

PUBLIC DISCLOSURE COPY

Form **8868**
(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

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

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

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.

Part I - Identification

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

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **ANGIE SAVAGE**
743 SPRING STREET - GAINESVILLE, GA 30501

Telephone No. **770-219-5888** 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**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
calendar year 20 _____ or
 tax year beginning **OCT 1**, 20 **23**, and ending **SEP 30**, 20 **24**

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

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2024)

PUBLIC DISCLOSURE COPY

EXTENDED TO AUGUST 15, 2025

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning OCT 1, 2023 and ending SEP 30, 2024

B Check if applicable: C Name of organization: NORTHEAST GEORGIA HEALTH SYSTEM, INC. D Employer identification number: 58-1694090
E Telephone number: 770-219-5888
G Gross receipts \$: 473,689,370.
H(a) Is this a group return for subordinates? Yes X No
H(b) Are all subordinates included? Yes No
I Tax-exempt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527
J Website: WWW.NGHS.COM
K Form of organization: X Corporation Trust Association Other L Year of formation: 1986 M State of legal domicile: GA

Part I Summary

Table with 3 main sections: Activities & Governance (lines 1-7), Revenue (lines 8-12), and Expenses (lines 13-19). Includes Net Assets or Fund Balances (lines 20-22) with columns for Prior Year and Current Year.

Part II Signature Block

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

Signature of officer: PUBLIC DISCLOSURE COPY
Date:
Type or print name and title:
Print/Type preparer's name: DEBORAH O. ERNSBERGER
Preparer's signature:
Date: 08/08/2025
Check if self-employed:
PTIN: P00364912
Firm's name: PYA, P. C.
Firm's EIN: 62-1517792
Firm's address: 2220 SUTHERLAND AVE. KNOXVILLE, TN 37919
Phone no.: 865-673-0844

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

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Part III Statement of Program Service Accomplishments

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

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 \$ 381,955,559. including grants of \$ 4,543,924.) (Revenue \$ 464,414,607.)
NORTHEAST GEORGIA HEALTH SYSTEM IS BASED IN GAINESVILLE, GEORGIA, AND SERVES MORE THAN A MILLION PEOPLE ACROSS THE REGION. 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 381,955,559.

Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedules *(continued)*

		Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X	
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		0
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

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

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

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

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
ANGIE SAVAGE - 770-219-5888
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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALEX WAYNE VICE CHAIR	1.00	X						0.	0.	0.
(2) BRAD PURYEAR MEMBER	1.00	X						0.	0.	0.
(3) CINDY GREEN MEMBER	1.00	X						0.	0.	0.
(4) DEEPAK AGGARWAL MEMBER	1.00	X						0.	0.	0.
(5) GLENNIS BARNES MEMBER	1.00	X						0.	0.	0.
(6) GREG OURS MEMBER	1.00	X						0.	0.	0.
(7) JACK KEENER MEMBER	1.00	X						0.	0.	0.
(8) JACKIE WALLACE MEMBER	1.00	X						0.	0.	0.
(9) LETRELL SIMPSON MEMBER	1.00	X						0.	0.	0.
(10) MOHAK DAVE MEMBER	1.00	X						0.	99,500.	0.
(11) PHILLIPPA LEWIS MOSS MEMBER - EX OFFICIO	1.00	X						0.	0.	0.
(12) PIERPONT BROWN MEMBER, PHYSICIAN-NGPG	1.00 40.00	X						0.	453,431.	37,879.
(13) R.K. WHITEHEAD MEMBER	1.00	X						0.	0.	0.
(14) SPENCE PRICE CHAIR	1.00	X						0.	0.	0.
(15) CAROL BURRELL PRESIDENT & CEO, MEMBER	40.00 1.00	X		X				0.	2,257,161.	82,156.
(16) BRIAN D. STEINES CHIEF FINANCIAL OFFICER	40.00 1.00			X				0.	1,026,643.	127,462.
(17) STEPHEN KELLY CHIEF COMPLIANCE OFFICER	40.00 1.00			X				0.	350,897.	71,555.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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 OPERAT. OFFICER-ENDED 12/23	1.00 40.00			X				0.	1,311,947.	142,506.
(19) JOHN KUEVEN CHIEF OPERAT. OFFICER-BEGIN 12/23	1.00 40.00			X				0.	714,810.	99,830.
(20) ANDREI BOYARSHINOV CHIEF LEGAL OFFICER	40.00				X			0.	789,807.	108,145.
(21) CHRISTOPHER PARAVATE CHIEF INFORMATION OFFICER - NGHS	40.00				X			0.	707,508.	103,331.
(22) DANIEL TUFFY PRESIDENT AND CAO - NGPG	40.00				X			0.	665,067.	103,744.
(23) HABIB SAMADY PRESIDENT - GEORGIA HEART INSTITUTE	40.00				X			0.	1,325,284.	154,389.
(24) LORIE SHOEMAKER CHIEF NURSING EXECUTIVE - CONTRACTED	1.00 40.00				X			0.	197,776.	0.
(25) MELISSA TYMCHUK CHIEF OF STAFF & STRATEGY OFFICER -	40.00 1.00				X			0.	622,245.	103,332.
(26) DARLENE SWEET VP - GEORGIA HEART INSTITUTE	1.00 40.00				X			0.	342,457.	47,704.
1b Subtotal								0.	10,864,533.	118,203.
c Total from continuation sheets to Part VII, Section A								0.	6,441,796.	517,071.
d Total (add lines 1b and 1c)								0.	17,306,329.	169,910.

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 361

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
KINETIX LLC, 50 GLENLAKE PKWY SUITE 625, ATLANTA, GA 30328	OUTSOURCED RECRUITMENT SERVICES	4,572,715.
CLOUDMED SOLUTIONS LLC PO BOX 208272, DALLAS, TX 75320	REIMBURSEMENT SERVICES	2,667,551.
HEALTHCARE IT LEADERS LLP PO BOX 930816, ATLANTA, GA 31193	STAFFING SERVICES	1,950,077.
DELOITTE AND TOUCHE LLP PO BOX 844708, DALLAS, TX 75284-4708	CONSULTING SERVICES	1,626,873.
UNIDINE CORPORATION PO BOX 102289, ATLANTA, GA 30368-2289	DIETARY SERVICES	1,530,739.

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 179

SEE PART VII, SECTION A CONTINUATION SHEETS

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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			
(27) DIANE POIROT CHIEF HR OFFICER - NGHS	40.00 1.00				X			0.	550,153.	89,362.
(28) STUART DOWNS CHIEF NURSING EXECUTIVE	1.00 40.00				X			0.	174,447.	16,552.
(29) VIKRAM REDDY CHIEF MEDICAL OFFICER - NGHS	40.00 1.00				X			0.	293,298.	19,925.
(30) LAURA DIVOKY PHYSICIAN	40.00					X		0.	970,918.	32,625.
(31) MANIVANNAN VEERASAMY PHYSICIAN	40.00					X		0.	1,039,576.	26,131.
(32) NAGA KOMMURI PHYSICIAN	40.00					X		0.	943,085.	14,040.
(33) RAZA ABBAS PHYSICIAN	40.00					X		0.	908,243.	46,049.
(34) UGOCHUKWU EGOLUM PHYSICIAN	40.00 1.00					X		0.	1,049,231.	44,290.
(35) TRACY VARDEMAN FORMER CHIEF STRATEGY EXECUTIVE - NG	40.00 1.00						X	0.	512,845.	228,097.
Total to Part VII, Section A, line 1c								6,441,796.	517,071.	

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	3,490,742.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			3,490,742.			
Program Service Revenue	2 a OPERATING REVENUE	Business Code	621400	250238274.	250238274.		
	b MANAGEMENT FEES		541610	172412063.	172412063.		
	c PS RENT FROM AFFILIATE		531120	23,535,190.	23535190.		
	d OTHER OPERATING REVENUE		900003	18,228,230.	18228230.		
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			464413757.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			4,078,125.		4078125.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	1,429,683.			
			(ii) Personal				
	b Less: rental expenses	6b		226,784.			
	c Rental income or (loss)	6c		1,202,899.			
	d Net rental income or (loss)			1,202,899.		1202899.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	267,773.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b		0.	69,246.		
	c Gain or (loss)	7c		267,773.	-69,246.		
d Net gain or (loss)			198,527.		198,527.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a PARKING LOT & BILLBOARD LEASE	Business Code	531190	8,440.		8,440.	
	b NON-OPERATING OTHER INCOME		900099	850.	850.		
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			9,290.			
12 Total revenue. See instructions			473393340.	464414607.	8,440.	5479551.	

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Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,543,924.	4,543,924.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	193,366,584.	157,941,826.	35,424,758.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	27,421,054.	22,397,517.	5,023,537.	
9 Other employee benefits				
10 Payroll taxes	11,940,627.	9,753,104.	2,187,523.	
11 Fees for services (nonemployees):				
a Management				
b Legal	3,394,575.	2,772,689.	621,886.	
c Accounting	876,965.	716,305.	160,660.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	39,904,007.	32,593,593.	7,310,414.	
12 Advertising and promotion	4,640,892.	3,790,681.	850,211.	
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	7,806,173.	6,376,082.	1,430,091.	
17 Travel	1,818,824.	1,485,615.	333,209.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	182,957.	149,439.	33,518.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	16,731,527.	13,666,311.	3,065,216.	
23 Insurance	23,418,535.	19,128,259.	4,290,276.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a BAD DEBT	38,464,407.	38,464,407.		
b SUPPLIES	22,880,556.	18,688,838.	4,191,718.	
c ADMINISTRATIVE OVERHEAD	18,739,479.	15,306,406.	3,433,073.	
d MEDICAL SUPPLIES	8,929,854.	8,929,854.		
e All other expenses	30,914,188.	25,250,709.	5,663,479.	
25 Total functional expenses. Add lines 1 through 24e	455,975,128.	381,955,559.	74,019,569.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	117,199.	1	44,460.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	12,717,660.	4	18,892,051.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	5,756,819.	5	6,209,958.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	2,036,704.	8	2,795,464.
	9 Prepaid expenses and deferred charges	4,234,715.	9	2,638,892.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 509,482,844.		
	b Less: accumulated depreciation	10b 155,975,223.	318,273,051.	10c 353,507,621.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	5,696,068.	12	32,647,282.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	3,263,093.	14	3,263,093.
	15 Other assets. See Part IV, line 11	244,702,797.	15	298,258,136.
16 Total assets. Add lines 1 through 15 (must equal line 33)	596,798,106.	16	718,256,957.	
Liabilities	17 Accounts payable and accrued expenses	24,756,400.	17	17,206,366.
	18 Grants payable		18	
	19 Deferred revenue	3,418,274.	19	0.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	45,815,874.	25	60,206,623.
	26 Total liabilities. Add lines 17 through 25	73,990,548.	26	77,412,989.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	522,807,558.	27	640,843,968.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	522,807,558.	32	640,843,968.
33 Total liabilities and net assets/fund balances	596,798,106.	33	718,256,957.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	473,393,340.
2	Total expenses (must equal Part IX, column (A), line 25)	2	455,975,128.
3	Revenue less expenses. Subtract line 2 from line 1	3	17,418,212.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	522,807,558.
5	Net unrealized gains (losses) on investments	5	12,128,005.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	88,490,193.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	640,843,968.

Part XII Financial Statements and Reporting

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

		Yes	No
1 Accounting method used to prepare the Form 990: Cash <input checked="" type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	2a		<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	2b	<input checked="" type="checkbox"/>	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	<input checked="" type="checkbox"/>	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		<input checked="" type="checkbox"/>
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	3b		

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

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).)
- 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 on 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

(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.
Total					0.	0.

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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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 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

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. 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 on line 12 of 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	X	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		X
3a 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 Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		X
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		X
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		X
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		X
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		X
b Did one or more disqualified persons (as defined on 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
c Did a disqualified person (as defined on 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
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		X
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (<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 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount	(A) Prior Year	(B) Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	Current Year
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 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2023 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

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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)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization: NORTHEAST GEORGIA HEALTH SYSTEM, INC.
Employer identification number: 58-1694090

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures \$
3 Volunteer hours for political campaign activities

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

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

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

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

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

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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												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
not over \$500,000,	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000,	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		144,845.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		55,125.
i Other activities?	X		176,738.
j Total. Add lines 1c through 1i			376,708.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

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

PROFESSIONAL AND TRADE ASSOCIATIONS SUCH AS:

-AMERICAN ACADEMY OF PHYSICIAN ASSOCIATES

-AMERICAN ASSOCIATION OF NURSE PRACTITIONERS

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Part IV Supplemental Information *(continued)*

- AMERICAN COLLEGE OF CARDIOLOGY
- AMERICAN COLLEGE OF PHYSICIANS
- AMERICAN HEALTH INFORMATION MANAGEMENT ASSOCIATION
- AMERICAN MEDICAL GROUP ASSOCIATION
- BARROW COUNTY CHAMBER OF COMMERCE INC
- GEORGIA ALLIANCE OF COMMUNITY HOSPITALS
- GEORGIA CHAMBER OF COMMERCE
- GEORGIA HEALTH CARE ASSOCIATION
- GEORGIA HOSPITAL ASSOCIATION
- HEALTHCARE INFORMATION AND MANAGEMENT SYSTEMS SOCIETY MEMBERSHIP
- SOCIETY OF CARDIOVASCULAR ANGIOGRAPHY & INTERVENTIONS
- SOCIETY OF DIAGNOSTIC MEDICAL SONOGRAPHY
- WALTON COUNTY CHAMBER OF COMMERCE

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

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.

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses. Includes a sub-table for 'Held at the End of the Tax Year' with rows 2a-2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and amounts for revenue and assets.

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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).
- | | |
|--|--|
| <p>a Public exhibition</p> <p>b Scholarly research</p> <p>c Preservation for future generations</p> | <p>d Loan or exchange program</p> <p>e Other _____</p> |
|--|--|
- 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 in 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:
- | | | |
|---|---------------|----|
| | Yes | No |
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 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		68,239,891.		68,239,891.
b Buildings		356,568,658.	109,604,736.	246,963,922.
c Leasehold improvements		3,437,454.	3,398,402.	39,052.
d Equipment		69,959,815.	42,500,308.	27,459,507.
e Other		11,277,026.	471,777.	10,805,249.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				353,507,621.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

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	139,211,820.
(2) BOARD DESIGNATED ASSETS	115,230,777.
(3) OTHER ASSETS	148,000.
(4) ROU ASSET OPERATING LEASE	11,498,482.
(5) ESTIMATED THIRD PARTY SETTLEMENTS	18,797,387.
(6) OTHER RECEIVABLES	2,997,607.
(7) DUE FROM AFFILIATES	10,374,063.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	298,258,136.

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	44,129,820.
(3) ESTIMATED THIRD PARTY SETTLEMENTS	4,440,160.
(4) LEASES	11,636,643.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	60,206,623.

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 ... **X**

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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.

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

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

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

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

Part XIII Supplemental Information

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

PART X, LINE 2:

NORTHEAST GEORGIA HEALTH SYSTEM, INC. (NGHS), NORTHEAST GEORGIA MEDICAL CENTER, INC. (NGMC), THE FOUNDATION, 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, NGMC-HABERSHAM, NGHH, NGRH, PEO, AND GHI 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 (NGHP), NGHP NETWORK, AND NGHV ARE TAXABLE ENTITIES AND ACCOUNT FOR INCOME TAXES IN ACCORDANCE WITH THE FASB ASC 740, INCOME TAXES (ASC 740). AT

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Part XIII Supplemental Information *(continued)*

SEPTEMBER 30, 2024 AND 2023, 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)**

Hospitals

OMB No. 1545-0047

2023

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.

Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization NORTHEAST GEORGIA HEALTH SYSTEM, INC.	Employer identification number 58-1694090
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Part I Financial Assistance and Certain Other Community Benefits at Cost

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

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			6181920.	0.	6181920.	1.48%
b Medicaid (from Worksheet 3, column a)			25387948.	24887481.	500,467.	.12%
c Costs of other means-tested government programs (from Worksheet 3, column b)			3,954.	3,775.	179.	.00%
d Total. Financial Assistance and Means-Tested Government Programs			31573822.	24891256.	6682566.	1.60%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	23	2,301	675,102.	1,500.	673,602.	.16%
f Health professions education (from Worksheet 5)	4	280	944,784.	0.	944,784.	.23%
g Subsidized health services (from Worksheet 6)			2894501.	1157920.	1736581.	.42%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	46	80	127,431.	7,400.	120,031.	.03%
j Total. Other Benefits	73	2,661	4641818.	1166820.	3474998.	.84%
k Total. Add lines 7d and 7j	73	2,661	36215640.	26058076.	10157564.	2.44%

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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 LLC

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

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	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 Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>22</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>NGHS.COM/COMMUNITY-BENEFIT-RESOURCES</u>			
b <input checked="" type="checkbox"/> Other website (list url): <u>NORTHEASTGEORGIACHNA.COM</u>			
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility			
d 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>22</u>			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a If "Yes," (list url): <u>NGHS.COM/COMMUNITY-BENEFIT-RESOURCES</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? \$			

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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:			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	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 Income level other than FPG (describe in Section C)			
c Asset level			
d Medical indigency			
e Insurance status			
f Underinsurance status			
g <input checked="" type="checkbox"/> Residency			
h Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	X	
15 Explained the method for applying for financial assistance?	15	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 their application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their 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 Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility?	16	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)			

Part V Facility Information *(continued)*

Billing and Collections

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

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

Policy Relating to Emergency Medical Care

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

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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
<p>22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:</p> <p>a <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period</p> <p>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</p> <p>c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period</p> <p>d The hospital facility used a prospective Medicare or Medicaid method</p>		
<p>23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?</p> <p>If "Yes," explain in Section C.</p>	23	X
<p>24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?</p> <p>If "Yes," explain in Section C.</p>	24	X

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Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

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

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility			
b <input checked="" type="checkbox"/> Demographics of the community			
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d <input checked="" type="checkbox"/> How data was obtained			
e <input checked="" type="checkbox"/> The significant health needs of the community			
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs			
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests			
i <input 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 Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>22</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>NGHS.COM/COMMUNITY-BENEFIT-RESOURCES</u>			
b <input checked="" type="checkbox"/> Other website (list url): <u>NORTHEASTGEORGIACHNA.COM</u>			
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility			
d 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>22</u>			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a If "Yes," (list url): <u>NGHS.COM/COMMUNITY-BENEFIT-RESOURCES</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? \$			

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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:			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	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 Income level other than FPG (describe in Section C)			
c Asset level			
d Medical indigency			
e Insurance status			
f <input checked="" type="checkbox"/> Underinsurance status			
g Residency			
h Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	X	
15 Explained the method for applying for financial assistance?	15	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 their application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their 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 Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility?	16	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)			

Part V Facility Information *(continued)*

Billing and Collections

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

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

Policy Relating to Emergency Medical Care

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

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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
<p>22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:</p> <p>a <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period</p> <p>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</p> <p>c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period</p> <p>d The hospital facility used a prospective Medicare or Medicaid method</p>		
<p>23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?</p> <p>If "Yes," explain in Section C.</p>	23	X
<p>24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?</p> <p>If "Yes," explain in Section C.</p>	24	X

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group: NGMC HABERSHAM LLC

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 3

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	X	
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility			
b <input checked="" type="checkbox"/> Demographics of the community			
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d <input checked="" type="checkbox"/> How data was obtained			
e <input checked="" type="checkbox"/> The significant health needs of the community			
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs			
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests			
i <input 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 Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>22</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>NGHS.COM/COMMUNITY-BENEFIT-RESOURCES</u>			
b <input checked="" type="checkbox"/> Other website (list url): <u>NORTHEASTGEORGIACHNA.COM</u>			
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility			
d 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>22</u>			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a If "Yes," (list url): <u>NGHS.COM/COMMUNITY-BENEFIT-RESOURCES</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? \$			

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Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: NGMC HABERSHAM LLC

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	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 Income level other than FPG (describe in Section C)			
c Asset level			
d Medical indigency			
e Insurance status			
f Underinsurance status			
g <input checked="" type="checkbox"/> Residency			
h Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	X	
15 Explained the method for applying for financial assistance?	15	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 their application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their 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 Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility?	16	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 HABERSHAM LLC

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

Policy Relating to Emergency Medical Care

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

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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 HABERSHAM LLC

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

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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

-GOOD NEWS CLINICS

-NORTHEAST GEORGIA MEDICAL CENTER GAINESVILLE

-NORTHEAST GEORGIA MEDICAL CENTER BRASELTON

-NORTHEAST GEORGIA MEDICAL CENTER BARROW

-NORTHEAST GEORGIA MEDICAL CENTER LUMPKIN

-STEPHENS COUNTY HOSPITAL

THROUGH THIS ASSESSMENT, THE CHNA PARTNERS WORKED TO BETTER UNDERSTAND LOCAL HEALTH CHALLENGES, IDENTIFY HEALTH TRENDS, DETERMINE GAPS IN THE CURRENT HEALTH DELIVERY SYSTEM, AND CRAFT A PLAN TO ADDRESS THOSE GAPS AND THE IDENTIFIED HEALTH NEEDS.

THE COMMUNITIES SERVED BY EACH OF THE PARTNERS OVERLAPPED AND COMBINED TO INCLUDE ALL OR PART OF 14 COUNTIES IN NORTHEAST GEORGIA. THESE COMMUNITIES REFLECT THE FOLLOWING SERVICE AREAS:

-HABERSHAM MEDICAL CENTER (HMC): HABERSHAM, BANKS, AND RABUN COUNTIES

-NGMC PRIMARY SERVICE AREA (PSA): HALL COUNTY

-NGMC GREATER BRASELTON SERVICE AREA (GBSA): BARROW AND JACKSON COUNTIES,

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.

PARTS OF GWINNETT AND HALL COUNTIES

-NGMC SECONDARY SERVICE AREA 400 (SSA 400): DAWSON AND LUMPKIN COUNTIES

-NGMC SECONDARY SERVICE AREA NORTH (SSA NORTH): BANKS, HABERSHAM, RABUN, STEPHENS, TOWNS, UNION, AND WHITE COUNTIES

-STEPHENS COUNTY HOSPITAL (SCH): STEPHENS AND FRANKLIN COUNTIES

PUBLIC GOODS GROUP (PGG) WAS ENGAGED BY THE PARTNERS TO COLLECT AND ANALYZE QUANTITATIVE DATA FOR THE CHNA AND OVER 190 PUBLIC HEALTH INDICATORS WERE EXAMINED IN THE COMMUNITIES REPRESENTED WITHIN THE ABOVE-NAMED NORTHEAST GEORGIA COMMUNITIES.

A QUALITATIVE ASSESSMENT WAS THEN CONDUCTED TO SOLICIT THE INPUT OF MORE THAN 4,900 PEOPLE THROUGH SIX CHANNELS: FOCUS GROUPS, INTERVIEWS, IN-PERSON SURVEYS, A MULTI-LINGUAL ONLINE COMMUNITY SURVEY, AN ONLINE EMPLOYEE SURVEY, AND LISTENING SESSIONS. THE COMMUNITY SURVEY WAS OPEN TO THE PUBLIC AND THE EMPLOYEE SURVEY WAS OPEN TO ALL EMPLOYEES OF EACH PARTNER ORGANIZATION. PARTICIPANTS IN LISTENING SESSIONS, FOCUS GROUPS, AND ONE-ON-ONE INTERVIEWS WERE INDIVIDUALS OR ORGANIZATIONS SERVING AND/OR REPRESENTING THE INTERESTS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND/OR MINORITY POPULATIONS IN THE COMMUNITY.

IN FEBRUARY AND MARCH 2022, THE THOMOSS GROUP INTERVIEWED KEY STAKEHOLDERS WITH PARTICULAR EXPERTISE OR KNOWLEDGE OF THE VARIOUS SERVICE AREAS TO GAIN EACH COMMUNITY'S PERSPECTIVE. THIRTY-FIVE REPRESENTATIVES OF LOCAL AND REGIONAL PUBLIC HEALTH ENTITIES, MINORITY POPULATIONS, FAITH-BASED COMMUNITIES, LOCAL BUSINESS OWNERS, PHILANTHROPIC COMMUNITIES, MENTAL HEALTH AGENCIES, ELECTED OFFICIALS, AND INDIVIDUALS REPRESENTING OUR MOST

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.

VULNERABLE PATIENTS WERE INTERVIEWED.

ADDITIONALLY, THE STAFF OF GOOD NEWS CLINICS, DISTRICT 2 PUBLIC HEALTH, AND THE HOUSING AUTHORITY CONDUCTED IN-PERSON INTERVIEWS WITH APPROXIMATELY 190 COMMUNITY MEMBERS REPRESENTING THOSE SETTINGS. THESE CONVERSATIONS WERE DESIGNED TO CAPTURE RESPONDENTS' PERCEPTIONS OF HOW WELL THEIR HEALTH CARE NEEDS WERE BEING MET AND WHAT OBSTACLES INTERFERED WITH THEIR NEEDS.

EIGHT FOCUS GROUPS WERE CONDUCTED FOR THE FOLLOWING COMMUNITIES AND GROUPS, AND THE NUMBER OF PARTICIPANTS FOR EACH ARE NOTED IN PARENTHESES.

- NGMC PRIMARY SERVICE AREA (15)
- NGMC GREATER BRASELTON SERVICE AREA (11)
- NGMC SECONDARY SERVICE AREA 400 (5)
- NGMC SECONDARY SERVICE AREA NORTH (7)
- HALL COUNTY FAMILY CONNECTION NETWORK (15)
- AFRICAN AMERICAN STAKEHOLDERS, HOSTED BY THE NEWTOWN FLORIST CLUB (13)
- GWINNETT HUMAN SERVICES DIVISION (5)
- HISPANIC AND LATINO STAKEHOLDERS, HOSTED BY THE HISPANIC ALLIANCE (26)

IN MARCH 2022, AN ELECTRONIC COMMUNITY-BASED SURVEY TO SOLICIT COMMUNITY INPUT WAS RELEASED AND WIDELY ADVERTISED TO THE COMMUNITY VIA PRESS RELEASES, PARTNER WEBSITES, AND SOCIAL MEDIA. SURVEY QUESTIONS CAN BE FOUND IN APPENDIX ELEVEN. APPROXIMATELY 4,200 COMMUNITY MEMBERS COMPLETED THE SURVEY, WHICH WAS AVAILABLE IN ENGLISH, SPANISH, AND VIETNAMESE. AN EMPLOYEE SURVEY WAS ALSO RELEASED THROUGH EACH PARTNER ORGANIZATION.

