b> <input type="checkbox"/> Other (describe in Section C)			
<b>f</b> <input type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

<b>21</b> 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? .....	<b>21</b>	<b>X</b>	
If "No," indicate why:			
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing			
<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
<b>d</b> <input type="checkbox"/> Other (describe in Section C)			

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

	Yes	No
<b>22</b> 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.		
<b>a</b> <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>b</b> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>c</b> 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		
<b>d</b> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b> 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? .....	<b>23</b>	<b>X</b>
If "Yes," explain in Section C.		
<b>24</b> 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? .....	<b>24</b>	<b>X</b>
If "Yes," explain in Section C.		

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

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

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

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

**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group NGMC LUMPKIN LLC

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>13</b> 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)		
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	<b>14</b> X	
<b>15</b> Explained the method for applying for financial assistance? .....	<b>15</b> 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)		
<b>16</b> Was widely publicized within the community served by the hospital facility? .....	<b>16</b> 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)		

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

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

**Policy Relating to Emergency Medical Care**

<b>21</b> 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? .....	<b>21</b>	<b>X</b>	
If "No," indicate why:			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			

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

	Yes	No
<b>22</b> 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.		
<b>a</b> <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>b</b> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>c</b> 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		
<b>d</b> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b> 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? .....	<b>23</b>	<b>X</b>
If "Yes," explain in Section C.		
<b>24</b> 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? .....	<b>24</b>	<b>X</b>
If "Yes," explain in Section C.		

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**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.

NGMC BARROW LLC:

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

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

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

**Part V Facility Information** (continued)

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

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

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

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

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

**Part V Facility Information** *(continued)*

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

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

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

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

NGMC LUMPKIN LLC:

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

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

**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 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.

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

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

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



**Part V Facility Information** *(continued)*

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

PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITIES SERVED THROUGHOUT THE REGION. THE FOCUS GROUPS AND INTERVIEWS SOLICITED FEEDBACK FROM LEADERS AND REPRESENTATIVES WHO SERVE THE COMMUNITY AND HAVE INSIGHT INTO COMMUNITY NEEDS.

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

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

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

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

**Part V Facility Information** *(continued)*

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

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

NGMC BARROW LLC:

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

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

NGMC LUMPKIN LLC:

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

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

**Part V Facility Information** *(continued)*

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

NGMC BARROW LLC:

PART V, SECTION B, LINE 6B: NGMC SERVED AS THE COORDINATING PARTNER FOR THIS COLLABORATIVE. THE FOLLOWING ORGANIZATION PARTNERED AND COLLABORATED ON THE REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT:

- DISTRICT 2 PUBLIC HEALTH

NGMC LUMPKIN LLC:

PART V, SECTION B, LINE 6B: NGMC SERVED AS THE COORDINATING PARTNER FOR THIS COLLABORATIVE. THE FOLLOWING ORGANIZATION PARTNERED AND COLLABORATED ON THE REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT:

- DISTRICT 2 PUBLIC HEALTH

NGMC BARROW LLC:

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

- BEHAVIORAL AND MENTAL HEALTH (ALL NGHS SERVICE AREAS)

- ACCESS TO CARE (ALL NGHS SERVICE AREAS)

- DIABETES (GBSA, SSA 400, SSA NORTH)

**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.

- CARDIOVASCULAR DISEASE (SSA 400)

- SEPTICEMIA (ALL NGHS SERVICE AREAS)

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

[HTTPS://WWW.NGHS.COM/WP-CONTENT/UPLOADS/2022/05/IMPLEMENTATION-PLAN-REPORT-2021.PDF](https://www.nghs.com/wp-content/uploads/2022/05/IMPLEMENTATION-PLAN-REPORT-2021.PDF).

SPECIFIC TO NGHS, THE HEALTH NEEDS THE SYSTEM CHOSE NOT TO ADDRESS THROUGH THE PRIORITIZATION PROCESS INCLUDE THE FOLLOWING, BROKEN DOWN BY SERVICE AREA:

- 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.

EVEN SO, NGHS DOES ACTIVELY WORK ON THESE ISSUES. FOR INSTANCE, ACCESS TO CARE IS A PRIORITY ACROSS THE REGION AND WHILE TRANSPORTATION WAS NOT SINGLED OUT AS A PRIORITY, WE CONSIDER TRANSPORTATION TO BE A KEY

**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.

COMPONENT TO ACCESSING CARE. WHILE TRANSPORTATION ON ITS OWN DID NOT MAKE THE HEALTH PRIORITY LIST, IT WOULD BE AN ISSUE CONSIDERED IN ACCESS TO CARE ISSUES. WHILE CANCER WAS NOT CHOSEN AS A COMMUNITY HEALTH IMPROVEMENT PRIORITY, NGHS ALREADY HAS AN INTERNAL EMPHASIS ON THIS HEALTH ISSUE AND WILL REPORT ITS ACTIVITY VIA THE ANNUAL COMMUNITY BENEFIT REPORT.

NGMC LUMPKIN LLC:

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

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

FOR DETAILS ON HOW NGHS IS ADDRESSING THE SIGNIFICANT NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA, GO TO:  
[HTTPS://WWW.NGHS.COM/WP-CONTENT/UPLOADS/2022/05/IMPLEMENTATION-PLAN-REPORT-2021.PDF](https://www.nghs.com/wp-content/uploads/2022/05/IMPLEMENTATION-PLAN-REPORT-2021.PDF).

SPECIFIC TO NGHS, THE HEALTH NEEDS THE SYSTEM CHOSE NOT TO ADDRESS THROUGH THE PRIORITIZATION PROCESS INCLUDE THE FOLLOWING, BROKEN DOWN BY SERVICE

**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.

**AREA:**

- 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.

EVEN SO, NGHS DOES ACTIVELY WORK ON THESE ISSUES. FOR INSTANCE, ACCESS TO CARE IS A PRIORITY ACROSS THE REGION AND WHILE TRANSPORTATION WAS NOT SINGLED OUT AS A PRIORITY, WE CONSIDER TRANSPORTATION TO BE A KEY COMPONENT TO ACCESSING CARE. WHILE TRANSPORTATION ON ITS OWN DID NOT MAKE THE HEALTH PRIORITY LIST, IT WOULD BE AN ISSUE CONSIDERED IN ACCESS TO CARE ISSUES. WHILE CANCER WAS NOT CHOSEN AS A COMMUNITY HEALTH IMPROVEMENT PRIORITY, NGHS ALREADY HAS AN INTERNAL EMPHASIS ON THIS HEALTH ISSUE AND WILL REPORT ITS ACTIVITY VIA THE ANNUAL COMMUNITY BENEFIT REPORT.

NGMC BARROW LLC

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

WWW.NGHS.COM/FINANCIAL-ASSISTANCE



**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.

NGMC LUMPKIN LLC

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

WWW.NGHS.COM/FINANCIAL-ASSISTANCE

NGMC BARROW LLC:

PART V, SECTION B, LINE 16J: PATIENTS MAY SUBMIT A FINANCIAL ASSISTANCE  
APPLICATION VIA OUR ONLINE PATIENT PORTAL APP VERSION OF MYCHART.

NGMC LUMPKIN LLC:

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? 14

Name and address	Type of Facility (describe)
1 GEORGIA HEART INSTITUTE GAINESVILLE 200 SOUTH ENOTA DRIVE, SUITE 100/SUIT GAINESVILLE, GA 30501	CARDIOLOGY
2 GEORGIA HEART INSTITUTE BLAIRSVILLE 346 DEEP SOUTH FARM ROAD, SUITE B BLAIRSVILLE, GA 30512	CARDIOLOGY
3 GEORGIA HEART INSTITUTE CUMMING 900 SANDERS ROAD, SUITE A CUMMING, GA 30041	CARDIOLOGY
4 GEORGIA HEART INSTITUTE CLAYTON 536 HIGHWAY 441 S CLAYTON, GA 30525	CARDIOLOGY
5 GEORGIA HEART INSTITUTE OF NGMC AT NG 1240 JESSE JEWELL PARKWAY SOUTHEAST, GAINESVILLE, GA 30501	CARDIOLOGY
6 GEORGIA HEART INSTITUTE DAHLONEGA 70 MOUNTAIN DRIVE, SUITE C DAHLONEGA, GA 30533	CARDIOLOGY
7 GEORGIA HEART INSTITUTE TOCCOA 288 BIG A RD TOCCOA, GA 30577	CARDIOLOGY
8 GEORGIA HEART INSTITUTE BUFORD 4445 SOUTH LEE STREET, SUITE 300 BUFORD, GA 30518	CARDIOLOGY
9 GEORGIA HEART INSTITUTE DEMOREST (HAB 590 OLD HISTORIC U.S. 441 DEMOREST, GA 30535	CARDIOLOGY
10 GEORGIA HEART INSTITUTE DAWSONVILLE 108 PROMINENCE COURT, SUITE 210 DAWSONVILLE, GA 30534	CARDIOLOGY

Schedule H (Form 990) 2020

<b>Part V</b>	<b>Facility Information</b> <i>(continued)</i>
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## 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? 14

[illegible]

Schedule H (Form 990) 2020

**Part VI Supplemental Information**

Provide the following information.

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

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**PART I, LINE 3C:**

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

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**PART I, LINE 6A:**

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

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**PART I, LINE 7:**

CHARITY CARE COST WAS CALCULATED APPLYING A COST-TO-CHARGE RATIO THAT WAS COMPUTED PURSUANT TO WORKSHEET 2 IN THE SCHEDULE H INSTRUCTIONS.

**Part VI** Supplemental Information (Continuation)

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

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

A CALCULATION OF THE PERCENT OF TOTAL EXPENSE THAT RELATES TO COMMUNITY BENEFIT ACTIVITIES USING THE \$82,880,730 OF HOSPITAL EXPENSES SOLELY ASSOCIATED WITH NGMC BARROW AND NGMC LUMPKIN RESULTS IN A PERCENTAGE OF 9.05%. THIS IS A MORE ACCURATE REFLECTION OF THE PERCENT OF EXPENSES WITHIN NGMC BARROW AND NGMC LUMPKIN THAT ARE APPLIED TO COMMUNITY BENEFIT.