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.

APPROXIMATELY 460 EMPLOYEES THROUGHOUT ALL CHNA PARTNER ORGANIZATIONS RESPONDED.

THE OUTCOME OF THE QUANTITATIVE ANALYSIS WAS THEN COMPARED WITH THE QUALITATIVE FINDINGS TO CREATE A LIST OF HEALTH NEEDS IN THE COMMUNITY. EACH HEALTH NEED WAS ASSIGNED TO ONE OF FOUR QUADRANTS IN A HEALTH NEEDS MATRIX WHICH PRIORITIZES HEALTH NEEDS AS:

-LOW DATA + LOW QUALITATIVE: NEITHER THE BENCHMARK ANALYSIS NOR THE COMMUNITY DEMONSTRATED A PARTICULAR INDICATOR WAS A SIGNIFICANT ISSUE.

-LOW DATA + HIGH QUALITATIVE: THE BENCHMARK ANALYSIS DID NOT IDENTIFY THE INDICATOR AS A COMPARATIVELY SIGNIFICANT PROBLEM BUT THE COMMUNITY MEMBERS INTERVIEWED OR SURVEYED RELAYED IT WAS AS SIGNIFICANT ISSUE.

-HIGH DATA + LOW QUALITATIVE: THE BENCHMARK ANALYSIS SHOWS A PARTICULAR INDICATOR WAS AN ISSUE BUT IT WAS NOT MENTIONED OFTEN, IF AT ALL, BY COMMUNITY MEMBERS INTERVIEWED OR SURVEYED.

-HIGH DATA + HIGH QUALITATIVE: BOTH THE COMMUNITY AND THE BENCHMARK ANALYSIS IDENTIFIED A PARTICULAR INDICATOR AS A SIGNIFICANT ISSUE.

THIS HELPED THE CHNA PARTNERS TO IDENTIFY THE TOP HEALTH NEEDS FOR EACH COMMUNITY. NEEDS CATEGORIZED AS HIGH DATA AND HIGH QUALITATIVE WERE FURTHER ANALYZED DURING THE PRIORITIZATION PROCESS.

IN MAY 2022, THE CHNA PARTNERS AND ADVISORS CONSISTING OF BOARD MEMBERS AND COMMUNITY LEADERS HOSTED THREE PRIORITIZATION SESSIONS TO DETERMINE THE PRIORITIES EACH ENTITY WOULD ADDRESS OVER THE NEXT THREE YEARS.

CRITERIA USED TO SELECT THE PRIORITIES INCLUDED:

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.

-ROOT CAUSE AND DISPROPORTIONATE IMPACT ON DISADVANTAGED COMMUNITY

MEMBERS

-MAGNITUDE AND EXTENT OF THE ISSUE WITHIN THE COMMUNITY

-ABILITY OF CHNA PARTNERS TO MAKE AN IMPACT ON THE ISSUE

AS A RESULT OF THIS PROCESS, THE FOLLOWING HEALTH PRIORITIES WERE IDENTIFIED FOR NGMC HOSPITALS:

-ACCESS TO CARE

-MENTAL AND BEHAVIORAL HEALTH

-HEALTHY BEHAVIORS

FOR EACH PRIORITY, NGMC WILL WORK TO ACHIEVE GREATER HEALTH EQUITY BY REDUCING THE IMPACT OF POVERTY AND OTHER SOCIOECONOMIC INDICATORS ON THAT PRIORITY BY IMPLEMENTING PROGRAMMING AND INVESTMENT IN AREAS THAT DIRECTLY ADDRESS ISSUES RELATED TO INCOME AND POVERTY AND INDIVIDUALS WHO FACE PARTICULAR CHALLENGES IN ACCESSING CARE DUE TO DISABILITY, RACE, ENGLISH PROFICIENCY, EDUCATIONAL ATTAINMENT, AND OTHER AREAS OF SOCIOECONOMIC STATUS.

THE FULL CHNA REPORT IS PUBLICLY AVAILABLE AT [NGHS.COM/COMMUNITY-BENEFIT-RESOURCES](https://nghs.com/community-benefit-resources).

AN INTERACTIVE DATA PLATFORM CREATED THROUGH TABLEAU IS AVAILABLE TO ALL COMMUNITY MEMBERS AT [NORTHEASTGEORGIACHNA.COM](https://northeastgeorgiachna.com). THIS PLATFORM PROVIDES ACCESS TO BOTH ZIP CODE AND COUNTY-LEVEL PUBLIC HEALTH INDICATORS FOUND

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.

THROUGHOUT THE CHNA, INCLUDING DEMOGRAPHICS, SOCIOECONOMIC INDICATORS, DISEASE PREVALENCE, INSURANCE COVERAGE, AND PREVENTABLE HOSPITALIZATIONS. ADDITIONALLY, DOWNLOADABLE DATA SHEETS FOR EACH SERVICE AREA ARE AVAILABLE THAT PROVIDE A SUMMARY OF KEY HEALTH, ECONOMIC, AND DEMOGRAPHIC INDICATORS. DOWNLOADABLE DATA SHEETS RELEVANT TO THE SERVICE AREAS ARE AVAILABLE TO THE COMMUNITY AT NGHS.COM/COMMUNITY-BENEFIT-RESOURCES. BOTH THE CHNA AND THE SUBSEQUENT IMPLEMENTATION STRATEGIES WERE DESIGNED TO FULLY MEET INTERNAL REVENUE SERVICE REGULATIONS, AS FOUND IN THE INTERNAL REVENUE CODE SECTION 501(R).

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
-GOOD NEWS CLINICS
-NORTHEAST GEORGIA MEDICAL CENTER GAINESVILLE
-NORTHEAST GEORGIA MEDICAL CENTER BRASELTON
-NORTHEAST GEORGIA MEDICAL CENTER BARROW
-NORTHEAST GEORGIA MEDICAL CENTER LUMPKIN
-STEPHENS COUNTY HOSPITAL

THROUGH THIS ASSESSMENT, THE CHNA PARTNERS WORKED TO BETTER UNDERSTAND LOCAL HEALTH CHALLENGES, IDENTIFY HEALTH TRENDS, DETERMINE GAPS IN THE CURRENT HEALTH DELIVERY SYSTEM, AND CRAFT A PLAN TO ADDRESS THOSE GAPS AND

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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.

THE IDENTIFIED HEALTH NEEDS.

THE COMMUNITIES SERVED BY EACH OF THE PARTNERS OVERLAPPED AND COMBINED TO INCLUDE ALL OR PART OF 14 COUNTIES IN NORTHEAST GEORGIA. THESE COMMUNITIES REFLECT THE FOLLOWING SERVICE AREAS:

- HABERSHAM MEDICAL CENTER (HMC): HABERSHAM, BANKS, AND RABUN COUNTIES
- NGMC PRIMARY SERVICE AREA (PSA): HALL COUNTY
- NGMC GREATER BRASELTON SERVICE AREA (GBSA): BARROW AND JACKSON COUNTIES, PARTS OF GWINNETT AND HALL COUNTIES
- NGMC SECONDARY SERVICE AREA 400 (SSA 400): DAWSON AND LUMPKIN COUNTIES
- NGMC SECONDARY SERVICE AREA NORTH (SSA NORTH): BANKS, HABERSHAM, RABUN, STEPHENS, TOWNS, UNION, AND WHITE COUNTIES
- STEPHENS COUNTY HOSPITAL (SCH): STEPHENS AND FRANKLIN COUNTIES

PUBLIC GOODS GROUP (PGG) WAS ENGAGED BY THE PARTNERS TO COLLECT AND ANALYZE QUANTITATIVE DATA FOR THE CHNA AND OVER 190 PUBLIC HEALTH INDICATORS WERE EXAMINED IN THE COMMUNITIES REPRESENTED WITHIN THE ABOVE-NAMED NORTHEAST GEORGIA COMMUNITIES.

A QUALITATIVE ASSESSMENT WAS THEN CONDUCTED TO SOLICIT THE INPUT OF MORE THAN 4,900 PEOPLE THROUGH SIX CHANNELS: FOCUS GROUPS, INTERVIEWS, IN-PERSON SURVEYS, A MULTI-LINGUAL ONLINE COMMUNITY SURVEY, AN ONLINE EMPLOYEE SURVEY, AND LISTENING SESSIONS. THE COMMUNITY SURVEY WAS OPEN TO THE PUBLIC AND THE EMPLOYEE SURVEY WAS OPEN TO ALL EMPLOYEES OF EACH PARTNER ORGANIZATION. PARTICIPANTS IN LISTENING SESSIONS, FOCUS GROUPS, AND ONE-ON-ONE INTERVIEWS WERE INDIVIDUALS OR ORGANIZATIONS SERVING AND/OR

PUBLIC DISCLOSURE COPY

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.

REPRESENTING THE INTERESTS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND/OR MINORITY POPULATIONS IN THE COMMUNITY.

IN FEBRUARY AND MARCH 2022, THE THOMOSS GROUP INTERVIEWED KEY STAKEHOLDERS WITH PARTICULAR EXPERTISE OR KNOWLEDGE OF THE VARIOUS SERVICE AREAS TO GAIN EACH COMMUNITY'S PERSPECTIVE. THIRTY-FIVE REPRESENTATIVES OF LOCAL AND REGIONAL PUBLIC HEALTH ENTITIES, MINORITY POPULATIONS, FAITH-BASED COMMUNITIES, LOCAL BUSINESS OWNERS, PHILANTHROPIC COMMUNITIES, MENTAL HEALTH AGENCIES, ELECTED OFFICIALS, AND INDIVIDUALS REPRESENTING OUR MOST VULNERABLE PATIENTS WERE INTERVIEWED.

ADDITIONALLY, THE STAFF OF GOOD NEWS CLINICS, DISTRICT 2 PUBLIC HEALTH, AND THE HOUSING AUTHORITY CONDUCTED IN-PERSON INTERVIEWS WITH APPROXIMATELY 190 COMMUNITY MEMBERS REPRESENTING THOSE SETTINGS. THESE CONVERSATIONS WERE DESIGNED TO CAPTURE RESPONDENTS' PERCEPTIONS OF HOW WELL THEIR HEALTH CARE NEEDS WERE BEING MET AND WHAT OBSTACLES INTERFERED WITH THEIR NEEDS.

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-NGMC SECONDARY SERVICE AREA 400 (5)

-NGMC SECONDARY SERVICE AREA NORTH (7)

-HALL COUNTY FAMILY CONNECTION NETWORK (15)

-AFRICAN AMERICAN STAKEHOLDERS, HOSTED BY THE NEWTOWN FLORIST CLUB (13)

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.

-GWINNETT HUMAN SERVICES DIVISION (5)

-HISPANIC AND LATINO STAKEHOLDERS, HOSTED BY THE HISPANIC ALLIANCE (26)

IN MARCH 2022, AN ELECTRONIC COMMUNITY-BASED SURVEY TO SOLICIT COMMUNITY INPUT WAS RELEASED AND WIDELY ADVERTISED TO THE COMMUNITY VIA PRESS RELEASES, PARTNER WEBSITES, AND SOCIAL MEDIA. SURVEY QUESTIONS CAN BE FOUND IN APPENDIX ELEVEN. APPROXIMATELY 4,200 COMMUNITY MEMBERS COMPLETED THE SURVEY, WHICH WAS AVAILABLE IN ENGLISH, SPANISH, AND VIETNAMESE. AN EMPLOYEE SURVEY WAS ALSO RELEASED THROUGH EACH PARTNER ORGANIZATION. APPROXIMATELY 460 EMPLOYEES THROUGHOUT ALL CHNA PARTNER ORGANIZATIONS RESPONDED.

THE OUTCOME OF THE QUANTITATIVE ANALYSIS WAS THEN COMPARED WITH THE QUALITATIVE FINDINGS TO CREATE A LIST OF HEALTH NEEDS IN THE COMMUNITY. EACH HEALTH NEED WAS ASSIGNED TO ONE OF FOUR QUADRANTS IN A HEALTH NEEDS MATRIX WHICH PRIORITIZES HEALTH NEEDS AS:

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-HIGH DATA + HIGH QUALITATIVE: BOTH THE COMMUNITY AND THE BENCHMARK ANALYSIS IDENTIFIED A PARTICULAR INDICATOR AS A SIGNIFICANT ISSUE.

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.

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IN MAY 2022, THE CHNA PARTNERS AND ADVISORS CONSISTING OF BOARD MEMBERS AND COMMUNITY LEADERS HOSTED THREE PRIORITIZATION SESSIONS TO DETERMINE THE PRIORITIES EACH ENTITY WOULD ADDRESS OVER THE NEXT THREE YEARS.

CRITERIA USED TO SELECT THE PRIORITIES INCLUDED:

- ROOT CAUSE AND DISPROPORTIONATE IMPACT ON DISADVANTAGED COMMUNITY MEMBERS
- MAGNITUDE AND EXTENT OF THE ISSUE WITHIN THE COMMUNITY
- ABILITY OF CHNA PARTNERS TO MAKE AN IMPACT ON THE ISSUE

AS A RESULT OF THIS PROCESS, THE FOLLOWING HEALTH PRIORITIES WERE IDENTIFIED FOR NGMC HOSPITALS:

- ACCESS TO CARE
- MENTAL AND BEHAVIORAL HEALTH
- HEALTHY BEHAVIORS

FOR EACH PRIORITY, NGMC WILL WORK TO ACHIEVE GREATER HEALTH EQUITY BY REDUCING THE IMPACT OF POVERTY AND OTHER SOCIOECONOMIC INDICATORS ON THAT PRIORITY BY IMPLEMENTING PROGRAMMING AND INVESTMENT IN AREAS THAT DIRECTLY ADDRESS ISSUES RELATED TO INCOME AND POVERTY AND INDIVIDUALS WHO FACE PARTICULAR CHALLENGES IN ACCESSING CARE DUE TO DISABILITY, RACE, ENGLISH

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.

PROFICIENCY, EDUCATIONAL ATTAINMENT, AND OTHER AREAS OF SOCIOECONOMIC STATUS.

THE FULL CHNA REPORT IS PUBLICLY AVAILABLE AT NGHS.COM/COMMUNITY-BENEFIT-RESOURCES.

AN INTERACTIVE DATA PLATFORM CREATED THROUGH TABLEAU IS AVAILABLE TO ALL COMMUNITY MEMBERS AT NORTHEASTGEORGIACHNA.COM. THIS PLATFORM PROVIDES ACCESS TO BOTH ZIP CODE AND COUNTY-LEVEL PUBLIC HEALTH INDICATORS FOUND THROUGHOUT THE CHNA, INCLUDING DEMOGRAPHICS, SOCIOECONOMIC INDICATORS, DISEASE PREVALENCE, INSURANCE COVERAGE, AND PREVENTABLE HOSPITALIZATIONS. ADDITIONALLY, DOWNLOADABLE DATA SHEETS FOR EACH SERVICE AREA ARE AVAILABLE THAT PROVIDE A SUMMARY OF KEY HEALTH, ECONOMIC, AND DEMOGRAPHIC INDICATORS. DOWNLOADABLE DATA SHEETS RELEVANT TO THE SERVICE AREAS ARE AVAILABLE TO THE COMMUNITY AT NGHS.COM/COMMUNITY-BENEFIT-RESOURCES.

BOTH THE CHNA AND THE SUBSEQUENT IMPLEMENTATION STRATEGIES WERE DESIGNED TO FULLY MEET INTERNAL REVENUE SERVICE REGULATIONS, AS FOUND IN THE INTERNAL REVENUE CODE SECTION 501(R).

NGMC HABERSHAM LLC:

PART V, SECTION B, LINE 5: HABERSHAM MEDICAL CENTER WAS A PARTNER IN NGMC'S MOST RECENT CHNA WHICH WAS IN 2022. TECHNICALLY, WE DID NOT OWN HMC AT THAT TIME, HOWEVER HERE IS THE INFORMATION REGARDING OUR COLLECTIVE CHNA:

THE FOLLOWING ORGANIZATIONS HAVE PARTNERED AND COLLABORATED TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FOR COMMUNITIES THEY (CHNA

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.

PARTNERS) SERVE IN NORTHEASTERN GEORGIA:

-DISTRICT 2 PUBLIC HEALTH

-HABERSHAM MEDICAL CENTER

-GOOD NEWS CLINICS

-NORTHEAST GEORGIA MEDICAL CENTER GAINESVILLE

-NORTHEAST GEORGIA MEDICAL CENTER BRASELTON

-NORTHEAST GEORGIA MEDICAL CENTER BARROW

-NORTHEAST GEORGIA MEDICAL CENTER LUMPKIN

-STEPHENS COUNTY HOSPITAL

THROUGH THIS ASSESSMENT, THE CHNA PARTNERS WORKED TO BETTER UNDERSTAND LOCAL HEALTH CHALLENGES, IDENTIFY HEALTH TRENDS, DETERMINE GAPS IN THE CURRENT HEALTH DELIVERY SYSTEM, AND CRAFT A PLAN TO ADDRESS THOSE GAPS AND THE IDENTIFIED HEALTH NEEDS.

THE COMMUNITIES SERVED BY EACH OF THE PARTNERS OVERLAPPED AND COMBINED TO INCLUDE ALL OR PART OF 14 COUNTIES IN NORTHEAST GEORGIA. THESE COMMUNITIES REFLECT THE FOLLOWING SERVICE AREAS:

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-NGMC SECONDARY SERVICE AREA 400 (SSA 400): DAWSON AND LUMPKIN COUNTIES

-NGMC SECONDARY SERVICE AREA NORTH (SSA NORTH): BANKS, HABERSHAM, RABUN, STEPHENS, TOWNS, UNION, AND WHITE COUNTIES

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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.

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ADDITIONALLY, THE STAFF OF GOOD NEWS CLINICS, DISTRICT 2 PUBLIC HEALTH, AND THE HOUSING AUTHORITY CONDUCTED IN-PERSON INTERVIEWS WITH

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.

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-AFRICAN AMERICAN STAKEHOLDERS, HOSTED BY THE NEWTOWN FLORIST CLUB (13)

-GWINNETT HUMAN SERVICES DIVISION (5)

-HISPANIC AND LATINO STAKEHOLDERS, HOSTED BY THE HISPANIC ALLIANCE (26)

IN MARCH 2022, AN ELECTRONIC COMMUNITY-BASED SURVEY TO SOLICIT COMMUNITY INPUT WAS RELEASED AND WIDELY ADVERTISED TO THE COMMUNITY VIA PRESS RELEASES, PARTNER WEBSITES, AND SOCIAL MEDIA. SURVEY QUESTIONS CAN BE FOUND IN APPENDIX ELEVEN. APPROXIMATELY 4,200 COMMUNITY MEMBERS COMPLETED THE SURVEY, WHICH WAS AVAILABLE IN ENGLISH, SPANISH, AND VIETNAMESE. AN EMPLOYEE SURVEY WAS ALSO RELEASED THROUGH EACH PARTNER ORGANIZATION. APPROXIMATELY 460 EMPLOYEES THROUGHOUT ALL CHNA PARTNER ORGANIZATIONS RESPONDED.

THE OUTCOME OF THE QUANTITATIVE ANALYSIS WAS THEN COMPARED WITH THE

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.

QUALITATIVE FINDINGS TO CREATE A LIST OF HEALTH NEEDS IN THE COMMUNITY.

EACH HEALTH NEED WAS ASSIGNED TO ONE OF FOUR QUADRANTS IN A HEALTH NEEDS

MATRIX WHICH PRIORITIZES HEALTH NEEDS AS:

-LOW DATA + LOW QUALITATIVE: NEITHER THE BENCHMARK ANALYSIS NOR THE COMMUNITY DEMONSTRATED A PARTICULAR INDICATOR WAS A SIGNIFICANT ISSUE.

-LOW DATA + HIGH QUALITATIVE: THE BENCHMARK ANALYSIS DID NOT IDENTIFY THE INDICATOR AS A COMPARATIVELY SIGNIFICANT PROBLEM BUT THE COMMUNITY MEMBERS INTERVIEWED OR SURVEYED RELAYED IT WAS AS SIGNIFICANT ISSUE.

-HIGH DATA + LOW QUALITATIVE: THE BENCHMARK ANALYSIS SHOWS A PARTICULAR INDICATOR WAS AN ISSUE BUT IT WAS NOT MENTIONED OFTEN, IF AT ALL, BY COMMUNITY MEMBERS INTERVIEWED OR SURVEYED.

-HIGH DATA + HIGH QUALITATIVE: BOTH THE COMMUNITY AND THE BENCHMARK ANALYSIS IDENTIFIED A PARTICULAR INDICATOR AS A SIGNIFICANT ISSUE.

THIS HELPED THE CHNA PARTNERS TO IDENTIFY THE TOP HEALTH NEEDS FOR EACH COMMUNITY. NEEDS CATEGORIZED AS HIGH DATA AND HIGH QUALITATIVE WERE FURTHER ANALYZED DURING THE PRIORITIZATION PROCESS.

IN MAY 2022, THE CHNA PARTNERS AND ADVISORS CONSISTING OF BOARD MEMBERS AND COMMUNITY LEADERS HOSTED THREE PRIORITIZATION SESSIONS TO DETERMINE THE PRIORITIES EACH ENTITY WOULD ADDRESS OVER THE NEXT THREE YEARS.

CRITERIA USED TO SELECT THE PRIORITIES INCLUDED:

-ROOT CAUSE AND DISPROPORTIONATE IMPACT ON DISADVANTAGED COMMUNITY MEMBERS

-MAGNITUDE AND EXTENT OF THE ISSUE WITHIN THE COMMUNITY

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.

-ABILITY OF CHNA PARTNERS TO MAKE AN IMPACT ON THE ISSUE

AS A RESULT OF THIS PROCESS, THE FOLLOWING HEALTH PRIORITIES WERE IDENTIFIED FOR NGMC HOSPITALS:

- ACCESS TO CARE
- MENTAL AND BEHAVIORAL HEALTH
- HEALTHY BEHAVIORS

FOR EACH PRIORITY, NGMC WILL WORK TO ACHIEVE GREATER HEALTH EQUITY BY REDUCING THE IMPACT OF POVERTY AND OTHER SOCIOECONOMIC INDICATORS ON THAT PRIORITY BY IMPLEMENTING PROGRAMMING AND INVESTMENT IN AREAS THAT DIRECTLY ADDRESS ISSUES RELATED TO INCOME AND POVERTY AND INDIVIDUALS WHO FACE PARTICULAR CHALLENGES IN ACCESSING CARE DUE TO DISABILITY, RACE, ENGLISH PROFICIENCY, EDUCATIONAL ATTAINMENT, AND OTHER AREAS OF SOCIOECONOMIC STATUS.

THE FULL CHNA REPORT IS PUBLICLY AVAILABLE AT NGHS.COM/COMMUNITY-BENEFIT-RESOURCES.

AN INTERACTIVE DATA PLATFORM CREATED THROUGH TABLEAU IS AVAILABLE TO ALL COMMUNITY MEMBERS AT NORTHEASTGEORGIACHNA.COM. THIS PLATFORM PROVIDES ACCESS TO BOTH ZIP CODE AND COUNTY-LEVEL PUBLIC HEALTH INDICATORS FOUND THROUGHOUT THE CHNA, INCLUDING DEMOGRAPHICS, SOCIOECONOMIC INDICATORS, DISEASE PREVALENCE, INSURANCE COVERAGE, AND PREVENTABLE HOSPITALIZATIONS. ADDITIONALLY, DOWNLOADABLE DATA SHEETS FOR EACH SERVICE AREA ARE AVAILABLE THAT PROVIDE A SUMMARY OF KEY HEALTH, ECONOMIC, AND DEMOGRAPHIC

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.

INDICATORS. DOWNLOADABLE DATA SHEETS RELEVANT TO THE SERVICE AREAS ARE

AVAILABLE TO THE COMMUNITY AT NGHS.COM/COMMUNITY-BENEFIT-RESOURCES.

BOTH THE CHNA AND THE SUBSEQUENT IMPLEMENTATION STRATEGIES WERE DESIGNED

TO FULLY MEET INTERNAL REVENUE SERVICE REGULATIONS, AS FOUND IN THE

INTERNAL REVENUE CODE SECTION 501(R).

NGMC BARROW LLC:

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

INCLUDED 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

NGMC LUMPKIN LLC:

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

INCLUDED 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

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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 HABERSHAM LLC:

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

NGMC BARROW LLC:

PART V, SECTION B, LINE 6B: THE FOLLOWING ORGANIZATION PARTNERED AND COLLABORATED IN OUR REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

- DISTRICT 2 PUBLIC HEALTH
- GOOD NEWS CLINICS

NGMC LUMPKIN LLC:

PART V, SECTION B, LINE 6B: THE FOLLOWING ORGANIZATION PARTNERED AND COLLABORATED IN OUR REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

- DISTRICT 2 PUBLIC HEALTH
- GOOD NEWS CLINICS

NGMC HABERSHAM LLC:

PART V, SECTION B, LINE 6B: THE FOLLOWING ORGANIZATION PARTNERED AND COLLABORATED IN OUR REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

- DISTRICT 2 PUBLIC HEALTH

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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.

-GOOD NEWS CLINICS

NGMC HABERSHAM LLC:

PART V, SECTION B, LINE 2: IN 2019, THE HOSPITAL AUTHORITY OF HALL COUNTY & THE CITY OF GAINESVILLE, THE HOSPITAL AUTHORITY OF HABERSHAM COUNTY AND HABERSHAM COUNTY GOVERNMENT ENTERED A FIVE-YEAR AGREEMENT TO SECURE THE FUTURE OF STRUGGLING HABERSHAM MEDICAL CENTER, WHICH INCLUDED AN OPTION TO ASSUME OWNERSHIP OF HABERSHAM MEDICAL CENTER AT THE END OF THE AGREEMENT IN 2024 OR EARLIER. THE AGREEMENT CALLED FOR THE HOSPITAL AUTHORITY OF HALL COUNTY & THE CITY OF GAINESVILLE TO INVEST \$3 MILLION PER YEAR FOR A TOTAL OF \$15 MILLION IN FIVE YEARS IN CAPITAL IMPROVEMENTS TO ENHANCE AND EXPAND HMC'S SERVICES. IN EARLY 2023, ALL THREE PARTIES AGREED TO EXECUTE AN EARLY TRANSITION, PAYING THE FINAL INSTALLMENT OF \$3 MILLION BY JULY 1, 2023. HABERSHAM MEDICAL CENTER WAS ACQUIRED BY NORTHEAST GEORGIA HEALTH SYSTEM ON JULY 1, 2023, BECOMING NORTHEAST GEORGIA MEDICAL CENTER HABERSHAM.

NGMC BARROW LLC:

PART V, SECTION B, LINE 11: NORTHEAST GEORGIA MEDICAL CENTER DEFINED FOUR COMMUNITIES SERVED BY THEIR FOUR HOSPITAL FACILITIES: NGMC GREATER BRASELTON SERVICE AREA (GBSA), NGMC PRIMARY SERVICE AREA (PSA), NGMC SECONDARY SERVICE AREA 400 (SSA 400), AND NGMC SECONDARY SERVICE AREA NORTH (SSA NORTH). BASED ON RESULTS OF THE 2022 CHNA, THE FOLLOWING THREE PRIORITIES WERE ADOPTED BY THE ORGANIZATION AND REPRESENT THOSE ON WHICH WE CAN HAVE THE MOST IMPACT BASED ON PRIORITIZATION CRITERIA:

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.

-BEHAVIORAL AND MENTAL HEALTH (ALL NGMC SERVICE AREAS)

-ACCESS TO CARE (ALL NGMC SERVICE AREAS)

-HEALTHY BEHAVIORS (ALL NGMC SERVICE AREAS)

FOR DETAILS ON HOW NGMC IS ADDRESSING THE SIGNIFICANT NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA, GO TO: [HTTPS://WWW.NGHS.COM/COMMUNITY-BENEFIT-RESOURCES](https://www.nghs.com/community-benefit-resources), GO TO INITIATIVES AND ACTIVITIES, AND CLICK ON 2023-2025 IMPLEMENTATION PLAN.

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

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

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

-NGMC 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.

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

EVEN SO, NGMC DOES ACTIVELY WORK ON THESE ISSUES. FOR INSTANCE, ACCESS TO CARE IS A PRIORITY ACROSS THE REGION AND WHILE TRANSPORTATION WAS NOT

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.

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, NGMC ALREADY HAS AN INTERNAL EMPHASIS ON THIS HEALTH ISSUE AND REPORTS ITS ACTIVITY VIA CANCER SERVICES' ANNUAL REPORT:

[HTTPS://WWW.NGHS.COM/WP-CONTENT/UPLOADS/2025/05/CANCER-2024-REV-APRIL-2025.PDF](https://www.nghs.com/wp-content/uploads/2025/05/cancer-2024-rev-april-2025.pdf)

NGMC LUMPKIN LLC:

PART V, SECTION B, LINE 11: NORTHEAST GEORGIA MEDICAL CENTER DEFINED FOUR COMMUNITIES SERVED BY THEIR FOUR HOSPITAL FACILITIES: NGMC GREATER BRASELTON SERVICE AREA (GBSA), NGMC PRIMARY SERVICE AREA (PSA), NGMC SECONDARY SERVICE AREA 400 (SSA 400), AND NGMC SECONDARY SERVICE AREA NORTH (SSA NORTH). BASED ON RESULTS OF THE 2022 CHNA, THE FOLLOWING THREE PRIORITIES WERE ADOPTED BY THE ORGANIZATION AND REPRESENT THOSE ON WHICH WE CAN HAVE THE MOST IMPACT BASED ON PRIORITIZATION CRITERIA:

- BEHAVIORAL AND MENTAL HEALTH (ALL NGMC SERVICE AREAS)
- ACCESS TO CARE (ALL NGMC SERVICE AREAS)
- HEALTHY BEHAVIORS (ALL NGMC SERVICE AREAS)

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

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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.

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

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

-NGMC 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.

-NGMC SSA 400: MATERNAL AND CHILD HEALTH, SMOKING, VIOLENCE/CHILD ABUSE, INCOME, ACCESS TO DENTAL CARE, SOCIAL ISOLATION, CANCER, TRANSPORTATION. EVEN SO, NGMC 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, NGMC ALREADY HAS AN INTERNAL EMPHASIS ON THIS HEALTH ISSUE AND REPORTS ITS ACTIVITY VIA CANCER SERVICES' ANNUAL REPORT:

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NGMC HABERSHAM LLC:

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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.

PART V, SECTION B, LINE 11: NORTHEAST GEORGIA MEDICAL CENTER DEFINED FOUR COMMUNITIES SERVED BY THEIR FOUR HOSPITAL FACILITIES: NGMC GREATER BRASELTON SERVICE AREA (GBSA), NGMC PRIMARY SERVICE AREA (PSA), NGMC SECONDARY SERVICE AREA 400 (SSA 400), AND NGMC SECONDARY SERVICE AREA NORTH (SSA NORTH). BASED ON RESULTS OF THE 2022 CHNA, THE FOLLOWING THREE PRIORITIES WERE ADOPTED BY THE ORGANIZATION AND REPRESENT THOSE ON WHICH WE CAN HAVE THE MOST IMPACT BASED ON PRIORITIZATION CRITERIA:

- BEHAVIORAL AND MENTAL HEALTH (ALL NGMC SERVICE AREAS)
- ACCESS TO CARE (ALL NGMC SERVICE AREAS)
- HEALTHY BEHAVIORS (ALL NGMC SERVICE AREAS)

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

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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.

DENTAL CARE, EMPLOYMENT, CEREBROVASCULAR DISEASE, SOCIAL ISOLATION,

CANCER, COPD AND RESPIRATORY DISEASE, INJURY, AND DEATH.

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

EVEN SO, NGMC 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, NGMC ALREADY HAS AN INTERNAL EMPHASIS ON THIS HEALTH ISSUE AND
REPORTS ITS ACTIVITY VIA CANCER SERVICES' ANNUAL REPORT:

[HTTPS://WWW.NGHS.COM/WP-CONTENT/UPLOADS/2025/05/CANCER-2024-REV-APRIL-2025.
PDF](https://www.nghs.com/wp-content/uploads/2025/05/cancer-2024-rev-april-2025.pdf)

NGMC BARROW LLC

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

WWW.NGHS.COM/FINANCIAL-ASSISTANCE

NGMC LUMPKIN LLC

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

WWW.NGHS.COM/FINANCIAL-ASSISTANCE

NGMC HABERSHAM LLC

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

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.

WWW.NGHS.COM/FINANCIAL-ASSISTANCE

NGMC BARROW LLC:

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

NGMC LUMPKIN LLC:

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

NGMC HABERSHAM LLC:

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

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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 BUFORD 4445 SOUTH LEE STREET, SUITE 300 BUFORD, GA 30518	CARDIOLOGY
5 GEORGIA HEART INSTITUTE CLAYTON 536 HIGHWAY 441 S CLAYTON, GA 30525	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 DEMOREST (HAB 590 OLD HISTORIC U.S. 441 DEMOREST, GA 30535	CARDIOLOGY
9 GEORGIA HEART INSTITUTE DAWSONVILLE 108 PROMINENCE COURT, SUITE 210 DAWSONVILLE, GA 30534	CARDIOLOGY
10 GEORGIA HEART INSTITUTE HAMILTON MILL 3575 BRASELTON HWY DACULA, GA 30019	CARDIOLOGY

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 (for example, open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C:

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

PART I, LINE 6A:

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

PART I, LINE 7:

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

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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, NGMC LUMPKIN OR NGMC HABERSHAM. 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, NGMC LUMPKIN AND NGMC HABERSHAM.

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 \$14,592,800 FOR NGMC BARROW. THE ESTIMATED PROVISION FOR BAD DEBTS IS REPORTED AS A DEDUCTION FROM PATIENT SERVICE REVENUE.

NGMC LUMPKIN:

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 \$8,452,849 FOR NGMC LUMPKIN. THE ESTIMATED PROVISION FOR BAD DEBTS IS REPORTED AS A DEDUCTION FROM PATIENT SERVICE REVENUE.

NGMC HABERSHAM:

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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 \$13,322,735 FOR NGMC HABERSHAM. THE ESTIMATED PROVISION FOR BAD DEBTS IS REPORTED AS A DEDUCTION FROM PATIENT SERVICE REVENUE.

PART II, COMMUNITY BUILDING ACTIVITIES:

NGMC BARROW

NGMC BARROW CONDUCTED A VARIETY OF COMMUNITY BUILDING ACTIVITIES PROMOTING THE HEALTH OF ITS COMMUNITY IN FY22. SUCH PROGRAMS ACTIVATED AWARENESS AROUND CHILDREN'S SAFETY, COMMUNITY HEALTH EDUCATION, AND MENTAL HEALTH.

SAFE KIDS NORTHEAST GEORGIA: NGMC BARROW SERVED AS THE LEAD AGENCY FOR SAFE KIDS NORTHEAST GEORGIA, REDUCING UNINTENTIONAL INJURIES AND DEATH IN CHILDREN 19 AND UNDER. IN FY22, SAFE KIDS PROVIDED TWO PROGRAMS AND EVENTS IN THE BARROW AREA, WITH OUTREACH TO OVER 650 CHILDREN AND THEIR FAMILY MEMBERS, TEACHERS, AND CAREGIVERS. THESE PROGRAMS DISTRIBUTED SAFETY ITEMS TO FAMILIES WHO NEEDED THEM, INCLUDING 125 HELMETS AND \$2,549 WORTH OF BOOSTER SEATS. SAFE KIDS WAS FUNDED BY THE NGHS FOUNDATION. OVERALL SUPPORT CAME AT A COST OF \$4,844 FOR NGMC BARROW IN FY22.

STROKE EDUCATION AND OUTREACH: IN FY22, STAFF FROM THE NGMC BARROW STROKE UNIT PROVIDED EDUCATION TO THE COMMUNITY ABOUT STROKE PREVENTION, SYMPTOMS, RISK FACTORS, AND ACTIONS TO TAKE. EDUCATIONAL DEMONSTRATIONS WERE PROVIDED AT SEVERAL COMMUNITY EVENTS. THESE HEALTH EDUCATION ENGAGEMENTS CAME AT A COST OF \$320 FOR NGMC BARROW IN FY22.

QPR TRAINING FOR MENTAL HEALTH: QPR SUICIDE PREVENTION TRAINING WAS

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Part VI Supplemental Information (Continuation)

PROVIDED TO 300 INDIVIDUALS AT AN EXPENSE OF \$1,455 TO NGMC BARROW IN FY22. THIS IMPORTANT TRAINING TEACHES HOW TO: ASK THE SUICIDE QUESTION, PERSUADE THE PERSON TO STAY ALIVE, AND THEN REFER THE PERSON TO THE APPROPRIATE SUPPORT.

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.

NGMC ANNUALLY REPORTS ON THE PROGRESS OF CHNA OUTCOMES AND ACTIVITIES, WHICH INCLUDES QUANTITATIVE INFORMATION ON IDENTIFIED HEALTH NEEDS.

NGMC 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 FY22. 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

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Part VI Supplemental Information (Continuation)

LEVEL 2 CENTER).

NGMC LUMPKIN

NGMC LUMPKIN DIRECTOR KAY HALL SERVED ON THE BOARD OF THE LUMPKIN COUNTY COMMUNITY HELPING PLACE, WHICH PROVIDES A FREE MEDICAL CLINIC, CLOTHES CLOSET, FOOD PANTRY AND OTHER TANGIBLES SUCH AS MONETARY DONATIONS FOR ELECTRICITY, TRANSPORTATION TO MD OFFICES, COMMUNITY NAVIGATION AND HAS JUST BEGUN WITH MENTAL HEALTH SERVICES. HAVING A CONNECTION ON THIS BOARD HAS SUPPORTED THE PARTNERSHIP IN PLACE TO PROVIDE MEDICAL CARE FOR LOW-INCOME COMMUNITY MEMBERS. THIS SUPPORT CAME AT A COST OF \$3,227 FOR NGMC LUMPKIN FY22.

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 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.

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Part VI Supplemental Information (Continuation)

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 AN 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.

PART VI, LINE 2:

NGMC BARROW

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 FY24, SAFE KIDS PROVIDED PROGRAMS AND EVENTS IN THE BARROW AREA, WITH OUTREACH TO OVER 2,000 CHILDREN AND THEIR FAMILY MEMBERS, TEACHERS, AND CAREGIVERS. THESE PROGRAMS DISTRIBUTED SAFETY ITEMS TO FAMILIES WHO NEEDED THEM, INCLUDING BOOSTER SEATS AND HELMETS. SAFE

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Part VI Supplemental Information (Continuation)

KIDS WAS FUNDED BY THE NGHS FOUNDATION AND OVERALL SUPPORT CAME AT A COST OF \$18,023 FOR NGMC BARROW IN FY24.

WORKFORCE DEVELOPMENT: NGMC BARROW INCLUDED ACTIVITIES DESIGNED TO INTEREST HIGH SCHOOL STUDENTS IN HEALTH PROFESSIONS UNDER WORKFORCE DEVELOPMENT. THESE ACTIVITIES INCLUDE PROJECT SEARCH AND YOUTH APPRENTICESHIP. IN FY24, 65 STUDENTS BENEFITTED FROM THESE PROGRAMS.

- 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.

- NGMC ANNUALLY REPORTS ON THE PROGRESS OF CHNA OUTCOMES AND ACTIVITIES, WHICH INCLUDES QUANTITATIVE INFORMATION ON IDENTIFIED HEALTH NEEDS.

- NGMC CONSISTENTLY REVIEWS DATA RELATED TO ITS STRATEGIC GOALS AND REVIEWS SOCIAL VULNERABILITY INDEX DATA FOR THE COMMUNITIES IT SERVES.

NGMC LUMPKIN

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 FY24, SAFE KIDS PROVIDED PROGRAMS AND EVENTS IN THE LUMPKIN COUNTY AREA, WITH OUTREACH TO OVER 537 CHILDREN AND THEIR FAMILY MEMBERS, TEACHERS, AND CAREGIVERS. THESE PROGRAMS DISTRIBUTED SAFETY ITEMS TO FAMILIES WHO NEEDED THEM, INCLUDING BOOSTER SEATS AND HELMETS. SAFE KIDS WAS FUNDED BY THE NGHS FOUNDATION AND OVERALL SUPPORT CAME AT A COST OF \$14,215 FOR NGMC LUMPKIN IN FY24.

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Part VI Supplemental Information (Continuation)

WORKFORCE DEVELOPMENT: NGMC LUMPKIN INCLUDED ACTIVITIES DESIGNED TO INTEREST HIGH SCHOOL STUDENTS IN HEALTH PROFESSIONS UNDER WORKFORCE DEVELOPMENT, INCLUDING THE YOUTH APPRENTICESHIP PROGRAM. IN FY24, 14 STUDENTS BENEFITTED FROM THESE PROGRAMS.

NGMC HABERSHAM

WORKFORCE DEVELOPMENT: NGMC HABERSHAM INCLUDED ACTIVITIES DESIGNED TO INTEREST HIGH SCHOOL STUDENTS IN HEALTH PROFESSIONS UNDER WORKFORCE DEVELOPMENT, INCLUDING THE YOUTH APPRENTICESHIP PROGRAM. IN FY24, 52 STUDENTS BENEFITTED FROM THIS PROGRAM.

PART VI, LINE 3:

NGMC BARROW, NGMC LUMPKIN AND NGMC HABERSHAM

EDUCATION BEGINS WITH OUR PLAIN LANGUAGE SUMMARY PROVIDED AT REGISTRATION. SIGNS ARE PROMINENTLY POSTED AT CHECK IN, REGISTRATION, AND WAITING AREAS. BUSINESS CARDS AND FLIERS ARE ALSO AVAILABLE. REGISTRARS PROVIDE COPIES OF OUR APPLICATION UPON REQUEST. FINANCIAL ASSISTANCE REPRESENTATIVES PROVIDE BEDSIDE SCREENING IN THE EMERGENCY DEPARTMENT, AND TO UNINSURED BEDDED PATIENTS DURING STAFFED HOURS OR VIA FOLLOW UP PHONE CALLS IF A BEDDED PATIENT IS DICHARGED PRIOR TO SCREENING. OUR NGHS WEBSITE INCLUDES OUR PLAIN LANGUAGE SUMMARY, POLICY, AND APPLICATIONS IN ENGLISH & SPANISH. OUR PATIENT PORTAL, MYCHART, INCLUDES A SELF-SERVICE ONLINE APPLICATION AND CONTACT INFORMATION FOR ASSISTANCE. OUR PATIENT BILLING CUSTOMER SERVICE TEAM IS TRAINED TO PROVIDE DETAILED SUPPORT TO PATIENTS WHO HAVE A HIGH BALANCE OR EXPRESS DIFFICULTY IN AFFORDING THEIR RESPONSIBILITY. ALL PATIENT SCREENED BY A FINANCIAL ASSISTANCE REPRESENTATIVE OR WHO SUBMIT AN

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Part VI Supplemental Information (Continuation)

FINANCIAL ASSISTANCE APPLICATION MAY RECEIVE COUNSELING REGARDING GOVERNMENTAL PROGRAMS FOR WHICH THEY MAY QUALIFY, INCLUDING BUT NOT LIMITED TO, MEDICAID AND DISABILITY.

PART VI, LINE 4:

NGMC BARROW, NGMC LUMPKIN AND NGMC HABERSHAM

POPULATION: FROM 2010 TO 2023, THE HEALTH SYSTEM'S TOTAL SERVICE AREA ("TSA") POPULATION GREW AN ESTIMATED 1.8% PER YEAR ON AVERAGE COMPARED TO THE STATE OF GEORGIA AT 1.0% AND THE US AT 0.6%. POPULATION FOR THE TSA IN 2023 IS ESTIMATED TO BE 2,000,869, REPRESENTING A TOTAL GROWTH RATE OF 26.8% SINCE 2010, COMPARED TO THE STATE OF GEORGIA'S GROWTH (13.8%) AND THE US (8.5%) OVER THE SAME TIME PERIOD. THE TSA'S POPULATION GROWTH RATE IS PROJECTED TO OUTPACE GEORGIA AND THE US THROUGH AT LEAST 2024, THUS CONTINUING TO DRIVE ABOVE AVERAGE DEMAND FOR HEALTH CARE SERVICES.

SOURCE: US CENSUS BUREAU; AMERICAN COMMUNITY SURVEY

HOUSEHOLD INCOME AND HOME VALUES: MEDIAN HOUSEHOLD INCOME FOR THE TSA IS CURRENTLY 89,083 COMPARED TO THE STATE OF GEORGIA AT 77,086. THE MEDIAN HOME VALUE FOR THE TSA IS CURRENTLY 389,789 COMPARED TO THE STATE OF GEORGIA AT 321,503.

SOURCE: ESRI BUSINESS ANALYST ONLINE

EMPLOYMENT: THE UNEMPLOYMENT RATE FOR THE NGHS TOTAL SERVICE AREA WAS 2.9% IN 2023 COMPARED WITH THE STATE OF GEORGIA AT 3.3% AND THE US AT 3.7%. FOR THE LAST 12 YEARS, THE TSA HAS CONSISTENTLY EXPERIENCED AN ANNUAL UNEMPLOYMENT RATES BELOW THOSE OF GEORGIA AND THE US.

SOURCE: BUREAU OF LABOR STATISTICS

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Part VI Supplemental Information (Continuation)

PART VI, LINE 5:

NGMC BARROW, NGMC LUMPKIN AND NGMC HABERSHAM

NORTHEAST GEORGIA MEDICAL CENTER'S BOARD OF DIRECTORS IS COMPRISED OF 10 MEMBERS AND REPRESENTS THE COMMUNITIES DIRECTLY SERVED BY THE ORGANIZATION. BOARD MEMBERS PROVIDE LEADERSHIP THAT SUPPORTS THE ORGANIZATION'S MISSION TO IMPROVE THE HEALTH OF THE COMMUNITY.

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

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.

NGMC LUMPKIN

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Part VI Supplemental Information (Continuation)

NGMC LUMPKIN PROVIDED FINANCIAL AND STAFF SUPPORT FOR COMMUNITY HELPING PLACE, AN INDIGENT HEALTH CLINIC IN LUMPKIN COUNTY THAT PROVIDES MEDICAL AND DENTAL SERVICES FOR THE AREA'S MOST VULNERABLE POPULATIONS AND NAVIGATION TOWARD MENTAL HEALTH SERVICES. NGMC DONATED \$15,000 TO HELP SUPPORT THESE EFFORTS. IN FY24, NGMC LUMPKIN INPATIENT NURSE DIRECTOR KAY HALL SERVED ON THE BOARD OF THE LUMPKIN COUNTY COMMUNITY HELPING PLACE.

NGMC LUMPKIN ALSO PROVIDED SUPPORT AND DONATED OFFICE SPACE FOR THE GOOD SHEPHERD CLINIC IN FY24. THE GOOD SHEPHERD CLINIC OF DAWSON COUNTY STRIVES TO MAKE DAWSON COUNTY A BETTER PLACE BY PROVIDING HEALTH CARE FOR THOSE WHO HAVE NONE. IN FY24, NGPG VICE PRESIDENT OF OPERATIONS BOBBY NORRIS SERVED ON THE BOARD OF THE GOOD SHEPHERD CLINIC.

PART VI, LINE 6:

NGMC BARROW, NGMC LUMPKIN AND NGMC HABERSHAM

NORTHEAST GEORGIA MEDICAL CENTER BARROW IS AN AFFILIATE OF NORTHEAST GEORGIA HEALTH SYSTEM. OTHER AFFILIATES ALONG WITH NGMC BARROW INCLUDE NGMC GAINESVILLE AND BRASELTON, NGMC LUMPKIN, NGMC HABERSHAM, NORTHEAST GEORGIA PHYSICIANS GROUP, THE NORTHEAST GEORGIA HEALTH SYSTEM FOUNDATION, NORTHEAST GEORGIA HEALTH PARTNERS, AND THE GEORGIA HEART INSTITUTE.

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

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Part VI Supplemental Information (Continuation)

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 NORTHEAST GEORGIA, WHICH FURTHER IMPROVES THE COMMUNITY'S ACCESS TO CARE

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Part VI Supplemental Information (Continuation)

FOR THE REGION OF 19 COUNTIES.

NORTHEAST GEORGIA HEALTH SYSTEM VOLUNTEERS AND AUXILIANS ARE PEOPLE OF ALL AGES WHO GIVE OF THEMSELVES TO MAKE A DIFFERENCE IN THE LIVES OF OTHERS.

THE MEDICAL CENTER AUXILIARY IS COMMITTED TO INVOLVING DEDICATED VOLUNTEERS TO IMPROVE THE SERVICES OF THE HEALTH SYSTEM. VOLUNTEERS CONTRIBUTE TIME AND COMPASSIONATE SERVICE ASSISTING WITH NON-MEDICAL DUTIES AS THEY PROVIDE COMFORT AND SUPPORT TO PATIENTS, FAMILY MEMBERS AND VISITORS.

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

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

GA

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization **NORTHEAST GEORGIA HEALTH SYSTEM, INC.** Employer identification number **58-1694090**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BRENAU UNIVERSITY, INC. 500 WASHINGTON ST. SE GAINESVILLE, GA 30501	58-0566143	501(C)(3)	10,500.	0.			DONATION EXPENSE
CHRISTIAN EDUCATION CENTERS, INC. 1050 ELEPHANT TRAIL GAINESVILLE, GA 30501	58-1022054	501(C)(3)	10,500.	0.			SPONSORSHIPS
GOOD NEWS CLINICS, INC. 810 PINE STREET GAINESVILLE, GA 30501	58-2058853	501(C)(3)	1,224,349.	0.			COMMUNITY DEVELOPMENT
RAPE RESPONSE PO BOX 2883 GAINESVILLE, GA 30503	58-1788134	501(C)(3)	52,500.	0.			COMMUNITY DEVELOPMENT
ROTARY CLUB OF GAINESVILLE PO BOX 382 GAINESVILLE, GA 30503	58-6044389	501(C)(4)	10,020.	0.			SPONSORSHIPS
UNITED WAY OF HALL COUNTY INC PO BOX 2656 GAINESVILLE, GA 30503	58-6011393	501(C)(3)	40,000.	0.			COMMUNITY DEVELOPMENT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 29.
- 3 Enter total number of other organizations listed in the line 1 table 4.