PART I, LN 7 COL(F):

NGMC BARROW:

THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 24, COLUMN D, BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$10,383,176 FOR NGMC BARROW. THE ESTIMATED PROVISION FOR BAD DEBTS IS REPORTED AS A DEDUCTION FROM PATIENT SERVICE REVENUE.

NGMC LUMPKIN:

**Part VI** Supplemental Information (Continuation)

THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 24, COLUMN D, BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$7,138,835 FOR NGMC LUMPKIN. THE ESTIMATED PROVISION FOR BAD DEBTS IS REPORTED AS A DEDUCTION FROM PATIENT SERVICE REVENUE.

## PART II, COMMUNITY BUILDING ACTIVITIES:

## NGMC BARROW

NO RELEVANT ACTIVITIES WERE CONDUCTED IN FY21.

## NGMC LUMPKIN

NGMC WORKED COOPERATIVELY WITH OTHER HEALTHCARE PROVIDERS TO CARE FOR AREA RESIDENTS, PARTICULARLY THE INDIGENT POPULATION. FOR EXAMPLE, THROUGH VARIOUS PHYSICIAN LEADERSHIP COUNCILS, NGMC PHYSICIANS ACTIVELY PARTICIPATED IN COMMUNITY OUTREACH, INCLUDING EDUCATIONAL SEMINARS, SCREENINGS, AND VOLUNTEERING THEIR TIME AND EXPERTISE WITH INDIGENT CLINICS THROUGHOUT THE REGION. ADDITIONALLY, IN FY21, NGMC LUMPKIN VOLUNTEERS CONTRIBUTED 500 VOLUNTEER HOURS, EQUIVALENT TO A VALUE OF APPROXIMATELY \$14,375.

## PART III, LINE 2:

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



**Part VI** Supplemental Information (Continuation)

## PART III, LINE 4:

BAD 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 METHODOLOGY REFLECTED IN THE ORGANIZATION'S MEDICARE COST REPORT.

## 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:

**Part VI** Supplemental Information (Continuation)

## NGMC BARROW

NGMC ANNUALLY REPORTS ON THE PROGRESS OF CHNA OUTCOMES AND ACTIVITIES. WE REGULARLY MONITOR THE COUNTY HEALTH RANKINGS PUBLISHED BY THE ROBERT WOOD JOHNSON FOUNDATION ([HTTP://WWW.COUNTYHEALTHRANKINGS.ORG/ABOUT-PROJECT](http://www.countyhealthrankings.org/about-project)), AS WELL AS CDC WONDER AND OTHER PUBLICLY AVAILABLE INFORMATION. IN ADDITION, WE HAVE MULTIPLE MECHANISMS IN PLACE FOR OUR LEADERSHIP TO HEAR DIRECTLY FROM THE COMMUNITY ON ANY HEALTH NEEDS.

EMPLOYEES OF NORTHEAST GEORGIA MEDICAL CENTER ACTIVELY LEAD OR SUPPORT COMMUNITY, CIVIC, AND PROFESSIONAL ORGANIZATIONS ON THEIR BOARD OF DIRECTORS OR AS A PARTICIPATING MEMBER. NGMC BARROW CAN ASSESS HEALTH CARE NEEDS OF THE COMMUNITY IT SERVES THROUGH SERVICE ON THESE COMMITTEES. FOR EXAMPLE, SUNITA SINGH, PUBLIC RELATIONS MANAGER OF NGMC BARROW SERVES ON THE BOARD OF DIRECTORS FOR THE ROTARY CLUB OF WINDER. SUNITA ALSO SERVES AS VICE CHAIR FOR BARROW CHAMBER OF COMMERCE'S WOMEN IN BUSINESS PROGRAM AND FOR THE BARROW ARTS & SCIENCE ACADEMY'S GOVERNANCE TEAM. FOR THE PAST THREE YEARS, SHE HAS SERVED AS THE CHAIR OF FRIENDS OF BOY SCOUTS BENEFITING BARROW COUNTY BOY SCOUTS PROGRAM AND ADDITIONALLY SERVES ON THE EXECUTIVE BOARD OF DIRECTORS FOR NEGA COUNCIL-BOY SCOUTS OF AMERICA. SUNITA ALSO REPRESENTS BARROW COUNTY BY SERVING ON THE WORKFORCE DEVELOPMENT GRANT REVIEW PANELIST FOR UNITED WAY OF NORTHEAST GEORGIA AND GO RED FOR WOMEN EXECUTIVE LEADERSHIP TEAM FOR AMERICAN HEART ASSOCIATION.

## NGMC LUMPKIN

WE REGULARLY MONITOR THE COUNTY HEALTH RANKINGS PUBLISHED BY THE ROBERT WOOD JOHNSON FOUNDATION ([HTTP://WWW.COUNTYHEALTHRANKINGS.ORG/ABOUT-PROJECT](http://www.countyhealthrankings.org/about-project)), AS WELL AS CDC WONDER AND OTHER PUBLICLY AVAILABLE INFORMATION. IN ADDITION, WE HAVE MULTIPLE

**Part VI** Supplemental Information (Continuation)

MECHANISMS IN PLACE FOR OUR LEADERSHIP TO HEAR DIRECTLY FROM THE COMMUNITY ON ANY HEALTH NEEDS.

NGMC ANNUALLY REPORTS ON THE PROGRESS OF CHNA OUTCOMES AND ACTIVITIES. FOR EXAMPLE, THE HEART DISEASE DEATH RATE IN THE NGMC LUMPKIN SERVICE AREA WAS IDENTIFIED AS A PRIORITY FOR THE ORGANIZATION AND HAS DECREASED FROM 192.6 IN 2010 TO 183.7 IN 2020 (SOURCE: CDC WONDER, 2020, AGE-ADJUSTED RATE).

NGHS CONTINUES TO LEAD THE WAY IN LIFE-SAVING HEART AND VASCULAR CARE BY BECOMING THE FIRST HEALTH SYSTEM IN THE STATE WITH HOSPITALS DESIGNATED AS EMERGENCY CARDIAC CARE CENTERS BY THE GEORGIA DEPARTMENT OF PUBLIC HEALTH (DPH), WHICH THE SYSTEM MAINTAINED IN FY21. THIS ACHIEVEMENT EXTENDS FAR BEYOND THE WALLS OF OUR SYSTEM CONNECTING FIRST RESPONDERS, EMERGENCY DEPARTMENTS AND CARDIOLOGISTS THROUGHOUT THE REGION TO ENSURE EACH PATIENT RECEIVES THE LEVEL OF CARE THEY NEED.

THE GEORGIA DPH USES A THREE-LEVEL DESIGNATION SYSTEM TO RANK THE CAPABILITIES OF EACH FACILITY:

- NGMC GAINESVILLE RECEIVED LEVEL 1 DESIGNATION (HOSPITALS PERFORM OPEN HEART SURGERY AND INTERVENTIONAL CARDIAC CATHETERIZATIONS).
- NGMC BRASELTON RECEIVED LEVEL 2 DESIGNATION (HOSPITALS PERFORM INTERVENTIONAL CARDIAC CATHETERIZATIONS).
- NGMC BARROW AND NGMC LUMPKIN BOTH RECEIVED LEVEL 3 DESIGNATION (HOSPITALS STABILIZE PATIENTS UNTIL THEY ARE TRANSPORTED TO A LEVEL 1 OR LEVEL 2 CENTER).

PART VI, LINE 3:

NGMC BARROW AND NGMC LUMPKIN

**Part VI** Supplemental Information (Continuation)

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

PART VI, LINE 4:

NGMC BARROW AND NGMC LUMPKIN

POPULATION: FROM 2010 TO 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

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

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.

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:

NGMC BARROW AND NGMC LUMPKIN:

NORTHEAST GEORGIA HEALTH SYSTEM 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

**Part VI** Supplemental Information (Continuation)

DETERMINE THE NUMBER OF PHYSICIANS NEEDED BY SPECIALTY TO MEET COMMUNITY NEED. INFORMATION FROM THESE STUDIES IS USED TO HELP GUIDE DECISIONS FOR PHYSICIAN RECRUITMENT.

ALL REVENUES MORE THAN 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 PERCENT OF THE FEDERAL POVERTY GUIDELINES QUALIFY FOR A 100 PERCENT CHARITY ADJUSTMENT, WHICH MEANS THAT THEIR QUALIFYING SERVICES ARE FREE. ADDITIONALLY, PATIENTS WITH A FAMILY INCOME OF 151 TO 300 PERCENT QUALIFY FOR DISCOUNTED CARE ON A SLIDING SCALE, WITH THE MOST THAT A PATIENT WOULD PAY IS THE MEDICARE RATE.

PART VI, LINE 6:

NGMC BARROW AND NGMC LUMPKIN:

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

Schedule H (Form 990)



**Part VI** Supplemental Information (Continuation)

CITY OF GAINESVILLE FOR THE PROVISION OF CHARITABLE SERVICES TO THE  
COMMUNITY.

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

THE 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 400 PHYSICIANS, PHYSICIAN ASSISTANTS, NURSE PRACTITIONERS, AND OTHER  
CLINICAL STAFF PROVIDING HEALTHCARE SERVICES AT 65 LOCATIONS THROUGHOUT

**Part VI** Supplemental Information (Continuation)

NORTHEAST GEORGIA, WHICH FURTHER IMPROVES THE COMMUNITY'S ACCESS TO CARE FOR THE REGION OF 19 COUNTIES.

NORTHEAST GEORGIA HEALTH SYSTEM VOLUNTEERS AND AUXILIANS ARE PEOPLE OF ALL AGES WHO GIVE OF THEMSELVES TO MAKE A DIFFERENCE IN THE LIVES OF OTHERS. THE NORTHEAST GEORGIA HEALTH SYSTEM 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 GEORGIA HEART INSTITUTE FORMERLY KNOWN AS THE HEART CENTER OF NORTHEAST GEORGIA MEDICAL CENTER ENSURES PATIENTS HAVE ACCESS TO THE LATEST CARDIOVASCULAR TECHNOLOGY AND RECEIVE TOP QUALITY CARE FROM TOP PHYSICIANS. THIS GROUP HAS SEVERAL OFFICES THROUGHOUT THE NORTHEASTERN PART OF GEORGIA AND PROVIDES ALL CARDIOVASCULAR SUBSPECIALTY CARE, INCLUDING GENERAL, INVASIVE, AND INTERVENTIONAL CARDIOLOGY, CONGESTIVE HEART FAILURE, ELECTROPHYSIOLOGY, PERIPHERAL VASCULAR INTERVENTIONS, AND WOMEN'S CARDIOVASCULAR HEALTH PROGRAMS.