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

Schedule I (Form 990) 2023

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION PO BOX 841390 DALLAS, TX 75284	13-5613797	501(C)(3)	132,500.	0.			SPONSORSHIPS
AMERICAN CANCER SOCIETY PO BOX 1685 ATLANTA, GA 30301	13-1788491	501(C)(3)	60,500.	0.			SPONSORSHIPS
DAHLONEGA LUMPKIN COUNTY 342 COURTHOUSE HILL SUITE E/SUITE DAHLONEGA, GA 30533	58-0701974	115	30,150.	0.			SPONSORSHIPS
GREATER HALL CHAMBER OF COMMERCE PO BOX 374 GAINESVILLE, GA 30503-0374	58-0251406	501(C)(3)	28,620.	0.			SPONSORSHIPS
DAWSON COUNTY CHAMBER OF COMMERCE HWY 53 W DAWSONVILLE, GA 30534	58-1950100	115	23,950.	0.			SPONSORSHIPS
JACKSON CO AREA CHAMBER OF COMMERCE - PO BOX 629 - JEFFERSON, GA 30549	58-1238040	501(C)(3)	21,300.	0.			SPONSORSHIPS
CITY OF WINDER PO BOX 568 WINDER, GA 30680-0566	58-6000700	115	20,000.	0.			SPONSORSHIPS
GLORY HOPE AND LIFE INC 725 JESSEE JEWELL PKWY SUITE 270 GAINESVILLE, GA 30501	26-4134012	501(C)(3)	20,000.	0.			SPONSORSHIPS
COMMUNITY HELPING PLACE, INC. PO BOX 712 DAHLONEGA, GA 30533	37-1554432	501(C)(3)	15,000.	0.			SPONSORSHIPS

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROTARY CLUB OF DAWSON COUNTY 3365 MONTVALE DR GAINESVILLE, GA 30506	58-2062580	501(C)(3)	15,000.	0.			SPONSORSHIPS
THE VILLAGE AT DEATON CREEK BY DEL WEBB - 2095 HWY 211 NW SUITE 2F-302 - BRASELTON, GA 30517	20-4604842	501(C)(4)	10,500.	0.			SPONSORSHIPS
HABERSHAM COUNTY CHAMBER OF COMMERCE - PO BOX 366 - CORNELIA, GA 30531	58-0541377	115	10,175.	0.			SPONSORSHIPS
CW PICKLEBALL CLUB CORP 3300 CRESSWIND MARINA DRIVE GAINESVILLE, GA 30504	82-4514508	501(C)(7)	10,000.	0.			SPONSORSHIPS
ELACHEE NATURE SCIENCE CENTER 2125 ELACHEE DR GAINESVILLE, GA 30504	58-1643768	501(C)(3)	10,000.	0.			SPONSORSHIPS
GEORGIA CENTER FOR NURSING EXCELLENCE - 3032 BRIARCLIFF ROAD NE - ATLANTA, GA 30329	87-1005670	501(C)(3)	10,000.	0.			SPONSORSHIPS
NORTHEAST GEORGIA COUNCIL BOY SCOUTS OF AMERICA - PO BOX 399 - JEFFERSON, GA 30549	58-0566207	501(C)(3)	10,000.	0.			SPONSORSHIPS
WOMENSOURCE INC PO BOX 684 GAINESVILLE, GA 30503	26-2882799	501(C)(3)	8,910.	0.			SPONSORSHIPS
CHATEAU ELAN MILITARY SUPPORT FOUNDATION INC - 6004 CHICKASAW LANE - BRASELTON, GA 30517	84-1848145	501(C)(3)	7,500.	0.			SPONSORSHIPS

PUBLIC DISCLOSURE COPY

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FORSYTH CO CHAMBER OF COMMERCE 212 WEBB STREET SUITE 200 CUMMING, GA 30040	58-1048245	115	7,500.	0.			SPONSORSHIPS
GWINNETT CHAMBER OF COMMERCE, INC. 6500 SUGARLOAF PARKWAY DULUTH, GA 30097	58-0537282	115	7,500.	0.			SPONSORSHIPS
THE KEATON FRANKLIN COKER FOUNDATION - PO BOX 2697 - GAINESVILLE, GA 30503	47-2023349	501(C)(3)	7,500.	0.			SPONSORSHIPS
GEORGIA ASSOCIATION OF EMERGENCY MEDICAL SERVICES - PO BOX 772 - MORGANTON, GA 30560	58-1867952	501(C)(6)	6,950.	0.			SPONSORSHIPS
LUMPKIN COUNTY FAMILY CONNECTION, INC - 56 INDIAN DR - DAHLONEGA, GA 30533	74-3144389	501(C)(3)	6,500.	0.			SPONSORSHIPS
CRESSWIND LL VETERANS INC. 821 DAWSONVILLE HIGHWAY SUITE 250-200 - GAINESVILLE, GA 30501	81-5267874	501(C)(3)	6,000.	0.			SPONSORSHIPS
INTERACTIVE NEIGHBORHOOD FOR KIDS, INC. - 999 CHESTNUT STREET #11 - GAINESVILLE, GA 30501	75-3077646	501(C)(3)	6,000.	0.			SPONSORSHIPS
JUNIOR ACHIEVEMENT OF GEORGIA GAINESVILLE DISTRICT - PO BOX 378 - GAINESVILLE, GA 30503	58-0598050	501(C)(3)	6,000.	0.			SPONSORSHIPS
LANIER TECHNICAL COLLEGE FOUNDATION INC - 2535 LANIER TECH DR - GAINESVILLE, GA 30507	58-1688866	501(C)(3)	16,966.	0.			SPONSORSHIPS

PUBLIC DISCLOSURE COPY

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

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

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

PART I, LINE 2:

THE MAJORITY OF GRANTS ARE TO 501(C)(3) ORGANIZATIONS. APPROVAL IS OBTAINED
 PRIOR TO DISBURSEMENT. FOR GRANTS APPROVED FOR ORGANIZATIONS OTHER THAN
 THOSE RECOGNIZED AS 501(C)(3) ORGANIZATIONS, MANAGEMENT DETERMINES AN
 ASSOCIATED COMMUNITY HEALTH NEED OR FOCUS ON COMMUNITY HEALTH PRIOR TO
 APPROVAL.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2023

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization: **NORTHEAST GEORGIA HEALTH SYSTEM, INC.**
 Employer identification number: **58-1694090**

Part I Questions Regarding Compensation

	Yes	No								
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.										
<table border="0"> <tr> <td>First-class or charter travel</td> <td>Housing allowance or residence for personal use</td> </tr> <tr> <td>Travel for companions</td> <td>Payments for business use of personal residence</td> </tr> <tr> <td>Tax indemnification and gross-up payments</td> <td>Health or social club dues or initiation fees</td> </tr> <tr> <td>Discretionary spending account</td> <td>Personal services (such as maid, chauffeur, chef)</td> </tr> </table>	First-class or charter travel	Housing allowance or residence for personal use	Travel for companions	Payments for business use of personal residence	Tax indemnification and gross-up payments	Health or social club dues or initiation fees	Discretionary spending account	Personal services (such as maid, chauffeur, chef)		
First-class or charter travel	Housing allowance or residence for personal use									
Travel for companions	Payments for business use of personal residence									
Tax indemnification and gross-up payments	Health or social club dues or initiation fees									
Discretionary spending account	Personal services (such as maid, chauffeur, chef)									
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b									
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X								
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.										
<table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:										
a Receive a severance payment or change-of-control payment?	4a	X								
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X								
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.										
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
a The organization?	5a	X								
b Any related organization?	5b	X								
If "Yes" on line 5a or 5b, describe in Part III.										
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
a The organization?	6a	X								
b Any related organization?	6b	X								
If "Yes" on line 6a or 6b, describe in Part III.										
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X								
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

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

Schedule J (Form 990) 2023

PUBLIC DISCLOSURE COPY

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

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

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

(A) Name and Title	(i)	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC 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) PIERPONT BROWN MEMBER, PHYSICIAN-NGPG	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	379,013.	42,324.	32,094.	11,550.	26,329.	491,310.	0.
(2) CAROL BURRELL PRESIDENT & CEO, MEMBER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	1,297,705.	655,744.	303,712.	53,476.	28,680.	2,339,317.	0.
(3) BRIAN D. STEINES CHIEF FINANCIAL OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	647,845.	337,758.	41,040.	92,762.	34,700.	1,154,105.	80,258.
(4) STEPHEN KELLY CHIEF COMPLIANCE OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	236,964.	90,631.	23,302.	43,207.	28,348.	422,452.	30,406.
(5) MICHAEL COVERT CHIEF OPERAT. OFFICER-ENDED 12/23	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	835,529.	430,394.	46,024.	114,745.	27,761.	1,454,453.	103,195.
(6) JOHN KUEVEN CHIEF OPERAT. OFFICER-BEGIN 12/23	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	523,414.	190,216.	1,180.	67,388.	32,442.	814,640.	0.
(7) ANDREI BOYARSHINOV CHIEF LEGAL OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	493,553.	252,290.	43,964.	74,181.	33,964.	897,952.	53,201.
(8) CHRISTOPHER PARAVATE CHIEF INFORMATION OFFICER - NGHS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	467,469.	205,249.	34,790.	70,714.	32,617.	810,839.	54,058.
(9) DANIEL TUFFY PRESIDENT AND CAO - NGPG	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	440,309.	197,101.	27,657.	68,209.	35,535.	768,811.	53,382.
(10) HABIB SAMADY PRESIDENT - GEORGIA HEART INSTITUTE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	1,053,222.	244,620.	27,442.	141,150.	13,239.	1,479,673.	0.
(11) LORIE SHOEMAKER CHIEF NURSING EXECUTIVE - CONTRACTED	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	197,776.	0.	0.	0.	0.	197,776.	0.
(12) MELISSA TYMCHUK CHIEF OF STAFF & STRATEGY OFFICER -	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	386,138.	193,156.	42,951.	67,731.	35,601.	725,577.	32,356.
(13) DARLENE SWEET VP - GEORGIA HEART INSTITUTE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	233,589.	81,026.	27,842.	36,983.	10,721.	390,161.	0.
(14) DIANE POIROT CHIEF HR OFFICER - NGHS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	391,743.	128,346.	30,064.	62,548.	26,814.	639,515.	0.
(15) STUART DOWNS CHIEF NURSING EXECUTIVE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	148,278.	25,000.	1,169.	2,464.	14,088.	190,999.	0.
(16) VIKRAM REDDY CHIEF MEDICAL OFFICER - NGHS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	220,975.	60,000.	12,323.	3,614.	16,311.	313,223.	0.

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

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

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

(A) Name and Title	(i)	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC 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) LAURA DIVOKY PHYSICIAN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	498,723.	471,129.	1,066.	11,550.	21,075.	1,003,543.	0.
(18) MANIVANNAN VEERASAMY PHYSICIAN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	499,697.	515,629.	24,250.	11,550.	14,581.	1,065,707.	0.
(19) NAGA KOMMURI PHYSICIAN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	482,444.	436,961.	23,680.	11,550.	2,490.	957,125.	0.
(20) RAZA ABBAS PHYSICIAN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	488,503.	418,560.	1,180.	11,550.	34,499.	954,292.	0.
(21) UGOCHUKWU EGOLUM PHYSICIAN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	480,953.	544,598.	23,680.	11,550.	32,740.	1,093,521.	0.
(22) TRACY VARDEMAN FORMER CHIEF STRATEGY EXECUTIVE - NG	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	435,981.	47,305.	29,559.	226,896.	1,201.	740,942.	47,305.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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Part III Supplemental Information

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

PART I, LINE 4B:

EMPLOYER CONTRIBUTION TO 457(F) EXECUTIVE RETIREMENT BENEFIT PLAN

ANDREI BOYARSHINOV \$ 62,631

BRIAN D. STEINES \$ 81,212

CHRISTOPHER PARAVATE \$ 59,164

DANIEL TUFFY \$ 56,659

DARLENE SWEET \$ 26,330

DIANE POIROT \$ 50,998

HABIB SAMADY \$ 129,600

JOHN KUEVEN \$ 55,838

MELISSA TYMCHUK \$ 47,114

MICHAEL COVERT \$ 103,195

STEPHEN KELLY \$ 31,657

TRACY M. VARDEMAN \$ 13,914

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

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

PUBLIC DISCLOSURE COPY

Part III Supplemental Information

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

BURRELL. THE ASSET VALUE AS OF SEPTEMBER 30, 2024 WAS \$6,209,958 AND IS REPORTED ON FORM 990, PART X, LINE 5. SEE ALSO SCHEDULE L, PART V FOR ADDITIONAL INFORMATION REGARDING THE SPLIT DOLLAR LIFE INSURANCE.

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

ANDREI BOYARSHINOV	\$ 53,201
BRIAN D. STEINES	\$ 80,258
CHRISTOPHER PARAVATE	\$ 54,058
DANIEL TUFFY	\$ 53,382
MELISSA TYMCHUK	\$ 32,356
MICHAEL COVERT	\$ 103,195
TRACY M. VARDEMAN	\$ 47,305
STEPHEN KELLY	\$ 30,406

SCHEDULE L
(Form 990)

Transactions With Interested Persons

OMB No. 1545-0047

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.

2023

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization **NORTHEAST GEORGIA 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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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
(1) CAROL BURRELL	PRESIDENT	SEE PART		X	5,600,000.	6,209,958.		X	X		X	
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$ 6,209,958.						

Total \$ 6,209,958.

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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

SEE PART V FOR CONTINUATIONS

PUBLIC DISCLOSURE COPY

Part IV Business Transactions Involving Interested Persons

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

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

(A) NAME OF PERSON: CAROL BURRELL

(B) RELATIONSHIP WITH ORGANIZATION: PRESIDENT & CEO

(C) PURPOSE OF LOAN: SEE PART V

PART II

EXPLANATION FOR NON-RECOURSE SPLIT DOLLAR TRANSACTION WITH CAROL BURRELL, PRESIDENT & CEO:

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

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Part V Supplemental Information

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

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

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

SCHEDULE O
(Form 990)

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

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:

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

B. NORTHEAST GEORGIA MEDICAL CENTER BARROW

C. NORTHEAST GEORGIA MEDICAL CENTER LUMPKIN

D. NORTHEAST GEORGIA MEDICAL CENTER HABERSHAM

E. THE MEDICAL CENTER FOUNDATION, INC. (NGHS FOUNDATION)

F. NORTHEAST GEORGIA PHYSICIANS GROUP

G. GEORGIA HEART INSTITUTE

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

* = RELATES TO NGMC'S COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION

PLAN PROGRESS

NORTHEAST GEORGIA HEALTH SYSTEM (NGHS) IS A GEORGIA NOT-FOR-PROFIT
COMMUNITY HEALTH SYSTEM WITH THE MISSION OF IMPROVING THE HEALTH OF THE
COMMUNITY IN ALL WE DO. THE HEALTH SYSTEM SERVES MORE THAN ONE MILLION
PEOPLE IN 19 COUNTIES ACROSS NORTHEAST GEORGIA OFFERING A FULL RANGE OF
HEALTHCARE SERVICES, INCLUDING ONCOLOGY, ORTHOPEDICS, CARDIAC SURGERY,
CRITICAL CARE, SURGICAL TRAUMA, NEONATOLOGY, AND WOMEN'S CARE.

AS A NOT-FOR-PROFIT HEALTH SYSTEM, ALL REVENUE GENERATED ABOVE
OPERATING EXPENSES IS RETURNED TO THE COMMUNITY THROUGH IMPROVED
SERVICES AND INNOVATIVE PROGRAMS. NGHS IS LED BY VOLUNTEER BOARDS MADE
UP OF COMMUNITY LEADERS.

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NGHS OPERATES THE FOLLOWING HOSPITAL CAMPUSES: NGMC BARROW, LLC: A 56-LICENSED-BED HOSPITAL IN WINDER, GEORGIA. NGMC LUMPKIN, LLC: A 52 LICENSED BED HOSPITAL IN DAHLONEGA, GEORGIA; NORTHEAST GEORGIA MEDICAL CENTER (NGMC GAINESVILLE AND BRASELTON), A 613-LICENSED BED INPATIENT FACILITY IN GAINESVILLE AND A 188-LICENSED BED INPATIENT FACILITY IN BRASELTON; NGMC HABERSHAM, LLC: A 53-LICENSED BED INPATIENT FACILITY IN DEMOREST, GEORGIA. OTHER AFFILIATES INCLUDE THE NGHS FOUNDATION (THE MEDICAL CENTER FOUNDATION, INC. D/B/A THE NORTHEAST GEORGIA HEALTH SYSTEM FOUNDATION), GEORGIA HEART INSTITUTE, LLC (GHI), AND NORTHEAST GEORGIA PHYSICIANS GROUP (NGPG). NGPG BRINGS TOGETHER MORE THAN 700 PHYSICIANS, PHYSICIAN ASSISTANTS, NURSE PRACTITIONERS, MIDWIVES, AND OTHER CLINICAL STAFF AT MORE THAN 50 LOCATIONS ACROSS NORTH GEORGIA. NGPG IS THE STATE'S SIXTH-LARGEST PHYSICIAN GROUP OFFERING EXPERTISE IN MORE THAN 40 SPECIALTIES. GHI IS MADE UP OF MORE THAN 80 PHYSICIANS AND ADVANCED PRACTICE PROVIDERS REPRESENTING MULTIPLE CARDIAC SPECIALTIES THROUGH 14 LOCATIONS ACROSS NORTHEAST GEORGIA. NGHS ALSO HAS TEN URGENT CARE FACILITIES, THREE LONG-TERM CARE CENTERS, AN AMBULATORY SURGERY CENTER, ONE MENTAL HEALTH FACILITY, A SATELLITE CANCER TREATMENT FACILITY AND SEVEN REHAB LOCATIONS PROVIDING OUTPATIENT PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY.

ECONOMIC IMPACT

NGMC CONTINUES TO HAVE A POSITIVE FINANCIAL IMPACT ON THE LOCAL COMMUNITY AND STATE, ACCORDING TO THE LATEST ANNUAL STUDY CONDUCTED BY THE GEORGIA HOSPITAL ASSOCIATION. FOR 2022 (LATEST STUDY AVAILABLE), NGHS (NGMC GAINESVILLE, NGMC BRASELTON, NGMC BARROW, NGMC LUMPKIN) CONTRIBUTED MORE THAN \$7.4 BILLION IN ECONOMIC IMPACT ON LOCAL AND STATE ECONOMIES, DIRECTLY AND INDIRECTLY, SUSTAINING NEARLY 30,000

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FULL-TIME JOBS THROUGHOUT THE REGION AND STATE. THIS IS IN ADDITION TO THE MORE THAN \$84 MILLION PROVIDED IN CHARITY CARE AND OVER \$17 MILLION PROVIDED IN COMMUNITY OUTREACH. NGMC SERVES AS A STRONG FINANCIAL ENGINE FOR THE LOCAL ECONOMY.

* CHARITY CARE

IN FY24, NGHS HOSPITALS PROVIDED CHARITY CARE IN THE COMMUNITY AT THE COST OF AN ESTIMATED \$68.7 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 NGHS OFFERS. NGHS'S CHARITY CARE POLICY SUPPORTS PROVIDING CARE FOR INDIGENT PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY.

AS A NOT-FOR-PROFIT HEALTH SYSTEM, ALL REVENUE GENERATED ABOVE OPERATING EXPENSES WAS RETURNED TO THE COMMUNITY THROUGH IMPROVED SERVICES AND INNOVATIVE PROGRAMS. NGHS REINVESTED IN THE FUTURE WITH THE FOLLOWING PROJECTS:

-NGMC BRASELTON

- CLINICAL EXPANSION

- CARDIAC CATH LAB #3

-NGMC GAINESVILLE

-CLINICAL EXPANSION

-FLOWERY BRANCH MEDICAL PARK I

-BETHLEHEM MEDICAL OFFICE BUILDING

-NORTHEAST GEORGIA REHABILITATION INSTITUTE

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- IT CLOUD TRANSFORMATION PROJECT

TOTAL ESTIMATED CHARITY CARE COST FOR EACH HOSPITAL ENTITY IN FY24:

- NGMC GAINESVILLE/BRASELTON: \$27.9 MILLION FOR HALL COUNTY RESIDENTS
+ \$34.5 MILLION FOR REGIONAL RESIDENTS OUTSIDE OF HALL FOR A TOTAL OF
\$62.4 MILLION.

- NGMC BARROW: \$1.4 MILLION FOR BARROW COUNTY RESIDENTS + \$600,000 FOR
REGIONAL RESIDENTS OUTSIDE OF BARROW FOR A TOTAL OF \$2.0 MILLION.

- NGMC LUMPKIN: \$740,000 FOR LUMPKIN COUNTY RESIDENTS + \$1.0 MILLION
FOR REGIONAL RESIDENTS OUTSIDE OF LUMPKIN FOR A TOTAL OF \$1.74 MILLION.

- NGMC HABERSHAM: \$1.3 MILLION FOR HABERSHAM COUNTY RESIDENTS + \$1.2
MILLION FOR REGIONAL RESIDENTS OUTSIDE OF HABERSHAM FOR A TOTAL OF \$2.5
MILLION.

TOTAL ESTIMATED CHARITY CARE COST FOR EACH HOSPITAL ENTITY IN FY24:
\$68.7 MILLION

* LOW-INCOME AND UNINSURED PATIENT PROGRAMS: NGMC HOSPITALS ARE KEY
PARTICIPANTS AND FISCAL SPONSORS IN PROGRAMS AIMED AT TREATING
LOW-INCOME AND UNINSURED PATIENTS, INCLUDING CLINICS SUCH AS GOOD
SHEPHERD CLINIC IN DAWSONVILLE, COMMUNITY HELPING PLACE IN LUMPKIN,
GRACE GATE CLINIC IN DEMOREST AND GOOD NEWS CLINICS IN GAINESVILLE, THE
LARGEST FREE HEALTHCARE CLINIC IN GEORGIA, 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 SLIGHTLY
MORE THAN THREE TIMES THE AMOUNT OF INDIGENT AND CHARITY CARE OUTLINED

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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.

IRS OBLIGATIONS

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 151,795 ER VISITS, OPERATING THE BUSIEST EMERGENCY DEPARTMENT IN GEORGIA; NGMC BARROW AND LUMPKIN ALSO OPERATE 24-HOUR EMERGENCY ROOMS.

- IN FY24, 29% OF ALL NGMC GAINESVILLE AND BRASELTON EMERGENCY ROOM VISITS WERE MADE BY SELF-PAY PATIENTS; 18% FOR BARROW, 14% FOR HABERSHAM, AND 15% FOR LUMPKIN.

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

- NGMC PROVIDES HIGH QUALITY, ADVANCED SPECIALTY, AND PRIMARY HEALTHCARE SERVICES TO THE NORTHEAST GEORGIA COMMUNITY, SERVING OVER 1 MILLION PEOPLE IN MORE THAN 19 COUNTIES.

- IN FY24, NGMC'S PAYOR MIX AT GAINESVILLE AND BRASELTON WAS 59% MEDICARE/MEDICAID, 33% COMMERCIAL/OTHER INSURANCE AND 8% SELF-PAY.

- IN FY24, NGMC'S PAYOR MIX AT BARROW WAS 51% FOR MEDICARE/ MEDICAID, 36% FOR COMMERCIAL/OTHER INSURANCE AND 13% FOR SELF-PAY.

- IN FY24, NGMC'S PAYOR MIX AT LUMPKIN WAS 48% FOR MEDICARE/ MEDICAID,

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39% FOR COMMERCIAL/OTHER INSURANCE AND 13% FOR SELF-PAY.

- IN FY24, NGMC'S PAYOR MIX AT HABERSHAM WAS 56% FOR MEDICARE/
MEDICAID, 34% FOR OTHER INSURANCE AND 10% FOR SELF-PAY.

PARTICIPATE IN MEDICAID AND MEDICARE: 59% OF PATIENTS SERVED BY NGMC
GAINESVILLE AND BRASELTON IN FY24 WERE MEDICAID AND MEDICARE PATIENTS;
51% FOR BARROW, 56% FOR HABERSHAM, AND 48% FOR LUMPKIN.

CREATE A GOVERNING BOARD THAT IS REPRESENTATIVE OF THE COMMUNITY IT
SERVES: MORE THAN 100 COMMUNITY MEMBERS AND MORE THAN 30 MEDICAL STAFF
MEMBERS ARE ACTIVELY INVOLVED IN GOVERNANCE THROUGH NGHS, NGMC AND
OTHER SUBSIDIARY BOARDS AND COMMITTEES.

INDIGENT CARE TRUST FUND (ICTF): IN 2024, NGMC BARROW, NGMC LUMPKIN,
AND NGMC HABERSHAM RECEIVED \$6.4 MILLION IN NET FUNDS ALLOCATED THROUGH
THE MEDICAID DSH (ICTF) PROGRAM TO PARTIALLY OFFSET A FINANCIAL LOSS OF
\$14.9 MILLION IN COST THE HOSPITALS INCURRED TREATING UNINSURED AND
MEDICAID PATIENTS. IN ADDITION, THE HOSPITALS RECEIVED \$1.7 MILLION IN
NET FUNDS ALLOCATED THROUGH THE MEDICAID UPL AND DIRECTED PAYMENT
PROGRAMS TO ADJUST MEDICAID PAYMENTS UPWARD TO MATCH MEDICARE PAYMENT
LEVELS. ESTABLISHED IN 1990, THE ICTF EXPANDS MEDICAID ELIGIBILITY AND
SERVICES. IT SUPPORTS HEALTHCARE FACILITIES THAT SERVE THE MEDICALLY
INDIGENT AND FUNDS PRIMARY CARE 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.

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* COMMUNITY HEALTH NEEDS ASSESSMENT: WITH SIGNIFICANT INPUT FROM THE COMMUNITY, THE HOSPITAL ENTITIES OF NORTHEAST GEORGIA HEALTH SYSTEM COMPLETED A REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN 2022. 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, PLUS ONLINE SURVEYS THAT GARNERED APPROXIMATELY 4,500 RESPONSES, WELL ABOVE EXPECTED RESPONSE RATES. THE STUDY IDENTIFIED THE THREE HEALTH PRIORITIES THAT FIT HAND-IN-GLOVE WITH THE ORGANIZATION'S STRATEGIC DIRECTION: MENTAL & BEHAVIORAL HEALTH, ACCESS TO CARE, AND HEALTHY BEHAVIORS. INFORMATION FROM THIS STUDY CONTINUES TO DRIVE COMMUNITY BENEFIT ACTIVITIES TODAY. THE BELOW DASHBOARD REFLECTS PROGRESS ON THE CHNA IMPLEMENTATION PLAN.

* CHNA IMPLEMENTATION PLAN DASHBOARD

GOAL 1: REDUCE UNHEALTHY BEHAVIORS INCLUDING TOBACCO USE, SEDENTARY LIFESTYLES, OBESITY RATES, AND CHRONIC CONDITION RATES, SUCH AS HYPERTENSION AND DIABETES.

2022 BASELINE

OVERALL OUTCOME MEASURES:

- 25% OF NORTHEAST GEORGIA COMMUNITY MEMBERS ARE OBESE
- 18% DRINK EXCESSIVELY
- 17% ARE CURRENT SMOKERS
- 10% OF ADULTS AGE 20+ HAVE DIABETES
- 32% OF ADULTS AGE 18+ HAVE HIGH BLOOD PRESSURE

SOURCE: CDC BEHAVIORAL RISK FACTOR SURVEY (2019), CDC NATIONAL CENTER

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FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION (2019).

2023 PROGRESS

OVERALL OUTCOME MEASURES:

- 27.9% OF COMMUNITY MEMBERS ARE OBESE
- 15.51% DRINK EXCESSIVELY
- 13.9% ARE CURRENT SMOKERS
- 8.4% OF ADULTS AGE 20+ HAVE DIABETES
- 32.1% OF ADULTS AGE 18+ HAVE HIGH BLOOD PRESSURE

SOURCE: CDC BEHAVIORAL RISK FACTOR SURVEY (2021), CDC NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION (2021).

2024 PROGRESS

OVERALL OUTCOME MEASURES:

- 36.4% OF COMMUNITY MEMBERS ARE OBESE
- 15.5% DRINK EXCESSIVELY
- 13% ARE CURRENT SMOKERS
- 12.1% OF ADULTS AGE 18+ HAVE DIABETES
- 32.1% OF ADULTS AGE 18+ HAVE HIGH BLOOD PRESSURE

SOURCE: CDC BEHAVIORAL RISK FACTOR SURVEY (2021, 2022), CDC NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION (2021, 2022).

GOAL 2: WORK TO IMPROVE ACCESS TO CARE THROUGHOUT THE REGION THROUGH GROWTH IN WORKFORCE, RESIDENCY SLOTS FILLED IN GRADUATE MEDICAL EDUCATION PROGRAMS, MASTER FACILITY PLAN, AND DIGITAL FRONT DOOR.

2022 BASELINE

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OVERALL OUTCOME MEASURES: 210 RESIDENCY SLOTS FILLED IN VARIOUS

SPECIALTIES BY 2025.

SOURCE: NGMC GME PROGRAM.

2023 PROGRESS

OVERALL OUTCOME MEASURES: 178 RESIDENCY SLOTS FILLED IN VARIOUS

SPECIALTIES AS OF 2023.

SOURCE: NGMC GME PROGRAM.

2024 PROGRESS

OVERALL OUTCOME MEASURES: 220 RESIDENCY SLOTS FILLED IN VARIOUS

SPECIALTIES AS OF 2024.

SOURCE: NGMC GME PROGRAM, 2024 ACCOMPLISHMENTS PIECE.

GOAL 3: REDUCE SUICIDE AND OPIOID OVERDOSE RATES WITHIN OUR SERVICE AREAS.

2022 BASELINE

OVERALL OUTCOME MEASURES: THE RATE OF DEATHS IN THE REGION RELATED TO SUICIDE, ALCOHOL-RELATED DISEASE, AND/OR DRUG OVERDOSE (ALSO KNOWN AS "DEATHS OF DESPAIR") WAS 37 DEATHS FOR EVERY 100,000 PEOPLE EACH YEAR IN THE REGION BETWEEN 2016 AND 2020, HIGHER THAN THE GEORGIA RATE.

SOURCE: CENTERS FOR DISEASE CONTROL AND PREVENTION. NATIONAL VITAL STATISTICS SYSTEM, 2016-2020.

2023 PROGRESS

OVERALL OUTCOME MEASURES: THE RATE OF DEATHS IN THE REGION RELATED TO SUICIDE, ALCOHOL-RELATED DISEASE, AND/OR DRUG OVERDOSE (ALSO KNOWN AS

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"DEATHS OF DESPAIR") WAS 35.9 DEATHS FOR EVERY 100,000 PEOPLE EACH YEAR IN THE REGION BETWEEN 2017 AND 2021, HIGHER THAN THE GEORGIA RATE. SOURCE: CENTERS FOR DISEASE CONTROL AND PREVENTION. NATIONAL VITAL STATISTICS SYSTEM, 2017-2021.

2024 PROGRESS

OVERALL OUTCOME MEASURES: THE RATE OF DEATHS IN THE REGION RELATED TO SUICIDE, ALCOHOL-RELATED DISEASE, AND/OR DRUG OVERDOSE (ALSO KNOWN AS "DEATHS OF DESPAIR") WAS 44.3 DEATHS FOR EVERYONE 100,000 PEOPLE EACH YEAR IN THE REGION BETWEEN 2019 AND 2023, HIGHER THAN THE GEORGIA RATE. SOURCE: CENTERS FOR DISEASE CONTROL AND PREVENTION. NATIONAL VITAL STATISTICS SYSTEM, 2019-2023.

* GRANTS AND COMMITMENTS

HOPE FOR GEORGIA MOMS: HOPE FOR GEORGIA MOMS IS THE MULTIYEAR STATE MATERNAL HEALTH INNOVATION GRANT AWARDED TO NORTHEAST GEORGIA HEALTH SYSTEM IN 2022 WITH THE PURPOSE TO DECREASE MATERNAL MORTALITY AND IMPROVE HEALTH EQUITY FOR PREGNANT AND POSTPARTUM WOMEN IN GEORGIA. NGHS SERVES THE COMMUNITY THROUGH HOPE INITIATIVES THAT BRING TOGETHER ORGANIZATIONS, CLINICIANS AND INDIVIDUALS TO BRING AWARENESS AND RESOURCES FOR MATERNAL CARDIAC AND MATERNAL MENTAL HEALTH CONDITIONS. IN FY24, HOPE FOR GEORGIA MOMS AND GEORGIA PERINATAL QUALITY COLLABORATIVE (GAPQC) HOSTED A MATERNAL CARDIAC ROUNDTABLE TO DISCUSS THE IMPORTANCE OF CARDIOVASCULAR DISEASE RISK ASSESSMENT AMONG PREGNANT AND POSTPARTUM WOMEN, PARTICIPATED IN MATERNAL HEALTH FAIRS AND AWARDED MINI GRANTS TO COMMUNITY ORGANIZATIONS FOR MEDICAID REDETERMINATION ACTIVITIES AND SUPPORT GROUPS. IN PARTNERSHIP WITH NGHS' CENTER FOR SIMULATION AND INNOVATION, HOPE FOR GEORGIA MOMS ALSO OFFERED OBSTETRIC

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PATIENT SAFETY WORKSHOPS FREE OF CHARGE TO 19 HEALTHCARE PROFESSIONALS FROM ACROSS THE STATE TO HELP THEM IDENTIFY, ASSESS AND MANAGE PATIENTS WITH OBSTETRIC EMERGENCY THROUGH SIMULATION AND DEBRIEFING.

ACHIEVEMENTS

NGMC GAINESVILLE FIRST HOSPITAL IN GEORGIA TO OFFER HISTOTRIPSY: NGMC HAS BECOME THE ONLY HOSPITAL IN GEORGIA, ONE OF THE FEW IN THE UNITED STATES AND EIGHTH IN THE WORLD TO OFFER A NEW, PROGRESSIVE FORM OF CANCER TREATMENT KNOWN AS HISTOTRIPSY. HISTOTRIPSY IS A NON-INVASIVE PROCEDURE THAT USES SOUND WAVES AS AN ALTERNATIVE FOR TREATING LIVER CANCER TUMORS.

* ACCESS TO CARE

NGMC LUMPKIN NOW OPEN: IN APRIL 2024, THE NEW NORTHEAST GEORGIA MEDICAL CENTER LUMPKIN OPENED WITH SERVICES INCLUDING 24/7 EMERGENCY CARE, ADVANCED SURGERY, INPATIENT CARE AND ON-SITE IMAGING, LAB AND PHARMACY SUPPORT. THE NEW HOSPITAL RECEIVED AN OVERWHELMINGLY POSITIVE RESPONSE FROM THE COMMUNITY WITH MORE THAN 1,500 PEOPLE ATTENDING A GRAND OPENING CELEBRATION AT THE NEW HOSPITAL ON SATURDAY, APRIL 13, 2024.

NGPG COMMUNITY HEALTH CLINIC: THE NGPG PRIMARY CARE CLINIC AT THE HEALTH DEPARTMENT, NOW NAMED NGPG COMMUNITY CLINIC, CELEBRATED ITS OPENING IN THE 8,000-SQUARE-FOOT MEDICAL OFFICE BUILDING ADJACENT TO THE HALL COUNTY HEALTH DEPARTMENT ON THE BUTLER CAMPUS IN GAINESVILLE. THE CLINIC OFFERS PRIMARY CARE, FAMILY MEDICINE, MEDICATION ASSISTANCE, DIABETES EDUCATION, AND BEHAVIOR HEALTH AND SOCIAL WORK SERVICES AT REDUCED COSTS BASED ON WHAT EACH PATIENT CAN AFFORD.

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* ACCREDITATIONS

CENTER OF EXCELLENCE ACCREDITATION: IN FY24, NGMC BRASELTON RECEIVED REACCREDITATION OF THEIR CENTERS OF EXCELLENCE IN ROBOTICS AND MINIMALLY INVASIVE SURGERIES.

NGMC HABERSHAM EARNS EMERGENCY CARDIAC CARE ACCREDITATION: IN FY24, NGMC HABERSHAM WAS ACCREDITED AS A LEVEL 3 EMERGENCY CARDIAC CARE CENTER (ECCC), RECOGNIZING THE LEVEL OF FAST AND EFFECTIVE CARE PATIENTS RECEIVE AT THE HOSPITAL IN DEMOREST. NGMC HABERSHAM JOINED NGMC GAINESVILLE (LEVEL 1), NGMC BRASELTON (LEVEL 2), NGMC LUMPKIN (LEVEL 3) AND NGMC BARROW (LEVEL 3) IN RECEIVING THIS DESIGNATION.

* AWARDS AND RECOGNITION

NGMC HOSPITALS RECEIVE SAFETY GRADE FROM LEAPFROG GROUP: IN OCTOBER 2023, NGMC BARROW AND NGMC BRASELTON BOTH RECEIVED AN "A" SAFETY GRADE FROM THE LEAPFROG GROUP, A NATIONAL NONPROFIT UPHOLDING THE STANDARD OF PATIENT SAFETY IN HOSPITALS AND AMBULATORY SURGERY CENTERS. THE LEAPFROG GROUP, AN INDEPENDENT NATIONAL WATCHDOG ORGANIZATION, ASSIGNS A LETTER GRADE TO HOSPITALS ACROSS THE COUNTRY BASED ON MORE THAN 30 NATIONAL PERFORMANCE MEASURES REFLECTING ERRORS, ACCIDENTS, INJURIES AND INFECTIONS, AS WELL AS SYSTEMS HOSPITALS HAVE IN PLACE TO PREVENT HARM.

NGMC EMERGENCY DEPARTMENTS RECEIVE LANTERN AWARD: IN FY24, NGMC BRASELTON AND NGMC LUMPKIN BOTH EARNED THE PRESTIGIOUS 2024 LANTERN AWARD FROM THE EMERGENCY NURSES ASSOCIATION, WHICH HONORS EMERGENCY DEPARTMENTS DEMONSTRATING A COMMITMENT TO SAFETY, QUALITY, A HEALTHY WORK ENVIRONMENT, AND INNOVATION IN NURSING AND EMERGENCY CARE. WITH

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THIS RECOGNITION, NGHS BECAME THE FIRST IN THE STATE OF GEORGIA TO HAVE FOUR CAMPUSES HONORED WITH THIS AWARD.

* WOMEN & CHILDREN'S SERVICES RECEIVES AWARDS FOR MATERNAL AND INFANT HEALTH: IN MAY 2024, NGHS' WOMEN'S AND CHILDREN'S SERVICES RECEIVED SEVERAL AWARDS FROM THE GEORGIA PERINATAL QUALITY COLLABORATIVE (GAPQC) FOR PARTICIPATION IN MATERNAL AND NEWBORN INITIATIVES, ENGAGEMENT WITH THE GAPQC AND MATERNAL ECHO INITIATIVES, COMMITMENT TO DATA TRANSPARENCY AND ACCOUNTABILITY, DEDICATION TO ADVANCING MATERNAL AND INFANT HEALTH AND IMPLEMENTING EVIDENCE-BASED STRATEGIES TO ADDRESS HYPERTENSION-RELATED CHALLENGES.

NGMC HOSPITALS AWARDED TOP GRADES FOR SOCIAL RESPONSIBILITY: NGMC GAINESVILLE, BRASELTON, BARROW AND LUMPKIN RECEIVED AN "A" GRADE FOR SOCIAL RESPONSIBILITY IN THE LOWN INSTITUTE HOSPITALS INDEX. THE LOWN INSTITUTE, AN INDEPENDENT HEALTHCARE THINK TANK, GRADED OVER 3,500 HOSPITALS AND 300 HEALTH SYSTEMS NATIONWIDE BASED ON DATA UP TO 2022. THE REPORT EVALUATED HOSPITALS' HEALTH EQUITY AND VALUE OF CARE, ALONGSIDE PATIENT OUTCOMES AND MEASURED OVER 50 METRICS, INCLUDING COMMUNITY BENEFIT AND RACIAL INCLUSIVITY, TO COME UP WITH SOCIAL RESPONSIBILITY RANKINGS.

2024 PHYSICIAN HERO: IN FY24, THE GEORGIA HOSPITAL ASSOCIATION RECOGNIZED DR. ANTONIO RIOS, NGHS' CHIEF OF POPULATION HEALTH, AS THE 2024 PHYSICIAN HERO. THIS AWARD HONORS A PHYSICIAN WHO HAS "TIRELESSLY GIVEN TIME, TALENT AND EXPERTISE TO IMPROVE THEIR ORGANIZATION AND THE WORLD AROUND THEM," AND IS AWARDED TO ONLY ONE PHYSICIAN EACH YEAR.

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DR. SUNG LEE APPOINTED MEMBER OF GEORGIA EMS COUNCIL: IN FY24, DR. SUNG LEE, MEDICAL DIRECTOR FOR NEUROINTERVENTIONAL SURGERY AND COMPREHENSIVE STROKE CENTER AT NGMC, WAS APPOINTED AS A MEMBER OF THE GEORGIA EMERGENCY MEDICAL SERVICES (EMS) MEDICAL DIRECTORS ADVISORY COUNCIL. THE COUNCIL IS MADE UP OF PHYSICIANS FROM HEALTH SYSTEMS ACROSS THE STATE WHO SERVE AND ADVISE THE STATE OFFICE OF EMS. DR. LEE SERVES AS THE SOLE STROKE REPRESENTATIVE FOR THIS COUNCIL, PROVIDING GUIDANCE ON EMS STROKE SYSTEMS OF CARE FOR THE STATE OF GEORGIA.

2024 HEALTHY HALL AWARDS: THE GREATER HALL CHAMBER OF COMMERCE 2024 HEALTHY HALL AWARDS HONORS THOSE IN THE HEALTHCARE INDUSTRY WHO MAKE A SIGNIFICANT IMPACT ON OUR QUALITY OF LIFE THROUGH EXCELLENCE IN HEALTH AND WELLNESS. THE FOLLOWING WERE RECOGNIZED FOR THEIR WORK WITH NGHS:

- HEALTHCARE EDUCATION: NGHS' CENTER FOR SIMULATION AND INNOVATION
- HEALTHCARE INFORMATION TECHNOLOGY: JACK CHENG, MD, NGPG
- VISIONARY LEADER: PIERPONT (PEPPER) BROWN III, MD, NGPG
- NURSE OF THE YEAR: MANDY REICHERT, PHD, RN, PT-CSP, NGMC
- OUTSTANDING ACHIEVEMENT IN BEHAVIORAL HEALTH: DEVIN VICKNAIR, PHD, MS, NGPG
- HEALTHCARE WORKER OF THE YEAR: LYNNE ALLEN, NGHS VOLUNTEER SERVICES
- LIFETIME ACHIEVEMENT: NGMC GRADUATE MEDICAL EDUCATION

HELP FOR HEALTHCARE PROFESSIONALS: NGHS WAS A BRONZE LEVEL SPONSOR FOR THE HELP FOR HEALTHCARE PROFESSIONALS GLAM & GRATITUDE CHARITY AWARDS GALA HONORING INDIVIDUALS WHO HAVE MADE A DIFFERENCE IN THE HEALTHCARE INDUSTRY. NOMINEES FROM NGHS INCLUDED DR. CALVIN TERRELONGE, DR. BETSY GRUNCH, DR. IDOPISE UMANA, DR. ERINE RAYBON-ROJAS AND MIKE MOSQUITO.

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NGMC HOSPITALS RECOGNIZED BY AMERICAN HEART ASSOCIATION: NGMC

GAINESVILLE AND NGMC BRASELTON WERE RECOGNIZED BY THE AMERICAN HEART

ASSOCIATION WITH THE GET WITH THE GUIDELINES HEART FAILURE GOLD PLUS

QUALITY AWARD FOR THEIR SUCCESSES IN APPLYING THE MOST UP-TO-DATE

EVIDENCE-BASED TREATMENT GUIDELINES TO IMPROVE PATIENT CARE AND

OUTCOMES.

ATLANTA JOURNAL-CONSTITUTION HONORS NGMC NURSES, CENTER FOR SIMULATION

AND INNOVATION: IN MAY 2024, THE ATLANTA JOURNAL-CONSTITUTION HONORED

ALLIE ELLINGTON WITH NGMC BRASELTON AND TINA JORDAN WITH NGMC

GAINESVILLE, AT THE 2024 CELEBRATING NURSES AWARDS FOR THEIR EFFORTS TO

GO ABOVE AND BEYOND THEIR EVERYDAY DUTIES FOR THEIR COMMUNITY.

ADDITIONALLY, THE CENTER FOR SIMULATION AND INNOVATION'S SIMULATION

EDUCATORS JACKIE PAYNE, NICOLE DRURY AND TASHA MURCHISON WERE NOMINATED

AND RECOGNIZED FOR THEIR OUTSTANDING CONTRIBUTIONS TO THE FIELD OF

NURSING EDUCATION.

ATLANTA BUSINESS CHRONICLE HONORS NGHS CEO AND PRESIDENT: IN 2024,

CAROL BURRELL WAS HONORED WITH THE ATLANTA BUSINESS CHRONICLE'S

LIFETIME ACHIEVEMENT AWARD AS PART OF ITS INAUGURAL HEALTH CARE

CHAMPION AWARDS IN RECOGNITION OF HER LEADERSHIP THAT HAS EXPANDED

ACCESS TO CARE FOR THE COMMUNITY.

GEORGIA TREND'S 100 MOST INFLUENTIAL GEORGIANS: NGHS PRESIDENT AND CEO

CAROL BURRELL WAS SELECTED FOR GEORGIA TREND MAGAZINE'S ANNUAL LIST OF

THE 100 MOST INFLUENTIAL GEORGIANS FOR THE TENTH YEAR IN A ROW.

NGHS CENTER FOR SIMULATION AND INNOVATION RECEIVED NATIONAL

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RECOGNITION: IN FY24, BECKER'S HOSPITAL REVIEW NAMED NGHS AS ONE OF 34 HOSPITALS AND HEALTH SYSTEMS ACROSS THE NATION AND THE ONLY ONE IN THE STATE OF GEORGIA WITH A TOP SIMULATION AND EDUCATION PROGRAM. THE SIMULATION CENTER WAS ALSO ACCREDITED BY THE SOCIETY FOR SIMULATION IN HEALTHCARE. THE CENTER FOR SIMULATION AND INNOVATION HAS BEEN ABLE TO TRAIN MORE THAN 2,000 HIGH SCHOOL STUDENTS ACROSS NORTHEAST GEORGIA IN EMERGENCY RESPONSE THROUGH THE MOBILE SIMULATION LAB BUS. STUDENTS RECEIVE PRACTICAL, HANDS-ON EXPERIENCE IN TOPICS LIKE LIFE SUPPORT, PEDIATRIC EMERGENCIES AND STOP THE BLEED TRAINING.

* NGMC AUXILIARY VOLUNTEER SUPPORT: IN FY24 MORE THAN 691 AUXILIARY VOLUNTEERS PROVIDED OVER 57.6K HOURS OF SERVICE THROUGHOUT THE HEALTH SYSTEM, WHICH EQUATES TO 34 FTES AND A VALUE OF \$1.9 MILLION TO ENHANCE THE QUALITY OF SERVICES PROVIDED BY NGHS. THIS LEVEL OF COMMUNITY SERVICE IS AN INDICATOR OF THE STRONG COMMUNITY RELATIONSHIPS THAT ARE MAINTAINED THROUGHOUT THE REGION.

NGHS AWARDED FOR SAFETY, PATIENT EXPERIENCE, EMPLOYEE ENGAGEMENT: NGHS RECEIVED THE FIRST-EVER HIGH RELIABILITY ORGANIZATION (HRO) FOUNDATION AWARD FROM PRESS GANEY, A NATIONAL COMPANY FOCUSED ON IMPROVING HEALTH CARE. AN HRO IS AN ORGANIZATION THAT OPERATES IN COMPLEX, HIGH-RISK ENVIRONMENTS AND YET EXPERIENCE LESS ACCIDENTS OR HARMFUL EVENTS THAN ANTICIPATED. PRESS GANEY ALSO RECOGNIZED TWO NGMC CAMPUSES WITH SPECIFIC AWARDS: NGMC BRASELTON WON THE GUARDIAN OF EXCELLENCE AWARD FOR PATIENT EXPERIENCE AND NGMC BARROW RECEIVED THE GUARDIAN AWARD FOR EMPLOYEE EXPERIENCE.

CHIEF INFORMATION OFFICER RECOGNIZED BY BECKER'S HOSPITAL REVIEW: IN

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FY24, CHRIS PARAVATE, NGHS' CHIEF INFORMATION OFFICER, WAS RECOGNIZED BY BECKER'S HOSPITAL REVIEW IN A LIST OF "CIOS TO KNOW" FOR HIS ROLE IN LAUNCHING EPIC AND LEADING THE FIRST COMMUNITY CONNECT PROGRAM.

NGHS NAMED ONE OF AMERICA'S GREATEST WORKPLACES FOR DIVERSITY: NEWSWEEK RANKED NGHS AS ONE OF AMERICA'S GREATEST WORKPLACES FOR DIVERSITY FOR 2024. THE AWARD RECOGNIZES ORGANIZATIONS THAT RESPECT AND VALUE INDIVIDUALS FROM DIFFERENT BACKGROUNDS AND WALKS OF LIFE, AND NGHS EARNED THE HIGHEST POSSIBLE RANKING ON THE LIST OF LARGE EMPLOYERS WITH MORE THAN 5,000 EMPLOYEES.

* DIGITAL HEALTH & INNOVATIONS: INCREASING ACCESS TO CARE IN 2024, NGMC SAW AN 80% INCREASE IN THE NUMBER OF COMPLETED APPOINTMENTS THAT WERE SCHEDULED ONLINE, WITH 16% OF THOSE BEING NEW PATIENTS TO NGHS. ALMOST 80% OF NGMC PATIENTS USE MYCHART, PUTTING US IN EPIC'S TOP 5TH PERCENTILE OF HEALTH SYSTEMS.

ON-DEMAND URGENT CARE VIDEO VISITS AVAILABLE ON WEEKENDS: IF URGENT CARE IS NEEDED, PATIENTS NOW HAVE THE OPTION TO TRY A VIDEO VISIT AT HOME ON THE WEEKENDS FROM 8AM TO 5PM.

NGMC GAINESVILLE AND BRASELTON HIGHLIGHTS OF NGMC GAINESVILLE AND BRASELTON COMMUNITY BENEFIT ACTIVITIES:

NGMC GAINESVILLE AND BRASELTON VALUE COOPERATIVE EFFORTS WITH COMMUNITY ORGANIZATIONS AND OTHER HEALTHCARE PROVIDERS TO IMPROVE THE HEALTH STATUS OF AREA RESIDENTS. THIS IS DEMONSTRATED THROUGH MANY

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PARTNERSHIPS RANGING FROM SERVING AS THE LEAD AGENCY OF SAFE KIDS

NORTHEAST GEORGIA, TO PARTNERING WITH ORGANIZATIONS SUCH AS GOOD NEWS

CLINICS AND PUBLIC HEALTH TO REACH AT-RISK POPULATIONS IN NEED OF

HEALTH CARE.

HEALTH EDUCATION WAS PROVIDED THROUGH FREE COMMUNITY LECTURES, HEALTH

SCREENINGS, AND VARIOUS SUPPORT GROUPS. NGMC ALSO OFFERED EDUCATION

SEMINARS FOR HEALTH PROFESSIONALS IN THE COMMUNITY, REGION, AND STATE

AND WORKED TO TRAIN STUDENTS PURSUING HEALTH CAREERS. IN ADDITION, NGMC

HELPED SUPPORT THE WORK OF LOCAL NON-PROFIT ORGANIZATIONS THAT SERVE

THE HEALTH AND SOCIAL NEEDS OF THE COMMUNITY.

* CHARITY CARE

LIKE NGMC BARROW, HABERSHAM AND LUMPKIN, GAINESVILLE AND BRASELTON'S

CHARITY CARE POLICY REMOVED BARRIERS FOR LOW-INCOME POPULATIONS WITHIN

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.

IN FY24, THE ESTIMATED COST OF INDIGENT AND CHARITY CARE THROUGH NGMC

GAINESVILLE AND BRASELTON WAS \$62.4 MILLION FOR 36,656 PATIENT

ENCOUNTERS. IN ADDITION, NGMC INCURRED BAD DEBT EXPENSE DURING FY24 OF

OVER \$177.3 MILLION AS MEASURED BY CHARGES. THIS REPRESENTS

APPROXIMATELY 9.8% OF NET PATIENT REVENUE AS REFLECTED IN THE AUDITED

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FINANCIAL STATEMENTS. A SIGNIFICANT PERCENTAGE OF THIS AMOUNT IS ESTIMATED TO BE THE RESULT OF PATIENTS THAT ARE EMPLOYED BUT UNABLE TO PAY MEDICAL EXPENSES AND ARE THEREFORE CONSIDERED "MEDICALLY INDIGENT."

* FINANCIAL NAVIGATION

NGMC GAINESVILLE AND NGMC BRASELTON EMPLOYS FINANCIAL ASSISTANCE NAVIGATORS WHO FOCUS ON BEING ADVOCATES FOR UNINSURED AND UNDERINSURED PATIENTS AIDING THEM IN FINDING VIABLE MEANS TO ACCESS CARE. THE TEAM'S FOCUS IS FINDING THE BEST SOLUTIONS FOR HELPING PATIENTS APPLY FOR PROGRAMS THEY MIGHT BE ELIGIBLE FOR, MEDICAID, DISABILITY, ACCESSING THE NEW HEALTHCARE EXCHANGES, OR PROCESSING CHARITY, WHEN APPROPRIATE.

* INDIGENT PATIENT FUND

AT NGMC, FINANCIAL ASSISTANCE IS PROVIDED FOR INDIGENT PATIENTS TO OBTAIN NEEDED MEDICATIONS AND TRANSPORTATION. INDIVIDUALS ELIGIBLE FOR THESE FUNDS ARE PATIENTS WHOSE NEEDS CANNOT BE MET THROUGH PRIMARY INSURANCE, THEIR FUNDS, GOVERNMENT PROGRAMS, OR OTHER CHARITABLE SERVICES. THIS HELPS ENSURE MEDICATION COMPLIANCE AND MAXIMIZE CONDITIONS FOR RECOVERY AND RECUPERATION. THE NGHS FOUNDATION PROVIDED FUNDING FOR THIS PROGRAM AT AN ESTIMATED COST OF \$47,160 ACROSS ALL CAMPUSES IN FY24.