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

GA

**SCHEDULE I**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.▶ **Attach to Form 990.**▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020****Open to Public  
Inspection**

Name of the organization

**NORTHEAST GEORGIA HEALTH SYSTEM, INC.**

Employer identification number

**58-1694090****Part I** **General Information on Grants and Assistance****1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....☒ **Yes** ☐ **No****2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.**Part II** **Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN CANCER SOCIETY P.O. BOX 102454 ATLANTA, GA 30368-2454	13-1788491	501(C)(3)	30,000.	0.			RELAY FOR LIFE SPONSORSHIP
AMERICAN HEART ASSOCIATION P.O. BOX 841750 DALLAS, TX 75284	13-5613797	501(C)(3)	20,000.	0.			HEARTWALK SPONSORSHIP
BOYS & GIRLS CLUB OF HALL COUNTY P.O. BOX 691 GAINESVILLE, GA 30503	58-0656890	501(C)(3)	230,000.	0.			VARIOUS SPONSORSHIPS
BANKS COUNTY CHAMBER OF COMMERCE PO BOX 57 HOMER, GA 30547	58-1355391	501(C)(3)	5,200.	0.			FUNDRAISING EVENTS
CHATEAU ELAN MILITARY SUPPORT 6004 CHICKSAW LANE BRASELTON, GA 30517	84-1848145	501(C)(3)	7,500.	0.			CE MILITARY FUNDRAISING EVENTS
COMMUNITY HELPING PLACE, INC. PO BOX 712 DAHLONEGA, GA 30533	37-1554432	501(C)(3)	17,500.	0.			SPONSORSHIP

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table .....**26.****3** Enter total number of other organizations listed in the line 1 table .....**2.**LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.****Schedule I (Form 990) 2020**

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAHLONEGA-LUMPKIN COUNTY PO BOX 712 DAHLONEGA, GA 30533	80-0855643	115	24,000.	0.			JAYCEES MAIN SPONSORSHIP
DAHLONEGA LUMPKIN COUNTY 13 SOUTH PARK ST DAHLONEGA, GA 30533	80-0855643	115	13,000.	0.			VARIOUS SPONSORSHIPS
FORSYTH COUNTY CHAMBER OF COMMERCE 212 WEBB STREET CUMMING, GA 30040	58-1048245	501(C)(3)	7,500.	0.			DONATION/SPONSORSHIP
DAWSON COUNTY CHAMBER OF COMMERCE P.O BOX 299 DAWSONVILLE, GA 30534	58-1950100	501(C)(3)	22,625.	0.			VARIOUS SPONSORSHIPS
GAINESVILLE JAYCEES PO BOX 126 GAINESVILLE, GA 30503	31-1763149	501(C)(3)	15,000.	0.			SPONSORSHIP
GEORGIA TECH ALUMNI ASSOCIATION 190 NORTH AVE ATLANTA, GA 30313	58-0634853	501(C)(3)	6,000.	0.			2021 GALA
GEORGIA EMS ASSOCIATION 386 RIVER POINT DRIVE MCDONOUGH, GA 30252	58-1867952	501(C)(6)	6,000.	0.			SPONSORSHIP
GLORY HOPE AND LIFE INC 725 JESSE JEWELL PKWY, STE 270 GAINESVILLE, GA 30501	26-4134012	501(C)(3)	15,000.	0.			PRESENTING SPONSOR
GOOD NEWS CLINICS 810 PINE STREET GAINESVILLE, GA 30501	58-1895047	501(C)(3)	1,189,416.	0.			CLINIC FUNDING-OPERATING COST

Schedule I (Form 990)

Schedule I (Form 990)

NORTHEAST GEORGIA HEALTH SYSTEM, INC.

58-1694090

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER HALL CHAMBER OF COMMERCE P.O. BOX 374 GAINESVILLE, GA 30503	58-0251406	501(C)(3)	5,500.	0.			VARIOUS SPONSORSHIPS
GWINNETT CHAMBER OF COMMERCE 6500 SUGARLOAF PKWY STE 100 DULUTH, GA 30097	58-0537282	501(C)(3)	30,000.	0.			INVESTMENT SPONSOR WITH GWINNETT CHAMBER
INTERACTIVE NEIGHBORHOOD 999 CHESTNUT ST #11 GAINESVILLE, GA 30501	75-3077646	501(C)(3)	5,600.	0.			VARIOUS SPONSORSHIPS
JACKSON CO AREA CHAMBER OF COMMERCE - 270 ATHENS ST, PO BOX 629 - JEFFERSON, GA 30549	58-1238040	501(C)(3)	18,384.	0.			VARIOUS SPONSORSHIPS
JOHN JARRARD FOUNDATION 500 JESSE JEWELL PKWY STE 300 GAINESVILLE, GA 30501	20-8879399	501(C)(3)	10,000.	0.			CONCERT SPONSORSHIP
JUNIOR ACHIEVEMENT OF GEORGIA P.O. BOX 378 GAINESVILLE, GA 30503	58-0598050	501(C)(3)	7,500.	0.			HALL OF FAME AND DISCOVERY CENTER SPONSORSHIPS
NORTHEAST GEORGIA COUNCIL PO BOX 399 JEFFERSON, GA 30549	58-0566207	501(C)(3)	8,000.	0.			VARIOUS SPONSORSHIPS
ROTARY CLUB OF DAWSON CO PO BOX 1495 DAWSONVILLE, GA 30534	82-1123575	501(C)(3)	15,000.	0.			SPONSORSHIP
STERLING ON THE LAKE LAKE STERLING BLVD FLOWERY BRANCH, GA 30542	51-0493899		5,500.	0.			VARIOUS SPONSORSHIPS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WALTON COUNTY CHAMBER OF COMMERCE PO BOX 89 MONROE, GA 30655	58-1185309	501(C)(3)	1,000.	0.			SPONSORSHIP
WOMENSOURCE INC PO BOX 684 GAINESVILLE, GA 30503	26-2882799	501(C)(3)	7,000.	0.			VARIOUS SPONSORSHIPS
NORTHEAST GEORGIA HISTORY CENTER PO BOX 1451 GAINESVILLE, GA 30503	58-1443900	501(C)(3)	10,000.	0.			SPONSORSHIP
PARTNERSHIP GWINNETT 6500 SUGARLOAF PKWY DULUTH, GA 30097	58-0537282	501(C)(3)	100,000.	0.			PARTNERSHIP WITH GWINNETT CHAMBER OF COMMERCE

**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)**Department of the Treasury  
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**Open to Public  
Inspection

Name of the organization

**NORTHEAST GEORGIA HEALTH SYSTEM, INC.**

Employer identification number

**58-1694090****Part I Questions Regarding Compensation****1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

First-class or charter travel

Travel for companions

Tax indemnification and gross-up payments

Discretionary spending account

Housing allowance or residence for personal use

Payments for business use of personal residence

Health or social club dues or initiation fees

Personal services (such as maid, chauffeur, chef)

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....**3** Indicate which, if any, of the following the 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☒ Independent compensation consultant☒ Form 990 of other organizations☒ Written employment contract☒ Compensation survey or study☒ Approval by the board or compensation committee**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:**a** Receive a severance payment or change-of-control payment? .....**b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....**c** Participate in or receive payment from an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.****5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:**a** The organization? .....**b** Any related organization? .....

If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:**a** The organization? .....**b** Any related organization? .....

If "Yes" on line 6a or 6b, describe in Part III.

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

Yes No

**1b****2****4a****4b****4c****5a****5b****6a****6b****7****8****9**

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

Schedule J (Form 990) 2020

**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) JOHN CLIFTON HASTINGS, MD	(i)	0.	0.	0.	0.	0.	0.	0.
MEMBER, PHYSICIAN - NGPG	(ii)	861,222.	0.	26,697.	9,975.	34,467.	932,361.	0.
(2) PIERPONT BROWN, MD	(i)	0.	0.	0.	0.	0.	0.	0.
MEMBER, PHYSICIAN - NGPG	(ii)	383,550.	2,500.	28,293.	9,975.	34,233.	458,551.	0.
(3) CAROL BURRELL	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT & CEO	(ii)	1,077,256.	0.	310,342.	98,665.	25,371.	1,511,634.	0.
(4) BRIAN D. STEINES	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF FINANCIAL OFFICER	(ii)	608,995.	76,387.	151,211.	85,676.	27,486.	949,755.	72,002.
(5) STEPHEN KELLY	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF COMPLIANCE OFFICER	(ii)	219,456.	28,102.	49,925.	36,175.	17,178.	350,836.	26,489.
(6) MICHAEL COVERT	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF OPERATING OFFICER	(ii)	534,667.	94,599.	155,784.	51,488.	17,614.	854,152.	43,270.
(7) ANDREI BOYARSHINOV	(i)	0.	0.	0.	0.	0.	0.	0.
VP LEGAL AFFAIRS & CHIEF L	(ii)	378,611.	10,000.	67,782.	53,943.	29,826.	540,162.	0.
(8) CHAD HATFIELD	(i)	0.	0.	0.	0.	0.	0.	0.
VP-REGIONAL HOSPITALS	(ii)	218,224.	27,373.	31,494.	32,622.	27,047.	336,760.	25,801.
(9) CHRISTOPHER PARAVATE	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF INFORMATION OFFICER - NGHS	(ii)	403,596.	48,416.	74,036.	60,456.	28,830.	615,334.	45,637.
(10) DANIEL TUFFY	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT AND CAO - NGPG	(ii)	397,422.	50,289.	73,748.	58,266.	29,456.	609,181.	47,402.
(11) TRACY VARDEMAN	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF STRATEGY EXECUTIVE - NGHS	(ii)	322,858.	41,634.	79,877.	141,138.	27,126.	612,633.	39,045.
(12) IOANNIS PARASTATIDIS	(i)	0.	0.	0.	0.	0.	0.	0.
THC PHYSICIAN	(ii)	670,555.	0.	35,640.	9,975.	28,840.	745,010.	0.
(13) LAURA DIVOKY	(i)	0.	0.	0.	0.	0.	0.	0.
THC PHYSICIAN	(ii)	715,999.	0.	16,021.	9,975.	18,776.	760,771.	0.
(14) MITCHELL DAVIS	(i)	0.	0.	0.	0.	0.	0.	0.
THC PHYSICIAN	(ii)	678,088.	0.	42,024.	9,975.	31,912.	761,999.	0.
(15) RYAN WHITNEY	(i)	0.	0.	0.	0.	0.	0.	0.
THC PHYSICIAN	(ii)	675,690.	0.	37,110.	9,975.	28,449.	751,224.	0.
(16) UGOCHUKWU EGOLUM	(i)	0.	0.	0.	0.	0.	0.	0.
THC PHYSICIAN	(ii)	717,215.	0.	35,526.	19,500.	30,227.	802,468.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) BRENDA SIMPSON	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER CHIEF NURSING EXECUTIVE - NGM	(ii)	331,408.	143,132.	70,307.	49,193.	21,873.	615,913.	124,424.
(18) DEBORAH WEBER	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER CHIEF HR OFFICER - NGHS	(ii)	0.	0.	164,774.	0.	17,093.	181,867.	0.
(19) LOUIS SMITH JR.	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER PRESIDENT - NGMC - SYSTEM ACU	(ii)	0.	129,460.	628,117.	0.	29,396.	786,973.	0.
(20) SAMUEL JOHNSON, MD	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER CHIEF MEDICAL OFFICER - NGHS	(ii)	183,444.	20,823.	22,683.	26,014.	7,271.	260,235.	20,823.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

**PART I, LINES 4A-B:****EMPLOYER CONTRIBUTION TO 457(F) EXECUTIVE RETIREMENT BENEFIT PLAN**

ANDREI BOYARSHINOV \$ 46,555

BRENDA SIMPSON \$ 42,895

BRIAN D. STEINES \$ 75,701

CHAD HATFIELD \$ 26,864

CHRISTOPHER PARAVATE \$ 51,449

DANIEL TUFFY \$ 50,806

MICHAEL COVERT \$ 43,270

SAMUEL O. JOHNSON \$ 20,823

STEPHEN KELLY \$ 28,939

TRACY M. VARDEMAN \$ 41,634

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

INVESTED IN A JOINTLY-OWNED SPLIT DOLLAR LIFE INSURANCE PLAN FOR MS.

BURRELL. THE ASSET VALUE AS OF SEPTEMBER 30, 2021 WAS \$5,737,849 AND IS

REPORTED ON FORM 990, PART X, LINE 5. SEE ALSO SCHEDULE L, PART V FOR

**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.

**ADDITIONAL INFORMATION REGARDING THE SPLIT DOLLAR LIFE INSURANCE.****EMPLOYER PAYMENT FROM 457(F) PLAN (INCLUDING VESTED EARNINGS ON PREVIOUSLY  
REPORTED COMPENSATION):**

BRENDA SIMPSON \$ 127,832

BRIAN D. STEINES \$ 76,387

CHAD HATFIELD \$ 27,373

CHRISTOPHER PARAVATE \$ 48,416

DANIEL TUFFY \$ 50,289

MICHAEL COVERT \$ 43,270

TRACY M. VARDEMAN \$ 41,634

SAMUEL O. JOHNSON \$ 20,823

STEPHEN KELLY \$ 28,102

**SCHEDULE L**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Transactions With Interested Persons**

OMB No. 1545-0047

**2020****Open To Public  
Inspection**▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**▶ **Attach to Form 990 or Form 990-EZ.**▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

**NORTHEAST GEORGIA HEALTH SYSTEM, INC.**

Employer identification number

**58-1694090****Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

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

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

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

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

**Part II Loans to and/or From Interested Persons.**

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
CAROL BURRELL	PRESIDENT	SEE PART		X	5,600,000.	5,737,849.		X	X		X	
ANDREI BOYARSHI	VP LEGAL	SIGN-ON/		X	35,000.	0.		X	X		X	
<b>Total</b> .....						▶ \$ 5,737,849.						

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

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

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

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

Schedule L (Form 990 or 990-EZ) 2020

SEE PART V FOR CONTINUATIONS

<b>Part IV</b>	<b>Business Transactions Involving Interested Persons.</b>
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Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

[illegible]

<b>Part V</b>	<b>Supplemental Information.</b>
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Provide additional information for responses to questions on Schedule L (see instructions).

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

(A) NAME OF PERSON: CAROL BURRELL

(B) RELATIONSHIP WITH ORGANIZATION: PRESIDENT & CEO

(C) PURPOSE OF LOAN: SEE PART V

(A) NAME OF PERSON: ANDREI BOYARSHINOV

(B) RELATIONSHIP WITH ORGANIZATION: VP LEGAL AFFAIRS & CHIEF LEGAL  
OFFICER - NGHS

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

## PART II

EXPLANATION FOR NON-RECOURSE SPLIT DOLLAR TRANSACTION WITH CAROL

BURRELL, PRESIDENT & CEO:

NGHS PROVIDES SUPPLEMENTAL RETIREMENT BENEFITS THROUGH AN ALTERNATIVE FUNDING ARRANGEMENT THE INTERNAL REVENUE SERVICE (IRS) REFERS TO AS COLLATERAL ASSIGNMENT SPLIT DOLLAR (CASD). ALTHOUGH THE IRS REQUIRES REPORTING IN THE LOAN SECTION OF SCHEDULE L, CASD IS NOT AN ACTUAL LOAN AND NO FUNDS ARE TRANSFERRED TO THE EXECUTIVE. RATHER, THE "LOAN"



**Part V** Supplemental Information

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

TREATMENT APPLIES BECAUSE, AFTER THE EXECUTIVE HAS RECEIVED RETIREMENT BENEFITS, NGHS WILL RECOVER ALL OF ITS OUTLAYS PLUS INTEREST. THE RECOVERY RIGHT IS A KEY ADVANTAGE OF CASD FOR THE ORGANIZATION. RATHER THAN PAYING RETIREMENT BENEFITS TO THE EXECUTIVE THAT WOULD NEVER BE RECOVERED, UNDER CASD NGHS WILL RECOVER NOT ONLY ITS OUTLAYS, BUT ALSO CONSIDERATION FOR THE TIME VALUE OF MONEY.

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

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

**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**Open to Public  
Inspection

Name of the organization

NORTHEAST GEORGIA HEALTH SYSTEM, INC.

Employer identification number

58-1694090

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

- NORTHEAST GEORGIA MEDICAL CENTER, INC. (GAINESVILLE AND BRASELTON  
CAMPUSES)
- NORTHEAST GEORGIA MEDICAL CENTER BARROW
- NORTHEAST GEORGIA MEDICAL CENTER LUMPKIN
- THE MEDICAL CENTER FOUNDATION, INC. (NGHS FOUNDATION)
- NORTHEAST GEORGIA PHYSICIANS GROUP
- GEORGIA HEART INSTITUTE 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 ONE 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) 2020

032211 11-20-20

Name of the organization	Employer identification number
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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 GEORGIA HEART INSTITUTE, LLC FORMERLY THE HEART CENTER, LLC.

NGMC SERVES AS A FINANCIAL ENGINE FOR THE LOCAL ECONOMY. IN 2020 (LATEST NUMBERS AVAILABLE), THE FOUR HOSPITALS COLLECTIVELY HAD A \$3.55 BILLION 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 CREATED 22,590 FULL-TIME JOBS THROUGHOUT THE REGION AND THE STATE, IN ADDITION TO NEARLY 15,826 EMPLOYEES DIRECTLY EMPLOYED.

#### COMMUNITY HEALTH IMPROVEMENT ACTIVITIES

WITH SIGNIFICANT INPUT FROM THE COMMUNITY, NORTHEAST GEORGIA HEALTH SYSTEM 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 IDENTIFIED THE FIVE HEALTH PRIORITIES THAT FIT HAND-IN-GLOVE WITH THE ORGANIZATION'S STRATEGIC DIRECTION: BEHAVIORAL AND MENTAL HEALTH, ACCESS TO CARE, DIABETES, CARDIOVASCULAR DISEASE, AND SEPTICEMIA.

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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, 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:

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. FROM THIS, LOCAL BUSINESSES AND GOVERNMENT ENTITIES JOINED 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.

COVID-19 PANDEMIC: AS WITH ALL HEALTH SYSTEMS, COVID-19 CONTINUED TO IMPACT OPERATIONS, AND THE SYSTEM CONTINUED TO ADDRESS THE SHIFTING NEEDS OF THE COMMUNITY THROUGHOUT FY21.

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THE FOREFRONT OF COVID-19 INFORMATION: NGHS REMAINED AT THE FOREFRONT OF COVID-19 INFORMATION DISTRIBUTION THROUGHOUT THE PANDEMIC. DAILY STATISTICS WERE MADE AVAILABLE TO THE PUBLIC THROUGH THE HOSPITAL'S WEBSITE, INFORMING THE COMMUNITY OF CONFIRMED POSITIVE PATIENTS IN OUR CARE, THE PERCENTAGE OF POSITIVE PATIENTS NOT FULLY VACCINATED, AND THE AVERAGE AGE OF POSITIVE PATIENTS. THIS INFORMATION IS AVAILABLE AT NGHS.COM/COVID-DATA. ADDITIONALLY, NGHS REGULARLY PUBLISHES TIPS ON AVOIDING COVID-19 AND INFORMATION ON VACCINE DISTRIBUTION.

GEORGIA TECH COVID-19 TESTING PARTNERSHIP: NGHS PARTNERED WITH GEORGIA TECH TO SUPPORT REGULAR COVID-19 TESTING FOR STATE LEGISLATORS AND CAPITOL STAFF DURING THE LEGISLATIVE SESSION. NGHS IS INTERPRETING RESULTS AND CONFIRMING THE DIAGNOSIS OF A SALIVA-BASED COVID SURVEILLANCE TEST CONDUCTED BY GEORGIA TECH'S RESEARCHERS.