PATIENT NAVIGATION

NGMC PATIENT NAVIGATORS PROVIDE EMOTIONAL SUPPORT, HELP PATIENTS WITH CANCER UNDERSTAND THEIR DIAGNOSIS AND TREATMENT OPTIONS, COMMUNICATE WITH HEALTHCARE STAFF AND PROVIDERS AND ADDRESS LOGISTICAL ISSUES SUCH AS TRANSPORTATION NEEDS. THEY ARE SEEN AS A "LIVING RESOURCE DIRECTORY" FOR PATIENTS. THESE EFFORTS CAME AT A TOTAL ESTIMATED COST OF \$578,776

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FOR 8,508 PEOPLE FOR NGMC IN FY24.

* GOOD NEWS CLINICS SUPPORT

NGMC PROVIDES SUPPORT TO GOOD NEWS CLINICS (GNC) ANNUALLY THROUGH OPERATING BUDGET SUPPORT, ACCESS TO THE SAME ELECTRONIC MEDICAL RECORD SYSTEM USED BY THE HEALTH SYSTEM AND A \$1 MILLION COMMITMENT TO GNC'S CAPITAL BUILDING CAMPAIGN. GOOD NEWS CLINICS IS A CHRISTIAN MINISTRY THAT PROVIDES MEDICAL AND DENTAL CARE TO THE INDIGENT AND UNINSURED POPULATION AT NO CHARGE. FOR A DETAILED OVERVIEW OF THIS PARTNERSHIP, VISIT [HTTPS://WWW.NGHS.COM/PARTNERS](https://www.nghs.com/partners).

* WHAT DRIVES COMMUNITY HEALTH IMPROVEMENT ACTIVITIES

WITH SIGNIFICANT INPUT FROM THE COMMUNITY, THE HOSPITAL ENTITIES OF NORTHEAST GEORGIA HEALTH SYSTEM COMPLETED A REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN PARTNERSHIP WITH DISTRICT 2 PUBLIC HEALTH, STEPHENS COUNTY HOSPITAL, HABERSHAM MEDICAL CENTER AND GOOD NEWS CLINICS IN 2022. 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, PLUS ONLINE SURVEYS THAT GARNERED APPROXIMATELY 4,500 RESPONSES, WELL ABOVE EXPECTED RESPONSE RATES. THE STUDY IDENTIFIED THE THREE HEALTH PRIORITIES THAT FIT HAND-IN-GLOVE WITH THE ORGANIZATION'S STRATEGIC DIRECTION: MENTAL & BEHAVIORAL HEALTH, ACCESS TO CARE, AND HEALTHY BEHAVIORS. FOR DETAILS ON HOW NGMC AND ITS PARTNERS ARE ACTIVELY ADDRESSING THE SIGNIFICANT NEEDS IDENTIFIED IN ITS CHNA, GO TO WWW.NGHS.COM/COMMUNITY-BENEFIT-RESOURCES.

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*** WORKFORCE DEVELOPMENT & HEALTH PROFESSIONS EDUCATION**

NGMC CONTINUES TO SERVE AS A PIPELINE TO ATTRACT AND PREPARE QUALIFIED INDIVIDUALS AND STUDENTS INTERESTED IN HEALTHCARE POSITIONS. FROM THE NURSING STUDENT EDUCATION PROGRAM, THE ACCELERATED BSN PROGRAM AND SIGNIFICANT SUPPORT TO FOOTHILLS AREA HEALTH EDUCATION CENTERS (AHEC), NGMC WORKS TO TRAIN, EDUCATE AND RECRUIT STUDENTS FOR CAREERS IN HEALTHCARE. NGMC SPENT OVER \$23 MILLION IN THESE AREAS:

ACCELERATED BSN PARTNERSHIP WITH THE UNIVERSITY OF NORTH GEORGIA: SINCE JANUARY 2023, NGHS AND UNG HAVE PARTNERED TOGETHER TO CREATE AN ACCELERATED BACHELOR OF SCIENCE IN NURSING PROGRAM TO ADD 280 NURSES TO THE WORKFORCE OVER THE NEXT FIVE YEARS. THE 15-MONTH PROGRAM IS FOR STUDENTS WHO ALREADY HAVE A BACHELOR'S OR MASTER'S DEGREE IN ANOTHER FIELD AND WANT TO TRANSITION INTO A CAREER IN NURSING. IN FY24, 15 STUDENTS GRADUATED AS PART OF THE FIRST ACCELERATED BACHELOR OF SCIENCE IN NURSING TRACK COHORT FROM UNG AND NGMC PROVIDED \$1,757,555 TOWARDS THIS PROGRAM.

ALLIED HEALTH STUDENT EDUCATION: NGMC GAINESVILLE AND NGMC BRASELTON PROVIDED 946 ALLIED HEALTH STUDENTS WITH CLINICAL ROTATIONS IN FY24 TO GIVE THEM HANDS ON EXPERIENCE UNDER THE SUPERVISION OF NGMC STAFF, ALLOWING THEM TO APPLY KNOWLEDGE AND ESSENTIAL ALLIED HEALTH SKILLS.

CONTINUING MEDICAL EDUCATION (CME): THE NGMC CONTINUING MEDICAL EDUCATION PROGRAM PROVIDES RELEVANT EDUCATIONAL ACTIVITIES TO PHYSICIANS AND HEALTHCARE PROFESSIONALS DESIGNED TO ADVANCE KNOWLEDGE, IMPROVE PATIENT OUTCOMES, INCREASE AWARENESS OF CURRENT HEALTH ISSUES AND PROMOTE EVIDENCE-BASED MEDICINE IN PATIENT CARE. IN FY24, CME

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ORGANIZED 346 EDUCATIONAL ACTIVITIES AND DELIVERED 441 HOURS OF EDUCATION, COVERING DIVERSE MEDICAL DISCIPLINES AND THE LATEST ADVANCEMENTS IN HEALTHCARE AND REACHING OVER 9,000 PHYSICIANS AND HEALTHCARE STAFF MEMBERS.

FOOTHILLS AREA HEALTH EDUCATION CENTER (AHEC): SINCE 1999, NGMC HAS BEEN A PROUD PARTNER OF FOOTHILLS AREA HEALTH EDUCATION CENTER, WHICH IS A COMMUNITY-DRIVEN, NON-PROFIT CORPORATION, SUPPORTED BY FEDERAL AND LOCAL SOURCES, WITH THE MISSION TO INCREASE THE SUPPLY AND DISTRIBUTION OF HEALTHCARE PROVIDERS, ESPECIALLY IN MEDICALLY UNDERSERVED AREAS. THROUGH JOINT EFFORTS, COMMUNITIES EXPERIENCE IMPROVED SUPPLY, DISTRIBUTION AND RETENTION OF QUALITY HEALTHCARE PROFESSIONALS. FOOTHILLS AHEC SERVES 31 COUNTIES IN THE NORTHEAST GEORGIA AREA. IN 2024, FOOTHILLS AHEC CELEBRATED 10 YEARS OF THE PATHWAY TO MED SCHOOL PROGRAM, WHICH IS A FOUR-WEEK, RESIDENTIAL PROGRAM FOR UNDERGRADUATE, PRE-MEDICAL STUDENTS WHO ATTENDED GEORGIA COLLEGES AND INTEND ON STAYING IN THE STATE TO PRACTICE PRIMARY CARE. SINCE 2015, OVER 80 STUDENTS HAVE GRADUATED FROM THIS PROGRAM WITH A 98% MEDICAL SCHOOL ACCEPTANCE RATE.

GEORGIA HEART GRAND ROUNDS: GEORGIA HEART GRAND ROUNDS' PURPOSE IS TO EDUCATE PHYSICIANS AND OTHER CLINICAL PROFESSIONALS IN THE LATEST ADVANCES AND METHODS IN CARDIOLOGY TO GUIDE IN CLINICAL DECISIONS. THE GRAND ROUNDS SERIES FEATURES NATIONALLY RENOWNED LEADERS ACROSS THE SPECTRUM OF CARDIOVASCULAR SPECIALTIES AND IS FREE AND ACCESSIBLE TO ALL PROVIDERS IN-PERSON AND VIRTUALLY. IN FY24, GRAND ROUNDS WAS ATTENDED BY OVER 800 PHYSICIANS AND OTHER CLINICAL PROFESSIONALS, ATTRACTING ATTENDEES FROM THE STATE AND NATION.

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* GRADUATE MEDICAL EDUCATION: NORTHEAST GEORGIA MEDICAL CENTER'S (NGMC) GRADUATE MEDICAL EDUCATION PROGRAM IS DESIGNED TO TRAIN RESIDENTS TO BE LEADERS IN THE MEDICAL FIELD WHILE RECEIVING HANDS-ON TRAINING IN VARIOUS MEDICAL SPECIALTIES. IN 2024, NGMC HAD 60 INTERNAL MEDICINE RESIDENTS, 36 FAMILY MEDICINE RESIDENTS, 36 EMERGENCY MEDICINE RESIDENTS, 30 GENERAL SURGERY RESIDENTS, 18 CARDIOVASCULAR DISEASE FELLOWS, 18 PSYCHIATRY RESIDENTS, 12 TRANSITIONAL YEAR RESIDENTS, EIGHT INTERNAL MEDICINE PRIMARY CARE TRACK RESIDENTS, AND TWO HOSPICE AND PALLIATIVE MEDICINE FELLOWS, BRINGING THE TOTAL NUMBER OF PHYSICIAN LEARNERS TO 220.

GME PROGRAMS ACCREDITED: IN FEBRUARY 2024, THE CARDIOVASCULAR DISEASE FELLOWSHIP PROGRAM AND PSYCHIATRY RESIDENCY PROGRAM WERE BOTH AWARDED FULL ACCREDITATION FOR THE NEXT 10 YEARS BY THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION, VERIFYING THAT THE PROGRAM MEETS THE HIGHEST STANDARD AS IT PERTAINS TO TRAINING THE NEXT GENERATION OF CARDIOLOGISTS AND PSYCHIATRISTS.

WALK WITH A DOC: AS PART OF A PROJECT INCORPORATED INTO THE FAMILY MEDICINE CURRICULUM, RESIDENT PHYSICIANS GENERATE IDEAS AIMED TO ADDRESS TO THE COMMUNITY HEALTH NEEDS IDENTIFIED IN THE MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT. A RESIDENT PRESENTED THE IDEA OF STARTING A GAINESVILLE CHAPTER OF "WALK WITH A DOC," A NATIONAL PROGRAM THAT OFFERS FREE WALKING PROGRAMS IN COMMUNITIES TO LEARN ABOUT CURRENT HEALTH TOPICS FROM A MEDICAL PROFESSIONAL, ASK HEALTH QUESTIONS, MEET NEW PEOPLE AND GET THEIR STEPS IN AND THIS WAS IMPLEMENTED TO ADDRESS ACCESS TO CARE AND HEALTHY BEHAVIORS.

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NGMC RESIDENTS COLLABORATE WITH HALL COUNTY FIRE: NGMC EMERGENCY

MEDICINE RESIDENTS ARE IN THE THIRD YEAR OF COLLABORATION WITH HALL COUNTY FIRE SERVICES, WORKING TO IMPROVE EMERGENCY RESPONSE AND PATIENT CARE ACROSS THE REGION AND TO FOSTER CONSISTENT COORDINATION BETWEEN HOSPITAL-BASED PHYSICIANS AND FIRST RESPONDERS. THROUGH THIS COLLABORATION, RESIDENTS JOIN HALL COUNTY FIRE IN TRAINING EXERCISES, SIMULATIONS, REAL-WORLD EMERGENCY RESPONSES AND RIDE ALONG WITH PARAMEDICS TO LEARN ABOUT THE TRANSPORT AND TREATMENT OF PATIENTS PRIOR TO THEIR ARRIVAL AT THE HOSPITAL.

HALL COUNTY HONORS MENTORSHIP PROGRAM: IN THE HALL COUNTY SCHOOLS HONORS MENTORSHIP PROGRAM, HIGH SCHOOL JUNIORS AND SENIORS ARE MATCHED WITH A PROFESSIONAL IN THEIR SPECIFIC FIELD OF HEALTHCARE INTEREST AS PART OF REAL-LIFE CAREER EXPERIENCE IN AN HONORS-LEVEL ELECTIVE COURSE. IN FY24, 23 STUDENTS PARTICIPATED IN THIS PROGRAM.

NICU EDUCATION AND SUPPORT: NGMC CONTINUES EDUCATION FOR HEALTHCARE PROFESSIONALS CARING FOR AND WORKING IN NEONATAL CARE. SIMULATION TRAINING IS A CORE PRINCIPLE OF NICU EDUCATION AND SUPPORT, ALONG WITH NGMC LEADERS SERVING IN NICU EDUCATIONAL ROLES THROUGHOUT OUR HEALTHCARE COMMUNITY. IN FY24, THE NICU PROVIDED EDUCATION ON NEONATAL SUPPORT TO THE PARAMEDIC PROGRAM AT LANIER TECHNICAL COLLEGE AND HALL COUNTY DIVISION OF FAMILY AND CHILDREN SERVICES TEAM.

NURSING STUDENT EDUCATION: NGMC GAINESVILLE AND NGMC BRASELTON PROVIDED 2,325 NURSING STUDENTS WITH CLINICAL ROTATIONS IN FY24 TO GIVE THEM HANDS ON EXPERIENCE UNDER THE SUPERVISION OF REGISTERED NURSES,

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ALLOWING THEM TO APPLY KNOWLEDGE AND DEVELOP ESSENTIAL NURSING SKILLS.

PROJECT SEARCH: PROJECT SEARCH, A PROGRAM DEDICATED TO WORKFORCE DEVELOPMENT THAT BENEFITS THE INDIVIDUAL, COMMUNITY AND WORKPLACE, PROVIDES EMPLOYMENT AND EDUCATION OPPORTUNITIES FOR INDIVIDUALS WITH MILD TO MODERATE DISABILITIES. EMPLOYERS LIKE NGMC WHO PROVIDE OPPORTUNITIES THROUGH PROJECT SEARCH ARE CHALLENGED TO INCREASE EMPLOYMENT OPPORTUNITIES FOR QUALIFIED PERSONS WITH DISABILITIES AND TO ADVOCATE ON BEHALF OF THEIR EMPLOYMENT TO OTHER ORGANIZATIONS IN THEIR COMMUNITIES. IN FY24, 16 STUDENTS PARTICIPATED IN THIS PROGRAM.

YOUTH APPRENTICESHIP PROGRAM: THE YOUTH APPRENTICESHIP PROGRAM IS DESIGNED TO PROVIDE HANDS-ON EXPOSURE TO MANY DIFFERENT HEALTHCARE CAREERS TO ENCOURAGE STUDENTS TOWARDS A PATH IN HEALTHCARE. STUDENTS FROM AREA HIGH SCHOOLS APPLY TO PARTICIPATE, ROTATING THROUGH VARIOUS DEPARTMENTS DURING THE SCHOOL YEAR. PROMOTION OF HEALTHCARE CAREERS IS ALSO PROVIDED THROUGH CAREER FAIRS, HOSPITAL CAMPUS TOURS AND MOCK INTERVIEWS AND IN FY24 THIS PROGRAM SERVED OVER 900 STUDENTS.

YOUTH-MED PHYSICIAN MENTORSHIP PROGRAM: FY24 WAS THE INAUGURAL YEAR FOR THE YOUTH-MED PHYSICIAN MENTORSHIP PROGRAM, WHICH STANDS FOR YOUTH OPPORTUNITIES FOR UNPARALLELED TRAINING IN HEALTHCARE, MEDICINE, EDUCATION AND DEVELOPMENT. IT IS A COLLABORATIVE EFFORT BETWEEN NORTHEAST GEORGIA HEALTH SYSTEM AND COMMUNITY PARTNER HELP FOR HEALTHCARE PROFESSIONALS, INC. (HHCP). THIS PROGRAM SPANS 5 WEEKS AND IS DESIGNED TO ADVANCE EQUITY AND INSPIRE YOUTH TO PURSUE A MYRIAD OF HEALTHCARE CAREERS, SPECIFICALLY MEDICINE. IN FY24, 65 NGHS PHYSICIANS, RESIDENTS AND FELLOWS PROVIDED OVER 750 HOURS OF MENTORSHIP TO 22

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STUDENTS.

* SUPPORT OF CHARITABLE CLINICS AND OTHER NON-PROFITS

NGMC HELPS SUPPORT LOCAL NON-PROFITS THAT CONNECT PEOPLE IN NEED TO RESOURCES SUCH AS FOOD, TRANSPORTATION, AND OTHER IMPORTANT SUPPORT SERVICES. OFTEN REFERRED TO AS SOCIAL DETERMINANTS OF HEALTH, LACK OF ACCESS TO THESE RESOURCES PLAYS A DETRIMENTAL ROLE IN OVERALL HEALTH. IN FACT, RESEARCH SUPPORTS THE IDEA THAT AS MUCH AS 80% OF A PERSON'S WELLBEING IS TIED TO PHYSICAL ENVIRONMENT, ECONOMIC FACTORS, AND HEALTH BEHAVIORS. MAKING IMPROVEMENTS IN THESE AREAS UPSTREAM CAN IMPACT BETTER HEALTH DOWNSTREAM, MINIMIZING POOR HEALTH, UNNECESSARY SUFFERING AND HIGHER COSTS OF CARE.

IN FY24, NGMC HELPED SUPPORT 48 COMMUNITY NON-PROFITS AT A COST OF OVER \$923,000, INCLUDING:

- AMERICAN CANCER SOCIETY
- AMERICAN HEART ASSOCIATION
- AMPED KIDS FOUNDATION
- BEYOND DEMENTIA COALITION
- BOY SCOUTS OF AMERICA
- BRENAU UNIVERSITY
- BRIDGING HOPE
- CHILDREN'S CENTER FOR HOPE AND HEALING
- CENTER POINT
- EDMONDSON-TELFORD CENTER FOR CHILDREN
- ELACHEE NATURE CENTER
- GAINESVILLE-HALL COUNTY BLACK HISTORY SOCIETY
- GAINESVILLE JAYCEES

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-GATEWAY DOMESTIC VIOLENCE CENTER

-GEORGIA GWINNETT COLLEGE

-GEORGIA MOUNTAIN FOOD BANK

-GENERAL FEDERATION OF WOMEN'S CLUBS GAINESVILLE PHOENIX WOMEN'S CLUB

-GIRL SCOUTS OF HISTORIC GEORGIA

-GLORY, HOPE AND LIFE

-HABITAT FOR HUMANITY

-HALL COUNTY FAMILY CONNECTION NETWORK

-HALL-DAWSON CASA

-HELP FOR HEALTHCARE PROFESSIONALS

-HISPANIC ALLIANCE GEORGIA

-HOP ON A CURE (ALS)

-JARRARD BURCH FOUNDATION

-J'S PLACE

-JUNIOR ACHIEVEMENT

-JUNIOR LEAGUE OF GAINESVILLE AND HALL COUNTY DIAPER BANK AND FEEDING

OUR FUTURE

-MARR ADDICTION TREATMENT CENTERS

-MY SISTER'S PLACE

-NORTH GEORGIA WORKS

-PANCREATIC CANCER ACTION NETWORK

-PATH UNITED

-QUINLAN VISUAL ARTS CENTER

-RACHEL'S GIFT

-RAINBOW VILLAGE

-ROTARY CLUB OF NORTH GWINNETT

-SISU, INTEGRATED EARLY LEARNING

-SOUTHEASTERN BRAIN TUMOR FOUNDATION

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- NATIONAL FIRE SAFETY COUNCIL
- SYFAN SUPPORTS RALLY BENEFITTING CHILDHOOD CANCER RESEARCH
- THE MENTAL HEALTH ALLIANCE OF AMERICA
- THUMBS UP MISSION
- WHISPERING ANGELS YOUTH RANCH
- WOMENSOURCE
- YOUNG LIFE GAINESVILLE/HALL COUNTY
- YOUNG LIFE SUWANEE/BUFORD

BLOOD DRIVES: NGMC SPONSORS BLOOD DRIVES FOR THE AMERICAN RED CROSS AND THE BLOOD CONNECTION THROUGHOUT THE YEAR. IN FY24, OVER 459 INDIVIDUALS DONATED BLOOD, RESULTING IN APPROXIMATELY 918 UNITS OF BLOOD COLLECTED.

DONATION OF WATER BOTTLES TO GAINESVILLE ELEMENTARY SCHOOLS: IN 2024, NGMC DONATED OVER 200 REUSABLE WATER BOTTLES TO STUDENTS AT NEW HOLLAND LEADERSHIP ACADEMY AND FAIR STREET INTERNATIONAL ACADEMY WHO OTHERWISE WOULD NOT HAVE BOTTLES TO USE WHILE OUTSIDE AT THE PLAYGROUND AND THROUGHOUT THE SCHOOL DAY.

NGHS DONATES STOP THE BLEED KITS: NGMC, IN COOPERATION WITH THE HEALTHCARE COALITION B, DONATED 15 STOP THE BLEED KITS TO THE UNIVERSITY OF NORTH GEORGIA AND OAKWOOD POLICE DEPARTMENT. THESE KITS CAN BE LIFESAVING IN EMERGENCY SITUATIONS, PROVIDING CRUCIAL SUPPLIES TO HELP STOP SEVERE BLEEDING UNTIL PROFESSIONAL HELP ARRIVES.

* SUPPORT FOR UNITED WAY OF HALL COUNTY AND ONE HALL UNITED AGAINST POVERTY: NGHS IS A KEY PARTNER OF UNITED WAY OF HALL COUNTY, AN ORGANIZATION THAT UNITES PEOPLE, ORGANIZATIONS AND RESOURCES TO IMPROVE

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LIVES IN THE COMMUNITY. THEY SERVE HALL COUNTY, GEORGIA RESIDENTS WHO ARE IN OR AT RISK OF FINANCIAL INSTABILITY AND NON-PROFITS ALIGNED WITH OUR INVESTMENT PRIORITIES.

ONE HALL UNITED AGAINST POVERTY IS THE VEHICLE FOR COLLECTIVE IMPACT THROUGH UNITED WAY OF HALL COUNTY AND INCLUDES SUBCOMMITTEES ON HEALTH (INCLUDES MENTAL AND BEHAVIORAL HEALTH), FINANCIAL STABILITY AND EDUCATION. THE INITIATIVE SEEKS TO BREAK THE CYCLE OF POVERTY IN HALL COUNTY BY SEEKING TO UNDERSTAND POVERTY FROM THE PERSPECTIVE OF OUR MOST VULNERABLE. DIRECTOR OF COMMUNITY HEALTH IMPROVEMENT, CHRISTY MOORE, SERVES AS CHAIRPERSON OF ONE HALL. FOR MORE ABOUT THE WORK OF THIS COLLABORATIVE, GO TO WWW.UNITEDWAYHALLCOUNTY.ORG/ONEHALL.

* MENTAL & BEHAVIORAL HEALTH

THE ONE HALL MENTAL AND BEHAVIORAL HEALTH COLLABORATIVE: NGHS IS AN ACTIVE PARTNER OF THE ONE HALL MENTAL AND BEHAVIORAL HEALTH SUBCOMMITTEE, NOW REFERRED TO AS THE HEALTH SUBCOMMITTEE BECAUSE "MENTAL HEALTH IS HEALTH." NGHS EMPLOYEES MONICA NEWTON, DO, AND ADAM RAULERSON OF LAURELWOOD CO-CHAIR THE COMMITTEE. WITH ACTIVITIES AROUND ACCESS, COLLABORATION AND EDUCATION, THIS COLLABORATIVE ENJOYS ACTIVE INVOLVEMENT FROM OVER 30 AGENCIES AND HUNDREDS OF INDIVIDUALS AT ITS MONTHLY MEETINGS. FY24 ACCOMPLISHMENTS OF THE COLLABORATIVE ARE FOUND HERE: [HTTPS://WWW.UNITEDWAYHALLCOUNTY.ORG/REACHOUT/REPORTS](https://www.unitedwayhallcounty.org/reachout/reports).

MAY IS MENTAL HEALTH AWARENESS MONTH, AND NGHS PARTNERED WITH UNITED WAY OF HALL COUNTY IN THE "HALL GOES GREEN" CHALLENGE. ON THE EVENINGS OF MAY 15 & 16, THE NGMC HOSPITAL EXTERIORS WERE LIT UP GREEN, REPRESENTING HOPE, STRENGTH AND SUPPORT FOR THOSE LIVING WITH MENTAL HEALTH CONCERNS AND NGHS EMPLOYEES WORE GREEN ON MAY 16, MENTAL HEALTH

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ACTION DAY, TO SHOW SUPPORT.

IN FY24, OVER 100 HEALTHCARE PROFESSIONALS WERE MENTAL HEALTH FIRST AID CERTIFIED THROUGH A PARTNERSHIP BETWEEN NGHS AND THE UNIVERSITY OF NORTH GEORGIA. THROUGH THIS TRAINING, MENTAL HEALTH FIRST AIDERS LEARN HOW TO IDENTIFY, UNDERSTAND AND RESPOND TO MENTAL HEALTH AND SUBSTANCE USE DISORDERS. MONICA NEWTON, DO, DEVIN VICKNAIR, PHD, AND ADAM RAULERSON ARE CERTIFIED MENTAL HEALTH FIRST AID INSTRUCTORS AND ASSISTED WITH TRAININGS.

COMMISSIONER OF THE GEORGIA DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES KEVIN TANNER PROVIDED IMPORTANT INFORMATION ABOUT GEORGIA'S 988 SUICIDE & CRISIS LIFELINE AT THE UNITED WAY OF HALL COUNTY ONE HALL HEALTH MEETING IN JULY 2024. THE 988 SUICIDE & CRISIS LIFELINE IS DESIGNED TO MEET THE NEEDS OF MENTAL HEALTH, SUBSTANCE ABUSE DISORDERS AND SUICIDE INTERVENTIONS, MAKING IT EASIER FOR GEORGIANS TO ACCESS THE HELP THEY NEED, 24 HOURS A DAY, SEVEN DAYS A WEEK, 365 DAYS A YEAR. WHEN CALLERS DIAL 988, THEY ARE CONNECTED TO A TRAINED STAFF MEMBER WHO CAN HELP TO ADDRESS IMMEDIATE NEEDS AND CONNECT THE CALLER TO RESOURCES, WHICH HELPS TO REDUCE HEALTHCARE SPENDING THROUGH EARLY INTERVENTION AND REDUCE THE USE OF LAW ENFORCEMENT, PUBLIC HEALTH, AND OTHER SAFETY RESOURCES.