METRO ATLANTA HOSPITAL COVID CAMPAIGN: NGHS PARTICIPATED IN TWO JOINT SOCIAL MEDIA CAMPAIGNS WITH OTHER METRO ATLANTA HOSPITALS TO DRIVE A UNIFIED MESSAGE AROUND COVID VACCINE ACCEPTANCE IN THE COMMUNITY. THE FOLLOWING HOSPITALS AND HEALTHCARE PROVIDERS WERE INVOLVED: NGHS, EMORY, CHOA, GRADY, PIEDMONT, ST. FRANCIS EMORY, HCA, WELLSTAR, ONE MEDICAL, AND KAISER PERMANENTE.

LAKE LANIER CONVENTION & VISITORS BUREAU RECOGNIZED NGHS FOR COVID-19 EFFORTS: NGHS RECEIVED THE LAKE LANIER CONVENTION & VISITORS BUREAU CHAIRMAN'S AWARD FOR COMMITMENT AND EFFORTS DURING THE COVID-19 PANDEMIC.

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COMMUNITY CONVERSATIONS AND EDUCATION ON COVID-19: IN JUNE 2021, MEMBERS FROM NGMC, NGHS, DISTRICT 2 PUBLIC HEALTH, ST. JOHN THE BAPTIST CHURCH, AND NEWTOWN FLORIST CLUB MET TO DISCUSS COVID-19 IN THE AFRICAN AMERICAN COMMUNITY. THIS PANEL SHARED CASE DATA ON COVID-19 BY RACE/ETHNICITY, ANSWERED QUESTIONS ABOUT COVID-19, AND DISCUSSED MYTHS ABOUT THE VIRUS AND VACCINATION. IN SEPTEMBER 2021, THE PARTNERS HOSTED A VIRTUAL PANEL IN WHICH PANELISTS DISCUSSED THEIR PERSONAL EXPERIENCES WITH THE VACCINE AND OTHER TOPICS RELATED TO COVID-19.

COVID-19 OUTREACH IN PARTNERSHIP WITH COMMUNITY LEADERS: KNOWING THE DISPROPORTIONATE IMPACT COVID-19 HAS ON HISPANIC AND LATINO POPULATIONS, NGHS PARTNERED WITH THE NORTHEAST GEORGIA LATINO CHAMBER OF COMMERCE AND MIDTOWN VILLAGES IN AUGUST 2021 AT THE EVENT "FIESTA DE VERANO" TO DISTRIBUTE COVID-19 VACCINES.

IN 2021, NGMC HOSPITALS PROVIDED CHARITY CARE IN THE COMMUNITY AT THE COST OF AN ESTIMATED \$77.7 MILLION AND RECEIVED 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. THE HEALTH SYSTEM SERVED MORE THAN ONE MILLION PEOPLE IN 18 COUNTIES ACROSS NORTHEAST GEORGIA, LED BY VOLUNTEER BOARDS OF COMMUNITY LEADERS. AS A NOT-FOR-PROFIT HEALTH SYSTEM, ALL REVENUE GENERATED ABOVE OPERATING EXPENSES WAS RETURNED TO THE COMMUNITY THROUGH IMPROVED SERVICES AND INNOVATIVE PROGRAMS. NORTHEAST GEORGIA MEDICAL CENTER'S CHARITY CARE POLICY SUPPORTS PROVIDING CARE FOR

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INDIGENT PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY.

TOTAL ESTIMATED CHARITY CARE COST FOR EACH HOSPITAL ENTITY IN FY21:

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 FOR REGIONAL RESIDENTS OUTSIDE LUMPKIN COUNTY.

LOW-INCOME AND UNINSURED PATIENT PROGRAMS: THE HOSPITAL WAS A KEY PARTICIPANT AND FISCAL SPONSOR IN PROGRAMS AIMED AT TREATING LOW-INCOME AND UNINSURED PATIENTS, INCLUDING THE GOOD NEWS CLINICS, THE LARGEST FREE HEALTHCARE CLINIC IN GEORGIA, AND HEALTH ACCESS, A LOCAL SERVICE THAT MATCHES FINANCIALLY ELIGIBLE PATIENTS TO SPECIALTY PHYSICIANS AND PROVIDES ACCESS TO CARE, AMONG OTHER SERVICES. NGMC WAS 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 UNAVAILABLE.

NGMC TAX FUNDING: SINCE 2000, NGMC GAINESVILLE HAS PROVIDED NEARLY THREE TIMES THE AMOUNT OF INDIGENT AND CHARITY CARE OUTLINED IN REQUIREMENTS BY THE GEORGIA DEPARTMENT OF COMMUNITY HEALTH TO PASS A CERTIFICATE OF NEED FOR NEW SERVICES SUCCESSFULLY. 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 FOR AREA RESIDENTS. NGMC GAINESVILLE WAS SIXTH IN THE TOP HOSPITALS FOR NET UNCOMPENSATED CARE (\$73.4 M) PROVIDED IN GEORGIA BASED ON STATE



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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).

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

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

- NGMC GAINESVILLE AND BRASELTON HAD 134,032 ER VISITS, OPERATING THE BUSIEST EMERGENCY DEPARTMENT IN GEORGIA, AND NGMC BARROW AND LUMPKIN ALSO OPERATE A 24-HOUR EMERGENCY ROOM.

- IN FY21, 23 PERCENT OF ALL NGMC GAINESVILLE AND BRASELTON EMERGENCY ROOM VISITS WERE MADE BY SELF-PAY PATIENTS; 27 PERCENT FOR BARROW, AND 22 PERCENT 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 FY21, NGMC'S PAYOR MIX AT GAINESVILLE AND BRASELTON WAS 60 PERCENT MEDICARE/MEDICAID, 31 PERCENT COMMERCIAL/OTHER INSURANCE AND 9 PERCENT SELF-PAY.

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- IN FY21, NGMC'S PAYOR MIX AT BARROW WAS 55 PERCENT FOR MEDICARE/MEDICAID, 30 PERCENT FOR COMMERCIAL/OTHER INSURANCE AND 15 PERCENT FOR SELF-PAY.

- IN FY21, NGMC'S PAYOR MIX AT LUMPKIN WAS 50 PERCENT FOR MEDICARE/MEDICAID, 34 PERCENT FOR COMMERCIAL/OTHER INSURANCE AND 16 PERCENT FOR SELF-PAY.

PARTICIPATE IN MEDICAID AND MEDICARE;

- 60 PERCENT OF PATIENTS SERVED BY NGMC GAINESVILLE AND BRASELTON IN FY21 WERE MEDICAID AND MEDICARE PATIENTS; 55 PERCENT FOR BARROW AND 50 PERCENT 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.

REINVESTMENT OF SURPLUS FUNDS IN OPERATIONS: AS A NOT-FOR-PROFIT ORGANIZATION, 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, A LEVEL 2 TRAUMA CENTER'S

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DEVELOPMENT, AND BARROW, THE ONLY FACILITY TO OFFER 3D MAMMOGRAPHY IN THAT COUNTY.

INDIGENT CARE TRUST FUND (ICTF): IN 2021, 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. THE INDIGENT CARE TRUST FUND IS A PROGRAM THAT WAS ESTABLISHED IN 1990, WHICH EXPANDS MEDICAID ELIGIBILITY AND SERVICES. IT SUPPORTS RURAL HEALTHCARE 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. IT ASSISTS HOSPITALS AND OTHER HEALTH PROVIDERS THAT CARE FOR HIGH PROPORTIONS OF MEDICAID, UNINSURED, AND/OR LOW-INCOME PATIENTS.

NORTHEAST GEORGIA HEALTH SYSTEM, INC.

NGMC BARROW

NGMC BARROW PROVIDES EMERGENCY CARE, SURGERY, ORTHOPEDICS, HEART CARE, IMAGING /RADIOLOGY, LABORATORY SERVICES, PULMONARY REHABILITATION, WOUND HEALING, STROKE CARE, AND MORE. NGMC BARROW, LLC (BARROW) VALUES COOPERATIVE EFFORTS WITH COMMUNITY ORGANIZATIONS AND OTHER HEALTHCARE PROVIDERS TO IMPROVE THE HEALTH STATUS OF AREA RESIDENTS. THE ORGANIZATION DEMONSTRATES THIS THROUGH COMMUNITY PARTNERSHIPS AND SUPPORT.

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IN FY21, NGMC BARROW PROVIDED \$301,163 IN COMMUNITY BENEFIT PROGRAMS/OUTREACH. BARROW SUPPORTED THE COMMUNITY IN VARIOUS WAYS, FROM SPONSORING STUDY ROOMS AND MOBILE HOTSPOTS FOR THE WINDER PUBLIC LIBRARY TO ACTIVELY PARTICIPATING AS A PARTNER IN EDUCATION WITH BARROW COUNTY SCHOOL SYSTEM. IN ADDITION, BARROW SUPPORTED OTHER LOCAL NON-PROFIT ORGANIZATIONS THAT SERVE THE COMMUNITY.

WHAT DRIVES NGMC'S COMMUNITY HEALTH IMPROVEMENT ACTIVITIES?

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

FOR MORE INFORMATION ABOUT PROGRESS ON THESE AND OTHER HEALTH PRIORITIES OF 2020-2022, GO TO:  
[HTTPS://WWW.NGHS.COM/WP-CONTENT/UPLOADS/2022/05/IMPLEMENTATION-PLAN-REPORT-2021.PDF](https://www.nghs.com/wp-content/uploads/2022/05/IMPLEMENTATION-PLAN-REPORT-2021.PDF).

FY21 NGMC BARROW COMMUNITY BENEFIT ACTIVITIES

NGMC BARROW SUPPORTED THE COMMUNITY IN VARIOUS WAYS, FROM SPONSORING

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STUDY ROOMS AND MOBILE HOTSPOTS FOR THE WINDER PUBLIC LIBRARY TO ACTIVELY PARTICIPATING AS A PARTNER IN EDUCATION WITH BARROW COUNTY SCHOOL SYSTEM. IN ADDITION, THE HOSPITAL SUPPORTED OTHER LOCAL NON-PROFIT ORGANIZATIONS THAT SERVE THE COMMUNITY.

NGMC COMMUNITY HEALTH IMPROVEMENT ACTIVITIES: WITH INPUT FROM THE COMMUNITY, NORTHEAST GEORGIA HEALTH SYSTEM 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 IDENTIFIED FIVE HEALTH PRIORITIES THAT FIT HAND-IN-GLOVE WITH THE ORGANIZATION'S STRATEGIC DIRECTION: BEHAVIORAL AND MENTAL HEALTH, ACCESS TO CARE, DIABETES, CARDIOVASCULAR DISEASE, AND SEPTICEMIA.

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

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

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## OPPORTUNITIES.

FINANCIAL NAVIGATORS: NGMC BARROW HAS FINANCIAL ASSISTANCE COUNSELORS WHO HELP PATIENTS BECOME INSURED THROUGH MEDICAID, PEACHCARE, OR OTHER PROGRAMS. THIS TEAM FOCUSES ON ADVOCATING FOR UNINSURED AND UNDER-INSURED PATIENTS, AIDING THEM IN FINDING VIABLE MEANS TO ACCESS CARE. THEY FIND THE BEST SOLUTIONS BY HELPING PATIENTS APPLY FOR MEDICAID OR DISABILITY, ACCESSING HEALTHCARE EXCHANGES, OR PROCESSING CHARITY APPLICATIONS WHEN APPROPRIATE. THIS SUPPORT CAME AT A TOTAL ESTIMATED COST OF \$51,224 FOR NGMC BARROW IN FY21.

## PARTNERING IN THE COMMUNITY

PARTNER IN EDUCATION WITH BARROW COUNTY SCHOOL SYSTEM: NGMC BARROW SUPPORTED STUDENT MOTIVATION, ACHIEVEMENT, COMMUNITY SERVICE, AND INVOLVEMENT. IN ADDITION TO PROVIDING THESE OPPORTUNITIES FOR STUDENTS, NGMC BARROW DONATED MEDICAL SUPPLIES TO STOCK 18 NURSE CLINICS PROVIDING CARE FOR OVER 14,000 STUDENTS AND 2,000 STAFF.

ALLIED HEALTH STUDENT EDUCATION: NGMC PROVIDED CLINICAL ROTATIONS FOR ALLIED HEALTH STUDENTS. EDUCATIONAL AFFILIATION AGREEMENTS ARE MAINTAINED WITH EACH SCHOOL/PROGRAM. NGMC'S EDUCATION SERVICES DEPARTMENT ENSURES COMPLETION OF ALL ORIENTATION AND STUDENT HEALTH REQUIREMENTS BEFORE ROTATIONS. MOST OF THESE STUDENTS WORK DIRECTLY WITH NGMC STAFF AS THERE ARE NO INSTRUCTORS ON CAMPUS, EXCEPT FOR SELECT GROUPS WHOM INSTRUCTORS ACCOMPANY. THIS CAME AT A COST OF \$450 FOR NGMC BARROW FOR FY21.

BARROW COUNTY SCHOOLS: NGMC PARTNERED WITH BARROW COUNTY SCHOOLS TO

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IMPLEMENT "TAR WARS" FOR FOURTH AND FIFTH-GRADE STUDENTS. "TAR WARS" IS A TOBACCO-FREE EDUCATION PROGRAM DEVELOPED BY THE AMERICAN ACADEMY OF FAMILY PHYSICIANS TO TEACH KIDS ABOUT THE DANGERS OF TOBACCO USE, THE COST ASSOCIATED WITH USING TOBACCO PRODUCTS, AND THE ADVERTISING TECHNIQUES USED BY THE TOBACCO INDUSTRY TO MARKET THEIR PRODUCTS TO YOUTH. IN FY21, NGMC ADAPTED THE PROGRAM INTO A VIRTUAL PACKAGE SO STUDENTS COULD PARTICIPATE ONLINE AT HOME OR IN CLASS DURING THE COVID-19. A VIRTUAL LESSON PLAN WAS DEVELOPED AND IMPLEMENTED IN FY21 FOR 2,100 FIFTH-GRADE STUDENTS. THIS PROGRAM SUPPORT CAME AT A COST OF \$450 IN NGMC BARROW IN FY21.

NGMC BARROW VOLUNTEERS: IN FY21, EIGHT NGMC BARROW VOLUNTEERS CONTRIBUTED 500 VOLUNTEER HOURS, A VALUE OF \$14,375 TO THE ORGANIZATION. WHILE THESE FIGURES ARE NOT INCLUDED IN THE QUANTITATIVE PORTION OF THE COMMUNITY BENEFIT REPORT, THEY SHOW THE DEPTH OF SUPPORT THE COMMUNITY GIVES BARROW.

NGHS TEEN VOLUNTEER PROGRAM: IN FY21, 16 TEENAGERS PARTICIPATED IN THE NGHS TEEN VOLUNTEER PROGRAM. THE PROGRAM PROVIDES HANDS-ON EXPOSURE TO MANY DIFFERENT HEALTHCARE CAREERS.

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



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OVERDOSE FATALITIES AND SOUGHT TO CURTAIL THAT TREND BY BETTER  
CONNECTING PEOPLE AT HIGH-RISK WITH COMMUNITY SUPPORTS AND SERVICES.

PARTNER WITH YMCA OF GEORGIA'S PIEDMONT: NGHS SUPPORTED THE BRAD AKINS  
BRANCH IN WINDER AND AFFILIATED SITES WITH MEDICALLY-BASED PROGRAMMING  
FOR THE COMMUNITY, SUCH AS SUPPORT GROUPS AND EDUCATION ON  
HEALTH-RELATED TOPICS.

BARROW COUNTY EMS AMBULANCE SERVICE: NGMC BARROW AND THE BARROW COUNTY  
BOARD OF COMMISSIONERS COLLABORATED TO STAFF TWO EMS AMBULANCES  
OPERATED BY NGMC. SINCE IMPLEMENTATION, THE RESPONSE TIME HAS BEEN  
REDUCED BY HALF.

COMMUNITY EDUCATION AND OUTREACH: SEPSIS EDUCATION WAS SHARED WITH THE  
COMMUNITY AT THE BARROW COUNTY HEALTH FAIR TO INCREASE AWARENESS TO  
HELP REDUCE SEPSIS MORTALITY AND HELP DEVELOP AN UNDERSTANDING OF  
SIGNS/SYMPTOMS AND WHEN TO SEEK CARE.

SUPPORT OF COMMUNITY EFFORTS TO IMPROVE HEALTH: NGMC BARROW PROVIDED A  
DONATION TO PIEDMONT REGIONAL LIBRARY SYSTEM TO SUPPORT THE MOBILE  
HOTSPOT LENDING PROGRAM TO ENABLE RESIDENTS OF BARROW COUNTY WITH  
INTERNET ACCESS, BRIDGING THE DIGITAL DIVIDE FOR ACCESS TO HEALTH  
INFORMATION, SCHOOLWORK, EMPLOYMENT, AND CONNECTIVITY TO OTHER SOCIAL  
NEEDS.

CHILD ADVOCACY, PROTECTION, AND WELLNESS: NGMC BARROW PROVIDED  
FINANCIAL SUPPORT FOR PIEDMONT CASA (COURT APPOINTED SPECIAL  
ADVOCATES). CASAS ARE APPOINTED BY THE JUVENILE COURT JUDGE TO ADVOCATE

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FOR THE BEST INTEREST OF THE CHILD AND ARE SOLELY RESPONSIBLE FOR ENSURING THE CHILD'S NEEDS ARE MET AND THE CHILD'S BEST INTEREST IS HEARD. THIS SUPPORT CAME AT A COST OF \$1,600 FOR NGMC BARROW IN FY21.

SAFE KIDS NORTHEAST GEORGIA: NGMC SERVED AS THE LEAD AGENCY FOR SAFE KIDS NORTHEAST GEORGIA, REDUCING UNINTENTIONAL INJURIES AND DEATH IN CHILDREN 19 AND UNDER. IN FY21, SAFE KIDS PROVIDED THREE PROGRAMS AND EVENTS WITH OUTREACH TO 1,000 CHILDREN AND THEIR FAMILY MEMBERS, TEACHERS, AND CAREGIVERS. THESE PROGRAMS DISTRIBUTED OVER 350 SAFETY ITEMS TO FAMILIES WHO NEEDED THEM. SAFE KIDS WAS FUNDED BY THE NGHS FOUNDATION'S HEALTHY JOURNEY CAMPAIGN. THIS SUPPORT CAME AT A COST OF \$13,169 FOR NGMC BARROW IN FY21.

THE TREE HOUSE, INC. SUPPORT: NGMC DONATED TO THE TREE HOUSE, INC., WHOSE MISSION IS TO STRENGTHEN COMMUNITIES BY REDUCING THE OCCURRENCE AND IMPACT OF CHILD ABUSE THROUGH COUNSELING, EDUCATING, SUPPORTING, AND NURTURING CHILDREN AND FAMILIES IN BARROW, BANKS, AND JACKSON COUNTIES. NGMC BARROW'S EMERGENCY DEPARTMENT MANAGER SERVED ON THE FOUNDATION'S BOARD OF DIRECTORS. THIS SUPPORT CAME AT A COST OF \$1,706 FOR THE NGMC BARROW IN FY21.

BOYS & GIRLS CLUB OF WINDER SUPPORT: NGMC BARROW DONATED TO THE BOYS & GIRLS CLUB OF WINDER, WHICH PROVIDES PROGRAMS THAT EMPOWER YOUTH TO EXCEL IN SCHOOL, BECOME GOOD CITIZENS AND LEAD HEALTHY, PRODUCTIVE LIVES. THIS SUPPORT CAME AT A COST OF \$2,700 FOR THE NGMC BARROW IN FY21. NGMC BARROW'S PRESIDENT ALSO SERVED ON THE BOARD.