FOR MORE INFORMATION ABOUT THE WORK OF THE ONE HALL MENTAL AND BEHAVIORAL HEALTH COMMITTEE, VISIT WWW.UNITEDWAYHALLCOUNTY.ORG/REACHOUT.

* PEER SUPPORT IN THE ER AND NICU: NGMC AND THE GEORGIA COUNCIL FOR

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RECOVERY PARTNER TO PROVIDE THE CARES PEER SUPPORT PROGRAM, WHICH CONNECTS PEOPLE SURVIVING OVERDOSES TO CERTIFIED PEER RECOVERY EMPOWERMENT SPECIALISTS (CARES) IN THE EDS AND NICUS. IF A PATIENT IS IDENTIFIED TO BE IN NEED OF PEER SUPPORT, A CARES IS PAIRED WITH THE INDIVIDUAL AND PROVIDE SUPPORT AND CONNECT THE INDIVIDUAL WITH THE RESOURCES NEEDED WHILE AT THE HOSPITAL. THE CARES VISITS THE INDIVIDUAL 10 DAYS AFTER DISCHARGE TO PROVIDE CONTINUED SUPPORT AND RECOVERY RESOURCES. THIS PROGRAM IS OFFERED AT NGMC GAINESVILLE, NGMC BRASELTON AND NGMC BARROW. SIMILARLY, THE NICU PEER RECOVERY PROGRAM OFFERS SUPPORT AND RESOURCES TO MOTHERS WHO ARE IN OR SEEKING RECOVERY FROM A SUBSTANCE USE DISORDER. IN FY24, OVER 1,841 INDIVIDUALS WERE SERVED THROUGH THIS PROGRAM.

* UNITE US

NGHS CONTINUED ITS WORK TO IMPLEMENT UNITE US IN FY24, IN PARTNERSHIP WITH AREA NONPROFITS, MAKING IT THE RECIPIENT OVER \$300,000 RAISED THROUGH THE NGHS FOUNDATION'S 2024 MEDICAL CENTER OPEN. UNITE US IS A SHARED DATA PLATFORM THAT CREATES A COORDINATED CARE NETWORK WITH PARTNERS WORKING TOGETHER TO CONNECT PEOPLE TO A RANGE OF SERVICES SUCH AS HOUSING, EMPLOYMENT OPPORTUNITIES, FOOD ASSISTANCE AND MORE. IT ALLOWS ELECTRONIC REFERRALS BETWEEN NON-PROFITS AND SERVICE ORGANIZATIONS TO CONNECT INDIVIDUALS AND FAMILIES TO THE SERVICES THEY NEED IN REAL TIME. AT THE END OF 2024, 213 COMMUNITY-BASED ORGANIZATIONS WERE ON THE PLATFORM AND OVER 1,600 REFERRALS WERE MADE. RESEARCH SHOWS THAT ISSUES LIKE UNEMPLOYMENT, FOOD INSECURITY, POOR HOUSING, AND SOCIAL ISOLATION PLAY A DETRIMENTAL ROLE IN OVERALL HEALTH. BY MAKING IMPROVEMENTS IN THESE SOCIAL DETERMINANTS OF HEALTH (SDOH) UPSTREAM, IT HELPS TO MINIMIZE POOR HEALTH, UNNECESSARY

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SUFFERING AND HIGHER COSTS.

* ACCESS TO CARE

BRASELTON AMBULATORY SURGERY CENTER: IN OCTOBER 2023, THE BRASELTON SURGERY CENTER, NGHS' FIRST STATE-OF-THE-ART AMBULATORY SURGERY CENTER OPENED, OFFERING NEW OUTPATIENT SURGICAL OPTIONS TO PATIENTS IN THE COMMUNITY, WITH SURGEONS COVERING A VARIETY OF SPECIALTIES AND OFFERING SAME-DAY PROCEDURES SO PATIENTS CAN RETURN HOME QUICKLY TO HEAL.

GROUND BREAKING OF MEDICAL PLAZA 1: IN FEBRUARY 2024, NGHS BROKE GROUND ON MEDICAL PLAZA 1 AT THOMPSON BRIDGE MEDICAL PARK. IT OPENED SEPTEMBER 2024, AND HOUSES NGPG THOMPSON BRIDGE, WHICH PROVIDES PRIMARY CARE, WEIGHT LOSS AND GYNECOLOGY SERVICES.

GROUND BREAKING OF INPATIENT REHABILITATION FACILITY: IN FY24, NGHS AND LIFEPOINT REHABILITATION, A BUSINESS UNIT OF LIFEPOINT HEALTH, BROKE GROUND ON A NEW INPATIENT REHABILITATION FACILITY IN GAINESVILLE. WITH A TOTAL OF 40 PRIVATE ROOMS, THE 61,000 SQUARE-FOOT FACILITY WILL NEARLY DOUBLE THE PATIENT CAPACITY OF THE EXISTING 24-BED INPATIENT REHABILITATION UNIT AT NGMC GAINESVILLE. NORTHEAST GEORGIA REHABILITATION INSTITUTE WILL PROVIDE INTENSIVE NURSING, PHYSICAL, OCCUPATIONAL AND SPEECH PATHOLOGY SERVICES FOR ADULTS RECOVERING FROM CONDITIONS SUCH AS STROKE, NEUROLOGICAL DISEASE, BRAIN OR SPINAL CORD INJURY AND OTHER DEBILITATING ILLNESSES OR INJURIES AND WILL OPEN IN 2025.

NGPG LAUNCHED MEMORY ASSESSMENT CLINIC: IN PARTNERSHIP WITH STATE-FUNDED GEORGIA MEMORY NETWORK, NGPG OPENED A CLINIC FOR PATIENTS

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IN OUR COMMUNITY WITH COGNITIVE ISSUES. THIS YEAR, THE CLINIC SAW 500
NEW PATIENTS.

PRENATAL PROGRAM AT HALL COUNTY HEALTH DEPARTMENT: NGMC PARTNERS WITH
THE HALL COUNTY HEALTH DEPARTMENT TO IMPROVE BIRTH OUTCOMES BY
INCREASING THE EARLY INITIATION OF PRENATAL CARE FOR LOW INCOME,
UNINSURED PREGNANT WOMEN, REGARDLESS OF THEIR ABILITY TO PAY.

* HEALTH EDUCATION AND COMMUNITY OUTREACH

CLINICAL SIMULATION: IN FY24, CLINICAL SIMULATION EDUCATION WAS
PROVIDED TO OVER 580 STUDENTS AT UNIVERSITY OF NORTH GEORGIA,
LEADERSHIP GEORGIA, BRENAU UNIVERSITY, GAINESVILLE HIGH SCHOOL AND
LANIER ACADEMY HIGH SCHOOL. THROUGH THIS TRAINING, STUDENTS AND STAFF
LEARNED BASIC LIFE SUPPORT, HOW TO DELIVER A BABY, HOW TO ADMINISTER AN
EPIPEN AND STOP THE BLEED USING EVIDENCE-BASED STANDARDS AND PRACTICES.
BEGINNING IN FY24, CLINICAL SIMULATION, IN PARTNERSHIP WITH HOPE FOR
GEORGIA MOMS, BEGAN OFFERING OBSTETRIC PATIENT SAFETY WORKSHOPS TO HELP
CLINICIANS IDENTIFY, ASSESS AND MANAGE PATIENTS WITH AN OBSTETRIC
EMERGENCY THROUGH SIMULATION AND DEBRIEFING. THIS COURSE WAS OFFERED
FREE-OF-CHARGE AND IS FOCUSED ON EDUCATING HEALTHCARE PROFESSIONALS IN
RURAL AREAS IN GEORGIA.

COMMUNITY EDUCATION ON INJURY PREVENTION AND TRAUMA: IN FY24, NGMC
PROVIDED COMMUNITY EDUCATION REGARDING FALLS, INJURY PREVENTION AND
TRAUMA TO 575 INDIVIDUALS, CONSISTING OF HIGH SCHOOL STUDENTS, SUPPORT
GROUP MEMBERS, AND HEALTHCARE PROFESSIONALS IN THE COMMUNITY.
ADDITIONALLY, NGMC TRAUMA STAFF PROVIDED TRAINING IN THE COMMUNITY FOR
THE STOP THE BLEED CAMPAIGN, A SCHOOL RESPONSE PROGRAM DESIGNED TO

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ENABLE STUDENTS, TEACHERS, NURSES AND STAFF TO RENDER IMMEDIATE, POTENTIALLY LIFE-SAVING MEDICAL AID TO INJURED STUDENTS OR CO-WORKERS WHILE AWAITING THE ARRIVAL OF PROFESSIONAL RESPONDERS.

DIABETES EDUCATION, SCREENINGS AND SUPPORT GROUPS: NGMC PROVIDED DIABETES OUTREACH FOR PREVENTION AND EDUCATION, SCREENINGS AND SUPPORT GROUPS TO APPROXIMATELY 278 COMMUNITY MEMBERS IN FY24.

GEORGIA HEART INSTITUTE COMMUNITY OUTREACH: IN FY24, GEORGIA HEART INSTITUTE NURSE PRACTITIONERS, HEALTH EDUCATORS, MEDICAL ASSISTANTS AND PHYSICIANS PROVIDED HEALTH EDUCATION ABOUT HEART HEALTH TO THE COMMUNITY.

NGHS SPONSORED THE AMERICAN HEART ASSOCIATION "STEM GOES RED" EVENT, WHERE YOUNG WOMEN GATHERED TO LEARN ABOUT HANDS ONLY CPR, HEART HEALTHY NUTRITION, AND THE DANGERS OF SMOKING. KEYNOTE SPEAKER DR. KAREN GERSCH, ROBOTIC CARDIOTHORACIC SURGEON WITH NGHS, INSPIRED OVER 90 HIGH SCHOOL GIRLS FROM GAINESVILLE CITY SCHOOLS & HALL COUNTY SCHOOLS TO PURSUE PASSIONS IN STEM. NGMC BARROW ALSO SPONSORED THE BARROW CLARKE OCONEE CELEBRATION OF IMPACT EVENT FOR GO RED FOR WOMEN, WHERE DR. GERSCH DELIVERED A CAPTIVATING PRESENTATION ON CARDIAC SURGERY.

HANDS ONLY CPR TRAINING: IN FY24, NGMC PROVIDED HANDS ONLY CPR TRAINING TO OVER 1,000 HALL COUNTY HIGH SCHOOL JUNIORS AND 500 ATTENDEES AT A UNIVERSITY OF NORTH GEORGIA BASKETBALL GAME. HANDS ONLY CPR IS A SIMPLIFIED METHOD OF PERFORMING CPR THAT INVOLVES CHEST COMPRESSIONS WITHOUT MOUTH-TO-MOUTH BREATHING AND IS RECOMMENDED FOR USE BY PEOPLE WHO SEE A TEEN OR ADULT SUDDENLY COLLAPSE IN AN "OUT-OF-HOSPITAL" SETTING.

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* HALL COUNTY FAMILY CONNECTION NETWORK AND THE BUTLER CENTER: HALL COUNTY FAMILY CONNECTION NETWORK IS A COLLABORATIVE AIMING TO CONNECT CHILDREN AND FAMILIES TO RESOURCES AVAILABLE IN HALL COUNTY TO HELP THEM BECOME HEALTHY, PRODUCTIVE AND EDUCATED INDIVIDUALS. HALL COUNTY FAMILY CONNECTION NETWORK IS LOCATED AT THE BUTLER CENTER, WHICH IS A FACILITY THAT HOUSES EDUCATIONAL AND TRAINING PROGRAMS AND SERVICES DESIGNED TO HELP COMMUNITY MEMBERS REACH PERSONAL AND PROFESSIONAL GOALS. IN FY24, NGHS PHYSICIANS PROVIDED HEALTH SEMINARS TO THE COMMUNITY AT THE BUTLER CENTER IN PARTNERSHIP WITH HALL COUNTY FAMILY CONNECTION NETWORK AND THE GAINESVILLE-HALL COUNTY BLACK HISTORY SOCIETY, COVERING TOPICS SUCH AS WOMEN'S HEALTH AND BREAST CANCER AWARENESS. NGHS ALSO PROVIDED HEALTH EDUCATION MATERIALS, COVERING TOPICS SUCH AS HEART HEALTH AND CHILD SAFETY TIPS, TO BE INCLUDED IN THE HALL COUNTY FAMILY CONNECTION NEWSLETTER, WHICH WAS SENT TO OVER 1,000 COMMUNITY MEMBERS EACH MONTH.

ON MONDAY, JANUARY 15, 2024, NEWTOWN FLORIST CLUB IN PARTNERSHIP WITH THE BUTLER CENTER HOSTED THE MARTIN LUTHER KING, JR. DAY CELEBRATION IN GAINESVILLE. THE CELEBRATION INCLUDED A 1.5-MILE MARCH FROM THE PEACH STATE BANK TO THE BUTLER CENTER. NGMC GAINESVILLE PROVIDED A PARAMEDIC AND MEDICAL SUPPLIES FOR THE FIRST AID STATION AT THIS EVENT, SERVING AN ESTIMATED 150 PARTICIPANTS.

* HEALTH SCIENCES LIBRARY AND RESOURCE CENTER: THE HEALTH SCIENCES LIBRARY AND RESOURCE CENTER AT NGMC SERVES THE HEALTH INFORMATION NEEDS OF THE NORTHEAST GEORGIA COMMUNITY EXPANDING TO OVER 18 COUNTIES. CONSUMERS, PATIENTS AND THEIR FAMILY MEMBERS HAVE ACCESS TO CREDIBLE

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RESOURCES RELATING TO MEDICAL SYMPTOMS, CONDITIONS AND TREATMENTS. THE RESOURCE CENTER ENCOURAGES VISITORS TO MAKE HEALTHY CHOICES AND BECOME ACTIVE, INFORMED PARTNERS IN THEIR HEALTHCARE. DURING FY24, THE LIBRARY HOSTED BOOK CLUBS TO EDUCATE THE COMMUNITY & WELCOMED 54,598 VISITORS: A 312% INCREASE FROM LAST YEAR. THE HEALTH SCIENCES LIBRARY ALSO PARTNERED WITH ST. JOHN'S BAPTIST CHURCH IN GAINESVILLE TO PROVIDE MEN'S HEALTH INFORMATION TO CHURCH MEMBERS, AS WELL AS TO EDUCATE ON HOW TO UTILIZE MEDLINE PLUS, AN ONLINE HEALTH RESOURCE FOR PATIENTS AND FAMILIES.

SHANNON GLOVER, MLIS, AHIP, NGHS' HEALTH SCIENCES LIBRARY COORDINATOR, WAS RECOGNIZED BY THE SOUTHERN CHAPTER OF THE MEDICAL LIBRARY ASSOCIATION AS ITS 2024 HOSPITAL LIBRARIAN OF THE YEAR.

HOSPICE BEREAVEMENT CAMPS, SUPPORT GROUPS AND OUTREACH: HOSPICE OF NGMC PROVIDED MULTIPLE BEREAVEMENT SUPPORT GROUPS AND EDUCATION FOR THOSE GRIEVING A LOSS OR CARING FOR A LOVED ONE WITH AN ILLNESS (SUCH AS DEMENTIA) AND CAMPS FOR CHILDREN DEALING WITH THE LOSS OF SOMEONE CLOSE TO THEM. IN FY24, HOSPICE OF NGMC SERVED 1,456 INDIVIDUALS.

* JUNETEENTH CELEBRATION: ON JUNE 15, 2024, NGHS' ERINE RAYBON-ROJAS, MD, AND RESIDENTS FROM THE GRADUATE MEDICAL EDUCATION PROGRAM PARTICIPATED IN THE JUNETEENTH CELEBRATION, HOSTED BY THE GAINESVILLE-HALL COUNTY BLACK HISTORY SOCIETY AND THE BUTLER CENTER, TO ANSWER HEALTH QUESTIONS AND TO TALK ABOUT NGHS AND THE HELP FOR HEALTHCARE PROFESSIONALS YOUTH OPPORTUNITIES FOR UNPARALLELED TRAINING IN HEALTHCARE, MEDICINE, EDUCATION AND DEVELOPMENT PHYSICIAN MENTORSHIP PROGRAM. NGHS ALSO PROVIDED BOOKLETS TO ATTENDEES LISTING HEALTH AND COMMUNITY RESOURCES AVAILABLE IN HALL COUNTY.

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* LATINO FEST 2024: NGMC PARTNERS WITH THE HISPANIC ALLIANCE OF GEORGIA TO SUPPORT THE LATINO COMMUNITY IN THE REGION. ON SEPTEMBER 28, 2024, NGMC WAS THE PLATINUM SPONSOR OF LATINO FEST, AN EVENT THAT CELEBRATES LOCAL LATINO CULTURE, ART, MUSIC AND FOOD. GRADUATE MEDICAL EDUCATION RESIDENTS AND DIVERSITY, EQUITY AND INCLUSION COUNCIL MEMBERS PARTICIPATED AND SHARED INFORMATION ABOUT LOCAL RESOURCES AVAILABLE TO THE COMMUNITY. PROCEEDS FROM LATINO FEST GO TOWARDS THE "FUND THE DREAM" SCHOLARSHIP, WHICH IS AWARDED TO FIRST-GENERATION, LOW-INCOME MINORITY STUDENTS.

* MATERNAL CARDIAC PROGRAM: NGMC'S MATERNAL CARDIAC PROGRAM AIMS TO ENHANCE THE TIMELINESS AND QUALITY OF MATERNAL HEALTH INFORMATION IN ORDER TO PROVIDE EARLY RECOGNITION OF AT-RISK WOMEN AND ENSURE THE TIMELY INTERVENTION AND FOLLOW UP TO DECREASE NEGATIVE HEALTH OUTCOMES. IN FY24, IN PARTNERSHIP WITH GEORGIA HEART INSTITUTE STAFF, THE MATERNAL CARDIAC PROGRAM DEDICATED TIME TOWARDS COMMUNITY EDUCATION, CONFERENCES AND OUTREACH ON MATERNAL CARDIAC CONDITIONS.

MEDICAL PLAZA IN BUFORD HOSTS HEALTH FAIR: NGHS HOSTED A HEALTH FAIR ON SATURDAY, SEPTEMBER 21 AT THE MEDICAL PLAZA IN BUFORD, WELCOMING OVER 150 INDIVIDUALS FOR HEALTH SCREENINGS, FLU SHOTS, CPR CLASSES, CHILD SAFETY SEAT EDUCATION AND MORE.

MENDED HEARTS SUPPORT GROUP: MENDED HEARTS IS A SUPPORT GROUP THAT OFFERS MORAL SUPPORT TO PATIENTS WITH HEART DISEASE. IN FY24, MENDED HEARTS VOLUNTEERS MADE 1,800 VISITS TO HEART PATIENTS, PROVIDING SUPPORT TO THEM, THEIR SPOUSES AND OTHERS AFFECTED BY HEART DISEASE.

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ONCOLOGY SERVICES COMMUNITY OUTREACH AND SUPPORT GROUPS: IN FY24, ONCOLOGY SERVICES PROVIDED EDUCATIONAL AWARENESS ABOUT CANCER TO OVER 475 COMMUNITY MEMBERS AT LOCAL EVENTS IN ADDITION TO SCREENINGS FOR CANCERS SUCH AS LUNG AND THYROID CANCER. ASSISTANT NURSE MANAGER ANDRIA CATON WITH NGMC ONCOLOGY SERVICES ALSO LED A VIRTUAL SUPPORT GROUP, OPEN TO THE PUBLIC, FOR WOMEN AGES 39 AND UNDER WITH A BREAST CANCER DIAGNOSIS ONCE A MONTH.

AS A HEALTH SYSTEM, NGMC NURSES AND STAFF COORDINATED "COLORECTAL CANCER SUNDAY" ON MARCH 17, 2024, AT BETHEL AME CHURCH IN GAINESVILLE. FORTY-EIGHT PEOPLE WERE IN ATTENDANCE AND RECEIVED COLORECTAL CANCER MESSAGES DURING A DESIGNATED ANNOUNCEMENT TIME DURING THE CHURCH SERVICE. NGMC STAFF PROVIDED 22 CONGREGANTS WITH ONE-ON-ONE COLORECTAL CANCER INFORMATION, INSTRUCTIONS ON STOOL COLLECTION FOR FECAL IMMUNOCHEMICAL TESTS (FIT) AND HOW TO RETURN RESULTS AND STIPENDS FOR PARTICIPATING. OUT OF 22 FIT TESTS DISTRIBUTED, 9 RESULTS WERE RETURNED AND PARTICIPANTS WERE NOTIFIED BY MAIL OF THE RESULTS AND PROVIDED WITH COLORECTAL CANCER MATERIALS.

FOR MORE, VISIT [HTTPS://WWW.NGHS.COM/CANCER/REPORTS](https://www.nghs.com/cancer/reports).

* PARAMEDICS IMPROVING THE COMMUNITY'S HEALTH (PITCH): NGMC'S PARAMEDICS IMPROVING THE COMMUNITY'S HEALTH (PITCH) PROGRAM HELPS THE COMMUNITY HAVE ACCESS TO CARE. COMMUNITY PARAMEDICS MEET PATIENTS AT THEIR HOMES TO PROVIDE AND CONNECT THEM TO PRIMARY CARE SERVICES, SEEK OUT AVAILABLE COMMUNITY RESOURCES, COMPLETE POST-HOSPITAL FOLLOW-UP CARE, DISCOVER EDUCATION AND HEALTH PROGRAMS, AND DISCUSS OVERALL HEALTH AND MENTAL HAPPINESS. IN FY24, PITCH SERVED OVER 55 INDIVIDUALS,

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ESTABLISHING 30 NEW PITCH PROGRAM PATIENTS WITH PRIMARY CARE WHO INITIALLY REPORTED NO PRIMARY CARE.

RESPECTING CHOICES: RESPECTING CHOICES IS AN EVIDENCE-BASED MODEL OF ADVANCED CARE PLANNING THAT HONORS AN INDIVIDUAL'S GOALS AND VALUES FOR CURRENT AND FUTURE HEALTH CARE. THIS PROGRAM IS DESIGNED TO CREATE A CULTURE OF OPEN DISCUSSION ABOUT END-OF-LIFE CARE IN NORTHEAST GEORGIA SO THAT FAMILIES ARE RELIEVED OF UNNECESSARY STRESS AND TO AVOID THE USE OF EXPENSIVE RESOURCES THAT PATIENTS DON'T VALUE NOR BENEFIT FROM. THIS PROJECT IS FUNDED BY THE NGHS FOUNDATION AND SERVED 2,200 INDIVIDUALS IN FY24.

* SAFE KIDS NORTHEAST GEORGIA: NORTHEAST GEORGIA MEDICAL CENTER SERVES AS LEAD AGENCY FOR SAFE KIDS NORTHEAST GEORGIA AND IS FUNDED BY THE NGHS FOUNDATION. THE MISSION OF SAFE KIDS IS TO REDUCE UNINTENTIONAL INJURIES AND DEATH IN CHILDREN 19 AND UNDER. IN FY24, SAFE KIDS PROVIDED PROGRAMS AND EVENTS WITH OUTREACH ACROSS NGMC GAINESVILLE AND BRASELTON TO AN ESTIMATED 4,142 CHILDREN, FAMILY MEMBERS, TEACHERS AND CAREGIVERS. THROUGH THESE PROGRAMS, SAFETY ITEMS WERE DISTRIBUTED TO FAMILIES IN NEED.

SEPSIS COMMUNITY OUTREACH: IN FY24, COMMUNITY HEALTH EDUCATION ON SEPSIS PREVENTION WAS PROVIDED TO AN ESTIMATED 437 INDIVIDUALS AT LOCAL COMMUNITY HEALTH FAIRS, AND SEMINARS BY NGMC TO INCREASE AWARENESS AND GUIDANCE WAS PROVIDED TO OTHER HEALTHCARE ORGANIZATIONS ON BEST PRACTICES TO BETTER RECOGNIZE SIGNS, USING EVIDENCE-BASED PRACTICE TO TREAT SEPSIS PATIENTS.

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SPORTS MEDICINE ATHLETIC CARE: THE SPORTS MEDICINE ATHLETIC TRAINING

DEPARTMENT PROVIDES MEDICAL CARE, SUCH AS INJURY ASSESSMENT,

REHABILITATION AND CONCUSSION MANAGEMENT AT ATHLETIC EVENTS FOR 12

LOCAL HIGH SCHOOLS AND THREE LOCAL UNIVERSITIES.

STROKE EDUCATION AND OUTREACH: IN FY24, THE STROKE UNIT AT NGMC

PROVIDED EDUCATION TO APPROXIMATELY 335 COMMUNITY MEMBERS ABOUT STROKE

PREVENTION, SYMPTOMS, AND RISK FACTORS. LIFE AFTER STROKE SUPPORT GROUP

MEETINGS WERE PROVIDED MONTHLY TO STROKE SURVIVORS AND THEIR

CAREGIVERS.

* SYMPOSIA

GEORGIA HEART & VASCULAR SYMPOSIUM: THE GEORGIA HEART & VASCULAR

SYMPOSIUM WAS A TWO-DAY CONFERENCE BRINGING HEALTHCARE PROFESSIONALS

AND RENOWNED EXPERTS TOGETHER TO SHARE THEIR EXPERIENCE AND KNOWLEDGE

ON CARDIOVASCULAR MEDICINE AND TREATMENT. THE EVENT INCLUDED DEBATES,

DISCUSSIONS, EXHIBITS, TWO LIVE-STREAMED HEART PROCEDURES AND MORE FOR

OVER 700 PHYSICIANS, ADVANCED PRACTICE PRACTITIONERS, NURSES, EMS AND

OTHER CLINICAL PROFESSIONALS.

INFECTION PREVENTION SYMPOSIUM: THE NORTHEAST GEORGIA REGIONAL

INFECTION PREVENTION SYMPOSIUM IS A FREE CONFERENCE OFFERED TO ANY

HEALTHCARE PROVIDER BY NGMC'S INFECTION PREVENTION & CONTROL DEPARTMENT

AND FOCUSED ON INCREASING KNOWLEDGE ON INFECTION PREVENTION. MANY OF

THE SMALL RURAL FACILITIES THROUGHOUT GEORGIA HAVE LIMITED TO NO ACCESS

TO INFECTION PREVENTION AND CONTROL EDUCATION. IN FY24, THIS SYMPOSIUM

PROVIDED EDUCATION TO 182 INDIVIDUALS.