CANCER PATIENT NAVIGATOR: NGMC'S PATIENT NAVIGATION PROGRAM PROVIDED

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CANCER PATIENTS WITH GUIDANCE THROUGHOUT THEIR CANCER JOURNEY AND ACTED AS A "LIVING RESOURCE DIRECTORY" FOR PATIENTS. SERVICES INCLUDED: CONNECTING WITH COMMUNITY RESOURCES, PROVIDING EMOTIONAL SUPPORT, HELPING PATIENTS UNDERSTAND THEIR DIAGNOSIS, COMMUNICATING WITH HEALTHCARE STAFF AND PROVIDERS, ADDRESSING LOGISTICAL ISSUES SUCH AS TRANSPORTATION NEEDS, AND HELPING PATIENTS UNDERSTAND MEDICAL TERMS AND TREATMENT OPTIONS. THESE EFFORTS CAME AT A TOTAL ESTIMATED COST OF \$218,242 FOR 1,816 PEOPLE IN NGMC BARROW IN FY21.

#### NGMC LUMPKIN

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

IN FY21, NGMC LUMPKIN PROVIDED \$187,883 IN COMMUNITY BENEFIT PROGRAMS/OUTREACH. HEALTH EDUCATION, COVID-19 VACCINES, AND FLU VACCINES WERE PROVIDED THROUGH PARTNERSHIPS AND OUTREACH. IN ADDITION, NGMC PROVIDED FINANCIAL SUPPORT TO OTHER LOCAL NONPROFIT ORGANIZATIONS THAT SERVE THE COMMUNITY, INCLUDING THE GOOD SHEPHERD CLINIC OF DAWSON COUNTY, COMMUNITY HELPING PLACE IN DAHLONEGA, YOUNG LIFE OF DAWSON COUNTY, AND CONNECTABILITY.

WHAT DRIVES NGMC'S COMMUNITY HEALTH IMPROVEMENT ACTIVITIES?

NORTHEAST GEORGIA HEALTH SYSTEM, WITH INPUT FROM THE COMMUNITY,

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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 FIVE 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 MORE INFORMATION ABOUT PROGRESS ON THESE AND OTHER HEALTH PRIORITIES OF 2020-2022, GO TO:

[HTTPS://WWW.NGHS.COM/WP-CONTENT/UPLOADS/2022/05/IMPLEMENTATION-PLAN-REPORT-2021.PDF](https://www.nghs.com/wp-content/uploads/2022/05/IMPLEMENTATION-PLAN-REPORT-2021.pdf).

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

ADDITIONALLY, IN FY21, NGMC LUMPKIN VOLUNTEERS CONTRIBUTED 500 VOLUNTEER HOURS, EQUIVALENT TO A VALUE OF APPROXIMATELY \$14,375 IN STAFF TIME.

KAY HALL, DIRECTOR FOR NGMC LUMPKIN CLINICAL AREAS IS ON THE BOARD OF DIRECTORS FOR COMMUNITY HELPING PLACE (CHP) AND IS ALSO A SERVING MEMBER OF THE DAHLONEGA ROTARY CLUB. SHE FREQUENTLY VOLUNTEERS AT COMMUNITY EVENTS SUCH AS INSPIRE FOR WOMEN, LUMPKIN MATTERS, AND CHP EVENTS. WHILE SERVING AS CHIEF OF MEDICAL STAFF AT NGMC LUMPKIN IN

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2021, DR. DONNA WHITFIELD ALSO VOLUNTEERS WITH CHP. TAMMY SOLES,  
DIRECTOR OF CLINICAL CARE AT NGHS, SERVES ON THE BOARD OF LUMPKIN  
COUNTY HIGH SCHOOL'S COLLEGE AND CAREER ACADEMY.

HOSPICE BEREAVEMENT SUPPORT AND OUTREACH: HOSPICE OF NGMC PROVIDED  
BEREAVEMENT SUPPORT AND EDUCATION FOR THOSE GRIEVING A LOSS OR CARING  
FOR A LOVED ONE. WHILE THE BEREAVEMENT CAMPS AND OTHER LIVE ACTIVITIES  
WERE CANCELED DUE TO COVID-19, VIRTUAL SUPPORT GROUPS WERE OFFERED.

YOUTH EDUCATION: NGMC SUPPLIED LUMPKIN COUNTY SCHOOLS WITH EDUCATION  
MATERIALS FOR YOUTH TO SUPPORT SAFE AND RESPONSIBLE CHOICES. THIS WAS  
A PARTNERSHIP WITH LAW ENFORCEMENT AND FIRST RESPONDER AGENCIES TO  
PROVIDE QUALITY OUTREACH AND EDUCATION MATERIALS TO COMMUNITIES AND  
SCHOOLS.

NGMC COMMUNITY HEALTH IMPROVEMENT ACTIVITIES: WITH INPUT FROM THE  
COMMUNITY, NORTHEAST GEORGIA HEALTH SYSTEM 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 FIVE FOLLOWING HEALTH PRIORITIES THAT FIT  
HAND-IN-GLOVE WITH THE STRATEGIC DIRECTION: BEHAVIORAL AND MENTAL  
HEALTH, ACCESS TO CARE, DIABETES, CARDIOVASCULAR DISEASE, AND  
SEPTICEMIA.

CHARITY CARE: LIKE NGMC GAINESVILLE, BRASELTON, AND BARROW, LUMPKIN'S  
CHARITY CARE POLICY REMOVED BARRIERS FOR LOW-INCOME POPULATIONS WITHIN

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

PARTNERING TO REACH THE UNINSURED: NGMC WORKED COOPERATIVELY WITH OTHER HEALTHCARE PROVIDERS TO CARE FOR AREA RESIDENTS, PARTICULARLY THE INDIGENT POPULATION. NGMC PROVIDED FINANCIAL AND STAFF SUPPORT ALONG WITH COVID-19 VACCINES TO COMMUNITY HELPING PLACE, AN INDIGENT HEALTH CLINIC IN LUMPKIN COUNTY THAT PROVIDES MEDICAL AND DENTAL SERVICES FOR THE AREA'S MOST VULNERABLE POPULATIONS. THESE EFFORTS TOTALED AN ESTIMATED COST OF \$15,650 FOR NGMC LUMPKIN IN FY21.

SUPPORT OF CHARITABLE CARE: NGMC SUPPORTED GOOD SHEPHERD CLINIC THROUGH PROVISION OF OFFICE SPACE, PROGRAM SUPPORT AND VACCINES. IN FY21, NGMC PROVIDED OFFICE SPACE FREE OF CHARGE TO THE CLINIC AT A VALUE OF \$131,911. NGMC ALSO PROVIDED FLU VACCINES TO CLINIC STAFF AND PATIENTS, INCURRING A COST OF \$3,300. FINALLY, NGMC PROVIDED A DONATION OF \$15,000 TO THE CLINIC.

NORTHEAST GEORGIA INTERFAITH MINISTRIES SUPPORT: NGMC LUMPKIN PROVIDED FINANCIAL SUPPORT TO THIS ORGANIZATION WHICH WORKS IN COOPERATION WITH CHURCHES AND COUNTY PARTNERSHIPS TO SERVE THE HOMELESS IN NORTH GEORGIA, PROVIDING TRANSITIONAL HOUSING, COUNSELING SERVICES AND BASIC LIFE-SKILLS TRAINING. THESE EFFORTS COME AT A TOTAL ESTIMATED COST OF

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\$2,250 FOR NGMC LUMPKIN IN FY21.

NO ONE ALONE: IN FY21, NGMC PROVIDED A DONATION OF \$1,000 FOR NO ONE ALONE, BENEFITING LOCAL VICTIMS OF DOMESTIC VIOLENCE.

FAMILY AND CHILD OUTREACH: NGMC SUPPORTED LUMPKIN COUNTY FAMILY CONNECTION, A PARTNERSHIP OF ORGANIZATIONS WORKING WITH FAMILIES TO RESEARCH THE NEEDS OF CHILDREN AND FAMILIES OF THE COMMUNITY WHILE PULLING TOGETHER TO ADDRESS THEM. FACILITATING AT THE COMMUNITY LEVEL, FAMILY CONNECTION IS PRESENT IN EVERY COUNTY IN GEORGIA. IT IS THE LARGEST STATEWIDE NETWORK OF COMMUNITIES IN THE NATION, COMMITTED TO IMPROVING RESULTS FOR CHILDREN AND FAMILIES. COMMUNITIES IN SCHOOLS, PRESENT IN 50 GEORGIA COMMUNITIES AND OVER 2,000 COMMUNITIES IN THE U.S., IS THE NATION'S LARGEST DROPOUT PREVENTION INITIATIVE. THESE EFFORTS COME AT A TOTAL ESTIMATED COST OF \$4,500 FOR NGMC LUMPKIN IN FY21.

LUMPKIN LITERACY SUPPORT: NGMC SUPPORTED THE LUMPKIN COUNTY LITERACY COALITION IN FUNDING AND VOLUNTEER SUPPORT TO LITERACY EFFORTS IN THE COMMUNITY, OFFERING PROGRAMS AT ALL STAGES OF LIFE. ITS MISSION IS TO INCREASE ADULT AND CHILDHOOD LITERACY IN LUMPKIN COUNTY.

UNG NURSING AND PHYSICAL THERAPY PARTNERSHIP: 25 NURSING AND PHYSICAL THERAPY STUDENTS GAINED HANDS-ON CLINICAL EXPERIENCE THROUGH A DESIGNATED EDUCATION UNIT (DEU) PARTNERSHIP WITH NGHS. THESE STUDENTS WERE PART OF A PILOT PROGRAM THAT PAIRED THEM WITH NGHS CLINICAL EDUCATORS AND PROVIDED ROTATIONS AT NGMC GAINESVILLE AND NGMC LUMPKIN, AS WELL AS NGPG'S URGENT CARE AND PRIMARY CARE FACILITIES.



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CANCER PATIENT NAVIGATORS: NGMC'S PATIENT NAVIGATION PROGRAM PROVIDED CANCER PATIENTS WITH GUIDANCE THROUGHOUT THEIR CANCER JOURNEY AND ACTED AS A "LIVING RESOURCE DIRECTORY" FOR PATIENTS. SERVICES INCLUDED: CONNECTING WITH COMMUNITY RESOURCES, PROVIDING EMOTIONAL SUPPORT, HELPING PATIENTS UNDERSTAND THEIR DIAGNOSIS, COMMUNICATING WITH HEALTHCARE STAFF AND PROVIDERS, ADDRESSING LOGISTICAL ISSUES SUCH AS TRANSPORTATION NEEDS, AND HELPING PATIENTS UNDERSTAND MEDICAL TERMS AND TREATMENT OPTIONS. THESE EFFORTS TOTALED AN ESTIMATED COST OF \$18,027 FOR NGMC LUMPKIN IN FY21, WITH 320 PARTICIPANTS.

NGMC LUMPKIN FUTURE HOSPITAL: BOUNCING BACK FROM COVID-19 DELAYS, NGMC LUMPKIN BROKE GROUND IN FY21 FOR A FUTURE HOSPITAL IN DAHLONEGA. PLANS FOR THE 66,000 SQUARE-FOOT BUILDING INCLUDE FOR A CAFE AND DINING AREA, 16 PRIVATE INPATIENT ROOMS, THREE OPERATING ROOMS, ONE PROCEDURAL SUITE, TEN STATE-OF-THE-ART EMERGENCY TREATMENT ROOMS, FOUR DEDICATED OBSERVATION ROOMS, A FAST-TRACK AREA, AND A SEPARATE ENTRANCE EXIT. NGMC LUMPKIN QUALIFIED FOR GEORGIA'S RURAL HOSPITAL TAX CREDIT PROGRAM, GEORGIA HEART. THROUGH THE PROGRAM, INDIVIDUALS AND BUSINESSES THAT PAID GEORGIA INCOME TAXES COULD RECEIVE A 100 PERCENT STATE INCOME TAX CREDIT DESIGNATING THOSE DOLLARS TO NGMC LUMPKIN.

#### 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

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ORGANIZATIONS DEVELOP, ENHANCE AND REPORT ON THEIR COMMUNITY BENEFIT PROGRAMS.

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

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

THE PROGRAM OR ACTIVITY MUST:

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

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

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

FOR MORE INFORMATION, CONTACT CHRISTY MOORE, DIRECTOR, COMMUNITY HEALTH IMPROVEMENT, AT (770) 219-8097, EMAIL AT CHRISTY.MOORE@NGHS.COM OR GO

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TO WWW.NGHS.COM.

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

INFORMATION FOR THE FORM 990 WAS PROVIDED TO AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT FOR PREPARATION OF THE RETURN. AFTER THE RETURN WAS PREPARED, IT WAS REVIEWED BY SENIOR FINANCIAL MANAGEMENT. THE FORM 990 IS MADE AVAILABLE TO MEMBERS OF THE BOARD PRIOR TO FILING.

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

BOARD MEMBERS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY. EMPLOYEES ATTEST TO THEIR UNDERSTANDING AND REPORTING/DISCLOSURE REQUIREMENTS AT HIRE AND ANNUALLY. COMPLIANCE IS MONITORED CONTINUOUSLY THROUGHOUT THE YEAR BY THE BOARD.

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

THE EXECUTIVE COMPENSATION COMMITTEE OF THE NORTHEAST GEORGIA HEALTH SYSTEM BOARD (NGHS BOARD) HAS DEVELOPED A TOTAL COMPENSATION PHILOSOPHY AND INSTALLED COMPENSATION POLICIES AND PROCEDURES THAT SEEK TO FURTHER THE PURPOSE OF NGHS AND AFFILIATES AND THE IMPORTANCE OF THESE POLICIES TO ATTRACT AND RETAIN KEY EMPLOYEES. THE EXECUTIVE COMPENSATION COMMITTEE IS COMPOSED OF VOTING DIRECTORS WHO ARE NOT EMPLOYEES OF NGHS AND IS FREE FROM CONFLICT OF INTEREST. ALL DECISIONS OF THE EXECUTIVE COMPENSATION COMMITTEE ARE REVIEWED AND RATIFIED BY THE NGHS BOARD.

THE COMMITTEE'S METHODOLOGY AND APPROACH INCORPORATE BOTH QUALITATIVE AND QUANTITATIVE CONSIDERATIONS, WHICH ARE REFLECTED IN THE COMMITTEE'S DETERMINATIONS CONCERNING KEY EMPLOYEE COMPENSATION AND THE SPECIFIC

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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 PERFORMANCE.

#### BENEFITS AND RETENTION PROGRAMS

BENEFIT PLANS AND AMOUNTS ARE DETERMINED BY A COMPARISON PROCESS SIMILAR TO

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DETERMINING BASE SALARIES WITH POSITIONS AND ORGANIZATIONS SIMILAR TO NGHS.  
INCLUDED IN BENEFITS ARE RETIREMENT PROGRAMS TO ENHANCE RETENTION AND  
PROGRESS TOWARD LONG-TERM GOALS WITHIN NGHS' MISSION.

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

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

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

CONSULTING FEES:

PROGRAM SERVICE EXPENSES	1,801,479.
MANAGEMENT AND GENERAL EXPENSES	262,780.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,064,259.

CONTRACT SERVICE FEES:

PROGRAM SERVICE EXPENSES	16,178,356.
MANAGEMENT AND GENERAL EXPENSES	2,359,923.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	18,538,279.

OUTSIDE SERVICE FEES:

PROGRAM SERVICE EXPENSES	2,653,490.
MANAGEMENT AND GENERAL EXPENSES	387,062.
FUNDRAISING EXPENSES	0.

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TOTAL EXPENSES	3,040,552.
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**FEES FOR SERVICES - OTHER:**

PROGRAM SERVICE EXPENSES	5,192,534.
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MANAGEMENT AND GENERAL EXPENSES	757,431.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	5,949,965.
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TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	29,593,055.
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**FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:**

INTERCOMPANY FORGIVENESS	40,304,756.
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PARTNERSHIP INCOME NOT ON BOOKS	-409.
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PENSION ADJUSTMENT	95,915,937.
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TRANSFERRED FOR CAPITAL EXPENDITURES	85,852.
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PRIOR YEAR ADJUSTMENT	-65,276.
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TOTAL TO FORM 990, PART XI, LINE 9	136,240,860.
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**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020****Open to Public  
Inspection**

Name of the organization

**NORTHEAST GEORGIA HEALTH SYSTEM, INC.**Employer identification number  
**58-1694090****Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
RIVER PLACE MEDICAL OFFICE PLAZA I, LLC. - 58-1694090, 743 SPRING STREET, GAINESVILLE, GA 30501	RENTAL	GEORGIA	3,043,563.	13,844,561.	NORTHEAST GEORGIA HEALTH SYSTEM, INC.
THE HEART CENTER, LLC - 46-4354068 743 SPRING STREET GAINESVILLE, GA 30501	HEALTHCARE	GEORGIA	32,133,033.	2,264,741.	NORTHEAST GEORGIA HEALTH SYSTEM, INC.
HEALTHECONNECTIONS, LLC - 58-1694098 743 SPRING STREET GAINESVILLE, GA 30501	HEALTHCARE	GEORGIA	0.	0.	NORTHEAST GEORGIA MEDICAL CENTER, INC.
NGMC BARROW, LLC - 81-4015190 743 SPRING STREET GAINESVILLE, GA 30501	HEALTHCARE	GEORGIA	59,471,195.	9,216,753.	NORTHEAST GEORGIA HEALTH SYSTEM, INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
NORTHEAST GEORGIA MEDICAL CENTER, INC. - 58-1694098, 743 SPRING STREET, GAINESVILLE, GA 30501	HEALTHCARE - HOSPITAL	GEORGIA	501(C)(3)	LINE 3	NORTHEAST GEORGIA HEALTH SYSTEM, INC.	X	
NORTHEAST GEORGIA PHYSICIANS GROUP, INC. - 58-2078064, 743 SPRING STREET, GAINESVILLE, GA 30501	HEALTHCARE	GEORGIA	501(C)(3)	LINE 12B, II	NORTHEAST GEORGIA HEALTH SYSTEM, INC.	X	
THE MEDICAL CENTER FOUNDATION DBA 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	
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) 2020

**Part I Continuation of Identification of Disregarded Entities**

[illegible]



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

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

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

[illegible]

**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.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<b>1a</b> X	
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b> X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b> X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b> X	
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b> X	
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	X
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b> X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b> X	
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b> X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	X
<b>2</b> If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NORTHEAST GEORGIA MEDICAL CENTER, INC.	L	117,285,482.	COST
(2) NORTHEAST GEORGIA PHYSICIAN GROUP, INC.	C	18,156,696.	COST
(3) NORTHEAST GEORGIA MEDICAL CENTER, INC.	B	60,873,864.	COST
(4) NORTHEAST GEORGIA HEALTH SYSTEM, INC.	C	40,304,756.	COST
(5) NORTHEAST GEORGIA HEALTH PARTNERS, LLC	C	3,089,705.	COST
(6) NGHS FOUNDATION	C	1,801,389.	COST

Schedule R (Form 990)

NORTHEAST GEORGIA HEALTH SYSTEM, INC.

58-1694090

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) NORTHEAST GEORGIA MEDICAL CENTER, INC.	B	1,801,389.	COST
(8) NORTHEAST GEORGIA MEDICAL CENTER, INC.	D	111,184.	COST
(9) NGHS FOUNDATION	E	111,184.	COST
(10) NGHS FOUNDATION	C	156,902.	COST
(11) THE MEDICAL CENTER AUXILIARY, INC.	B	156,902.	COST
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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

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

[illegible]



Form **8868**  
(Rev. January 2020)Department of the Treasury  
Internal Revenue Service**Application for Automatic Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-0047

► **File a separate application for each return.**  
 ► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.  <b>NORTHEAST GEORGIA HEALTH SYSTEM, INC.</b>	Taxpayer identification number (TIN)  <b>58-1694090</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>743 SPRING STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>GAINESVILLE, GA 30501-3899</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**ELENA BARBERIS**

- The books are in the care of ► **743 SPRING STREET - GAINESVILLE, GA 30501**  
Telephone No. ► **770-219-6659** Fax No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐ \_\_\_\_\_
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **AUGUST 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ► ☐ calendar year \_\_\_\_\_ or  
 ► ☒ tax year beginning **OCT 1, 2020**, and ending **SEP 30, 2021**.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev. 1-2020)