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NEUROSCIENCE REHAB SYMPOSIUM: THE NEUROSCIENCE REHAB SYMPOSIUM PROVIDED THE MOST CURRENT INFORMATION FOR EMS, NURSES, PHYSICIANS, ADVANCED PRACTICE PROVIDERS, AS WELL AS PHYSICAL, SPEECH AND OCCUPATIONAL THERAPISTS WHO CARE FOR PATIENTS AND FAMILIES IN ALL PHASES OF STROKE TREATMENT AND REHABILITATION. IN FY24, OVER 480 HEALTHCARE PROFESSIONALS ATTENDED THE SYMPOSIUM.

NGPG SPORTS MEDICINE SYMPOSIUM: THE NORTHEAST GEORGIA PHYSICIANS GROUP SPORTS MEDICINE SYMPOSIUM IS A ONE-DAY ORTHOPEDIC AND SPORTS MEDICINE SYMPOSIUM FEATURING INFORMATION ABOUT SURGICAL PROCEDURES, ANATOMY AND PHYSIOLOGY, DIAGNOSTIC AND TREATMENT STRATEGIES AND RELEVANT LITERATURE TO IMPROVE OUTCOMES AND SUCCESSES FOR ALL CLINICIANS. IN FY24, 240 PHYSICAL THERAPISTS, PHYSICAL THERAPIST ASSISTANTS, ATHLETIC TRAINERS AND STUDENTS IN ALLIED HEALTH RELATED FIELDS WERE IN ATTENDANCE.

REGIONAL TRAUMA ADVISORY COMMITTEE (RTAC) AND SYMPOSIUM: NGMC AND THE REGIONAL TRAUMA ADVISORY COMMITTEE PARTNER TO HOST THE ANNUAL NORTHEAST GEORGIA REGIONAL TRAUMA SYMPOSIUM, A TWO-DAY SYMPOSIUM THAT PROVIDES EDUCATION ON TOPICS OF INTEREST TO PHYSICIANS, ADVANCE PRACTITIONERS, NURSES, RESPIRATORY THERAPISTS, PHYSICAL/OCCUPATIONAL THERAPISTS, EMS PROFESSIONALS AND OTHER HEALTHCARE WORKERS. AS PART OF THE STATE OF GEORGIA'S TRAUMA SYSTEM, THE REGIONAL TRAUMA ADVISORY COMMITTEE (RTAC) DEVELOPS AND MAINTAINS THE REGION'S TRAUMA SYSTEM PLAN AND MONITORS SYSTEM COMPLIANCE AND IMPROVEMENT ACTIVITIES. NGMC PARTNERS WITH OTHER EMS AGENCIES, PARTICIPATING HOSPITALS, LOCAL GOVERNMENTS AND THE PUBLIC AS A PART OF THIS COMMITTEE. IN FY24, 564 HEALTHCARE PROFESSIONALS ATTENDED THIS SYMPOSIUM.

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* RESEARCH

IN FY24, NGMC OFFERED PATIENTS THE OPPORTUNITY TO PARTICIPATE IN CLINICAL TRIALS INVOLVING SOME OF THE MOST PROMISING, BREAKTHROUGH NEW MEDICAL THERAPIES. OVER 460 PATIENTS WERE ENROLLED IN TRIALS THAT PROVIDED CUTTING EDGE TREATMENTS FOR CANCER AND HEART DISEASE. FOR MORE INFORMATION, VISIT WWW.NGHS.COM/RESEARCH.

IN FY24, NGMC GAINESVILLE WAS THE FIRST HOSPITAL IN THE WORLD TO OFFER A GROUNDBREAKING CLINICAL TRIAL FOCUSED ON LIVER CANCER, CALLED BOOMBOX, WHICH STUDIES QUALIFIED HISTOTRIPTY PATIENTS FOR UP TO FIVE YEARS TO HELP IMPROVE STANDARD TREATMENT PROTOCOL.

AWARDS AND RECOGNITION

NGHS REPRESENTS AT GEORGIA STATE CAPITOL: IN FEBRUARY 2024, DR. JODY BANHMILLER, TWO PGY3 FAMILY MEDICINE RESIDENTS AND TWO MEDICAL STUDENTS FROM LOCAL UNIVERSITIES PARTICIPATED IN THE DOCTOR OF THE DAY PROGRAM AT THE GEORGIA CAPITOL, VOLUNTEERING IN THE MEDICAL AID STATION AT THE STATE CAPITOL, WHERE THEY PROVIDE FREE MINOR MEDICAL CARE FOR LEGISLATORS AND THEIR STAFF FOR THE DAY.

NGHS SPREADS AWARENESS ABOUT LUNG CANCER: IN MARCH 2024, THE GEORGIA LUNG CANCER ROUNDTABLE WENT TO THE GEORGIA CAPITOL TO RECEIVE THE LUNG CANCER AWARENESS MONTH PROCLAMATION FROM GOVERNOR BRIAN KEMP. MANY FROM NGMC PARTICIPATE IN THIS ENDEAVOR TO SPREAD AWARENESS ABOUT LUNG CANCER.

COMMUNITY SERVICE

IN FY24, 120 STAFF MEMBERS FROM NGMC GAINESVILLE AND BRASELTON REPORTED

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DEDICATING STAFF TIME TOWARDS A TOTAL OF 305 LEADERSHIP POSITIONS
WITHIN VARIOUS CIVIC AND PROFESSIONAL ORGANIZATIONS.

NGMC BARROW

HIGHLIGHTS OF NGMC BARROW COMMUNITY BENEFIT ACTIVITIES:

NGMC BARROW 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, FACILITATING WORKFORCE
DEVELOPMENT PROGRAMS, PROVIDING NEEDED COUNSELING FOR SCHOOLS DURING
CRISIS AND TOBACCO CESSATION EDUCATION TO ALL BARROW COUNTY 4TH AND 5TH
GRADE STUDENTS.

* CHARITY CARE

LIKE NGMC GAINESVILLE, BRASELTON, LUMPKIN AND HABERSHAM, 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.

IN FY24, THE ESTIMATED COST OF INDIGENT AND CHARITY CARE THROUGH NGMC
BARROW WAS \$2.0 MILLION BASED ON 2,864 PATIENT ENCOUNTERS. IN ADDITION,
NGMC BARROW INCURRED BAD DEBT EXPENSE DURING 2024 OF APPROXIMATELY
\$14.6 MILLION AS MEASURED BY CHARGES. THIS REPRESENTS APPROXIMATELY
23.3 PERCENT OF NET PATIENT REVENUE AS REFLECTED IN THE AUDITED

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FINANCIAL STATEMENTS. A SIGNIFICANT PERCENTAGE OF THIS AMOUNT IS ESTIMATED TO BE THE RESULT OF PATIENTS THAT ARE EMPLOYED BY UNABLE TO PAY MEDICAL EXPENSES AND ARE THEREFORE CONSIDERED "MEDICALLY INDIGENT."

* FINANCIAL NAVIGATION

NGMC BARROW EMPLOYS FINANCIAL ASSISTANCE NAVIGATORS WHO FOCUS ON BEING ADVOCATES FOR UNINSURED AND UNDERINSURED PATIENTS AIDING THEM IN FINDING VIABLE MEANS TO ACCESS CARE. THE TEAM'S FOCUS IS FINDING THE BEST SOLUTIONS FOR HELPING PATIENTS APPLY FOR PROGRAMS THEY MIGHT BE ELIGIBLE FOR, MEDICAID, DISABILITY, ACCESSING THE NEW HEALTHCARE EXCHANGES, OR PROCESSING CHARITY, WHEN APPROPRIATE.

PATIENT NAVIGATION

NGMC BARROW PATIENT NAVIGATORS PROVIDED GUIDANCE TO 640 CANCER PATIENTS IN FY24. PATIENT NAVIGATORS ARE SEEN AS A "LIVING RESOURCE DIRECTORY" FOR PATIENTS. SERVICES INCLUDE: CONNECTING PATIENTS WITH COMMUNITY RESOURCES, PROVIDING EMOTIONAL SUPPORT, HELPING PATIENTS UNDERSTAND THEIR DIAGNOSIS, COMMUNICATING WITH HEALTHCARE STAFF AND PROVIDERS, ADDRESSING LOGISTICAL ISSUES SUCH AS TRANSPORTATION AND HELPING PATIENTS UNDERSTAND MEDICAL TERMS AND TREATMENT OPTIONS.

* INDIGENT PATIENT FUND

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

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FUNDING FOR THIS PROGRAM AT AN ESTIMATED COST OF \$47,160 ACROSS ALL
CAMPUSES IN FY24.

* WHAT DRIVES COMMUNITY HEALTH IMPROVEMENT ACTIVITIES

WITH SIGNIFICANT INPUT FROM THE COMMUNITY, THE HOSPITAL ENTITIES OF
NORTHEAST GEORGIA HEALTH SYSTEM COMPLETED A REGIONAL COMMUNITY HEALTH
NEEDS ASSESSMENT (CHNA) IN PARTNERSHIP WITH DISTRICT 2 PUBLIC HEALTH,
STEPHENS COUNTY HOSPITAL, HABERSHAM MEDICAL CENTER AND GOOD NEWS
CLINICS IN 2022. 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, PLUS ONLINE SURVEYS THAT GARNERED
APPROXIMATELY 4,500 RESPONSES, WELL ABOVE EXPECTED RESPONSE RATES. THE
STUDY IDENTIFIED THE THREE HEALTH PRIORITIES THAT FIT HAND-IN-GLOVE
WITH THE ORGANIZATION'S STRATEGIC DIRECTION: MENTAL & BEHAVIORAL
HEALTH, ACCESS TO CARE, AND HEALTHY BEHAVIORS. FOR MORE INFORMATION
ABOUT THESE PRIORITIES, GO TO WWW.NGHS.COM/COMMUNITY-BENEFIT-RESOURCES.

* WORKFORCE DEVELOPMENT & HEALTH PROFESSIONS EDUCATION

NGMC BARROW CONTINUES TO SERVE AS A PIPELINE TO ATTRACT AND PREPARE
QUALIFIED INDIVIDUALS AND STUDENTS INTERESTED IN HEALTHCARE POSITIONS
AND WORKS TO TRAIN, EDUCATE AND RECRUIT STUDENTS FOR CAREERS IN
HEALTHCARE. NGMC BARROW SPENT OVER \$385,000 IN FY24 IN THESE AREAS:

ALLIED HEALTH STUDENT EDUCATION: NGMC BARROW PROVIDED 42 ALLIED HEALTH
STUDENTS WITH CLINICAL ROTATIONS IN FY24 TO GIVE THEM HANDS ON
EXPERIENCE UNDER THE SUPERVISION OF NGMC BARROW STAFF, ALLOWING THEM TO
APPLY KNOWLEDGE AND DEVELOP ESSENTIAL ALLIED HEALTH SKILLS.

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NURSING STUDENT EDUCATION: NGMC BARROW PROVIDED 69 NURSING STUDENTS WITH CLINICAL ROTATIONS IN FY24 TO GIVE THEM HANDS ON EXPERIENCE UNDER THE SUPERVISION OF REGISTERED NURSES, ALLOWING THEM TO APPLY KNOWLEDGE AND DEVELOP ESSENTIAL NURSING SKILLS.

YOUTH APPRENTICESHIP PROGRAM: THE YOUTH APPRENTICESHIP PROGRAM PROVIDED 73 BARROW STUDENTS WITH THE OPPORTUNITY FOR HIGH SCHOOL STUDENTS TO WORK FOR ONE CLASS PERIOD A DAY AT NGMC BARROW AND PARTICIPATE IN HOSPITAL CAMPUS TOURS, PROVIDING HANDS-ON EXPOSURE TO DIFFERENT HEALTHCARE CAREERS AND SERVES AS A RECRUITMENT TOOL TO ENCOURAGE STUDENT ENROLLMENT IN POST-SECONDARY HEALTHCARE PROGRAMS OF STUDY.

NGMC BARROW WELCOMES EMERGENCY RESIDENTS: STARTING IN JULY 2024, NGMC BARROW WELCOMED RESIDENT PHYSICIANS TO ITS EMERGENCY DEPARTMENT STAFF, PROVIDING CARE AND PERFORMING PROCEDURES UNDER THE SUPERVISION OF MORE EXPERIENCED FACULTY PHYSICIANS.

PROJECT SEARCH: PROJECT SEARCH PROVIDES EMPLOYMENT AND EDUCATION OPPORTUNITIES FOR INDIVIDUALS WITH MILD TO MODERATE DISABILITIES AND IS DEDICATED TO WORKFORCE DEVELOPMENT THAT BENEFITS THE INDIVIDUAL, COMMUNITY AND WORKPLACE. IN FY24, SIX STUDENTS PARTICIPATED AND WORKED 20 HOURS PER WEEK IN ASSIGNED DEPARTMENTS. MENTORS ARE ASSIGNED TO EACH STUDENT AND ATTEND A MONTHLY MEETING TO DISCUSS PROGRESS/NEEDS OF STUDENTS.

* SUPPORT OF CHARITABLE CLINICS AND OTHER NON-PROFITS

NGMC HELPS SUPPORT LOCAL NON-PROFITS THAT CONNECT PEOPLE IN NEED TO

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RESOURCES SUCH AS FOOD, TRANSPORTATION, AND OTHER IMPORTANT SUPPORT SERVICES. OFTEN REFERRED TO AS SOCIAL DETERMINANTS OF HEALTH, LACK OF ACCESS TO THESE RESOURCES PLAY A DETRIMENTAL ROLE IN OVERALL HEALTH. IN FACT, RESEARCH SUPPORTS THE IDEA THAT AS MUCH AS 80% OF A PERSON'S WELLBEING IS TIED TO PHYSICAL ENVIRONMENT, ECONOMIC FACTORS, AND HEALTH BEHAVIORS. MAKING IMPROVEMENTS IN THESE AREAS UPSTREAM CAN IMPACT BETTER HEALTH DOWNSTREAM, MINIMIZING POOR HEALTH, UNNECESSARY SUFFERING AND HIGHER COSTS OF CARE.

IN FY24, NGMC BARROW HELPED SUPPORT THE FOLLOWING ORGANIZATIONS AT A COST OF OVER \$47,000:

- ADVENTURE BAGS
- AMERICAN CANCER SOCIETY
- AMERICAN FOUNDATION FOR SUICIDE PREVENTION
- AMERICAN HEART ASSOCIATION
- BARROW AREA ROTARY CLUB
- BARROW COUNTY 4-H YOUTH DEVELOPMENT
- BARROW COUNTY SCHOOL SYSTEM SPECIAL EDUCATION DEPARTMENT
- BARROW FIRE DEPARTMENT
- BARROW MINISTRY VILLAGE
- BOYS AND GIRLS CLUB OF WINDER-BARROW COUNTY
- FOOD BANK OF NORTHEAST GEORGIA
- NEW PATH 1010
- NORTHEAST GEORGIA COUNCIL FRIENDS OF SCOUTING
- NUCI'S SPACE
- PIEDMONT CASA
- THE CANCER FOUNDATION
- THE GEORGIA CLUB FOUNDATION

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-THE TREE HOUSE

-UNITED WAY OF NORTHEAST GEORGIA

-WINDER FIRE DEPARTMENT

-YMCA OF GEORGIA'S PIEDMONT

-YOUTH BEHAVIORAL "YOU MATTER" SUMMIT

DONATED SPACE FOR LOCAL ORGANIZATIONS: IN FY24, NGMC BARROW DONATED CONFERENCE ROOM SPACE FOR AARP, BARROW CHAMBER OF COMMERCE, BOY SCOUTS OF AMERICA AND AMERICAN CANCER SOCIETY MEETINGS.

* ACCESS TO CARE

BETHLEHEM MEDICAL PLAZA: STARTING IN AUGUST 2024, MEDICAL PLAZA 1 IN BETHLEHEM, GEORGIA OPENED FOR PATIENTS. THE TWO-STORY, 34,000 SQUARE-FOOT MEDICAL OFFICE BUILDING IS THE NEW HOME OF NGPG FAMILY HEALTH ASSOCIATES, NGPG ORTHOPEDIC SURGERY, NGPG SPORTS MEDICINE AND GEORGIA HEART INSTITUTE.

* HEALTH EDUCATION AND COMMUNITY OUTREACH

CENTER FOR INNOVATIVE TEACHING (CFIT) SUPPORT: NGMC BARROW DONATED \$225,000 TOWARDS THE BUILDING OUR FUTURES PROJECT IN BARROW COUNTY. THE BUILDING OUR FUTURES PROJECT IS A PUBLIC-PRIVATE PARTNERSHIP BETWEEN THE BARROW COMMUNITY FOUNDATION, BARROW COUNTY SCHOOLS, LOCAL BUSINESSES, AND COMMUNITY MEMBERS TO DEVELOP AN 8-ACRE PARK AND PLAYGROUND CENTRALLY LOCATED NEAR THE CENTER FOR INNOVATIVE TEACHING (CFIT) IN WINDER. IN FY24, REPRESENTATIVES FROM NGHS CELEBRATED THE GRAND OPENING OF THE COMMUNITY PARK, WHICH PROVIDES SPACE FOR RECREATION AND EDUCATION AND THE PLAYGROUND FEATURES UNIQUE PLAY PIECES AS WELL AS ADA-ACCESSIBLE FEATURES. NGHS PRESIDENT AND CEO, A NATIVE OF

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BARROW COUNTY, SERVES AS CAMPAIGN LEADER COUNCIL CO-CHAIR.

* CHILD ABUSE RECOGNITION AND REPORTING CLASS: IN FY24, NGMC BARROW PARTNERED WITH CHILDREN'S HEALTHCARE OF ATLANTA (CHOA) TO PROVIDE THE CHILD ABUSE RECOGNITION AND REPORTING CLASS TO TEACHERS, LAW ENFORCEMENT, CLINICIANS, PREHOSPITAL FIRST RESPONDERS AND SOCIAL WORKERS IN THE COMMUNITY. THIS COURSE WAS TAUGHT ACROSS ALL FIVE NGMC CAMPUSES AND WAS OFFERED FREE-OF-COST.

CLINICAL SIMULATION: CLINICAL SIMULATION EDUCATION WAS PROVIDED TO OVER 200 STUDENTS AT BARROW ARTS AND SCIENCES HIGH SCHOOL AND APALACHEE HIGH SCHOOL. THROUGH THIS TRAINING, STUDENTS LEARNED BASIC LIFE SUPPORT, HOW TO DELIVER A BABY, HOW TO ADMINISTER AN EPIPEN AND STOP THE BLEED USING EVIDENCE-BASED STANDARDS AND PRACTICE.

GEORGIA HEART INSTITUTE COMMUNITY OUTREACH: IN FY24, GEORGIA HEART INSTITUTE NURSE PRACTITIONERS, HEALTH EDUCATORS, MEDICAL ASSISTANTS AND PHYSICIANS PROVIDED HEALTH EDUCATION ABOUT HEART HEALTH TO OVER 100 BARROW COMMUNITY MEMBERS.

LUNG CANCER SUPPORT GROUP: IN FY24, ONCOLOGY NURSES WITH NGMC BARROW PROVIDED MONTHLY, IN-PERSON SUPPORT GROUPS FOR LUNG CANCER AT NGMC BARROW.

NGMC BARROW PARTICIPATES IN MASS CASUALTY TRAINING: IN PARTNERSHIP WITH THE BARROW COUNTY SCHOOL SYSTEM, LOCAL LAW ENFORCEMENT, FIRE DEPARTMENTS AND EMS, THE NGMC BARROW EMERGENCY PREPAREDNESS TEAM SIMULATED A FULL SCALE ACTIVE SHOOTER EXERCISE TO TEST THE PLANS AND

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RESPONSE OF BARROW MIDDLE SCHOOL.

* SAFE KIDS NORTHEAST GEORGIA: NGMC SERVED AS THE LEAD AGENCY FOR SAFE KIDS NORTHEAST GEORGIA, REDUCING UNINTENTIONAL INJURIES AND DEATHS IN CHILDREN 19 AND UNDER. IN FY24, SAFE KIDS PROVIDED PROGRAMS AND EDUCATIONAL EVENTS WITH OUTREACH TO AN ESTIMATED 2,010 CHILDREN AND THEIR FAMILY MEMBERS, TEACHERS, AND CAREGIVERS IN BARROW COUNTY. THROUGH THESE PROGRAMS, SAFETY ITEMS WERE DISTRIBUTED TO FAMILIES WHO WERE IN NEED OF THEM.

SEPSIS COMMUNITY OUTREACH: IN FY24, HEALTH EDUCATION ON SEPSIS PREVENTION AND INFECTION PREVENTION WAS PROVIDED AT VARIOUS COMMUNITY HEALTH FAIRS AND EVENTS IN THE BARROW COUNTY COMMUNITY.

* TAR WARS: ACCORDING TO GEORGIA CANCER STATISTICS, BARROW COUNTY HAS SIGNIFICANTLY HIGHER RATES OF LUNG CANCER INCIDENCE AND MORTALITY WHEN COMPARED TO STATE AND NATIONAL NUMBERS. SINCE 2018, NGMC BARROW HAS PARTNERED WITH BARROW COUNTY SCHOOLS TO IMPLEMENT "TAR WARS" FOR OVER 12,000 FOURTH AND FIFTH-GRADE STUDENTS ACROSS NINE ELEMENTARY SCHOOLS. "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 OF TOBACCO PRODUCTS AND THE ADVERTISING TECHNIQUES USED BY THE TOBACCO INDUSTRY TO MARKET THEIR PRODUCTS TO YOUTH. POST-EDUCATION, STUDENTS DESIGN ANTI-TOBACCO POSTERS, WITH TOP ENTRIES ADVANCING TO DISTRICT-LEVEL COMPETITION AND THE BARROW AREA ROTARY CLUB AND NGHS SOCIAL MEDIA FOLLOWERS HELP TO DETERMINE WINNERS. THIS YEAR'S WINNERS WERE HAILEY F., CANNON LORD AND JECOLIAH TAGNUM AND THEY WERE RECOGNIZED AT THE BARROW COUNTY BOARD OF EDUCATION MEETING IN

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AUGUST 2024.

SUPPLIES FOR NURSING CLINICS AT BARROW COUNTY SCHOOLS: AS A PARTNER IN EDUCATION WITH BARROW COUNTY SCHOOLS, NGMC BARROW PROVIDED A DONATION OF MEDICAL SUPPLIES TO STOCK ALL 19 BARROW COUNTY SCHOOLS' NURSING CLINICS.

MENTAL AND BEHAVIORAL HEALTH: IN SEPTEMBER 2024, COUNSELORS AND SPECIALISTS FROM LAURELWOOD, HOSPICE AND THE EMPLOYEE ASSISTANCE PROGRAM PROVIDED SUPPORT GROUPS FOR STUDENTS, PARENTS AND STAFF AFFECTED BY THE SCHOOL SHOOTING AT APALACHEE HIGH SCHOOL IN BARROW. SUPPORT WAS PROVIDED AT WINDER-BARROW HIGH SCHOOL, WESTSIDE MIDDLE SCHOOL, BARROW ARTS AND SCIENCES ACADEMY, BARROW COUNTY SCHOOLS CENTRAL OFFICE, APALACHEE HIGH SCHOOL, SIMS ACADEMY, NGPG GATEWAY EXCHANGE, NGPG URGENT CARE BETHLEHEM, NGMC BARROW, RUSSELL MIDDLE SCHOOL AND WINDER ELEMENTARY SCHOOL.

AWARDS & RECOGNITION

EMT AND PARAMEDIC OF THE YEAR: NGMC BARROW AND BARROW EMS PARTNER TOGETHER TO PROVIDE CRUCIAL EMERGENCY CARE TO THE BARROW COUNTY COMMUNITY. PRIOR TO THEIR PARTNERSHIP, BARROW COUNTY DID NOT HAVE EMERGENCY SERVICES WITHIN CITY LIMITS, NEGATIVELY IMPACTING CRITICAL RESPONSE TIME IN EMERGENCY SITUATIONS. BOB FISHER AND CARLI CUENDET, NGMC BARROW EMS STAFF, WERE RECOGNIZED AS EMT OF THE YEAR AND PARAMEDIC OF THE YEAR, RESPECTIVELY, AT THE 2024 NORTHEAST GEORGIA REGION 10 EMS AWARDS BANQUET.

BARROW CHAMBER OF COMMERCE RECOGNIZES SUNITA SINGH: IN FY24, SUNITA

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SINGH, PUBLIC RELATIONS MANAGER FOR NGMC BARROW, WAS RECOGNIZED BY THE BARROW COUNTY CHAMBER OF COMMERCE AS THE "BUSINESSWOMAN OF THE YEAR", AN AWARD THAT RECOGNIZES THE PAST AND PRESENT ACHIEVEMENTS OF AN OUTSTANDING BUSINESSWOMAN THAT HAS DEMONSTRATED SUPPORT FOR THE ADVANCEMENT AND LEADERSHIP OF BUSINESS AND PROFESSIONAL WOMEN AS WELL AS SUPPORT FOR THE WHOLE BARROW COUNTY.

UGA MANDELA WASHINGTON FELLOWS VISIT NGMC BARROW: NGMC BARROW HOSTED THE UNIVERSITY OF GEORGIA MANDELA WASHINGTON FELLOWSHIP FOR LEADERSHIP IN CIVIC ENGAGEMENT FOR YOUNG AFRICAN LEADERS, A SIX-WEEK LEADERSHIP PROGRAM THAT ALLOWS 25 CIVIC ENGAGEMENT LEADERS FROM VARIOUS COUNTRIES IN AFRICA, UNITED STATES CITIZENS, AND LOCAL COMMUNITIES TO SHARE BEST PRACTICES WITH ONE ANOTHER REGARDING COMMUNITY LEADERSHIP. ARRANGED BY JUAN TURNER, DIRECTOR OF NUTRITION SERVICES AT NGMC BARROW, THE FELLOWS RECEIVED A TOUR OF THE HOSPITAL FROM EDEM EVOKE, MD, AND YOLANDA OAKLEY, DIRECTOR OF INPATIENT CARE AND EMERGENCY SERVICES AT NGMC BARROW AND ENGAGED IN INFORMATIVE DISCUSSION ABOUT HOW TO IMPROVE THE HEALTH OF OUR GLOBAL COMMUNITIES.

* COMMUNITY SERVICE

IN FY24, 13 LEADERS FROM NGMC BARROW DEDICATED STAFF TIME TOWARDS 34 LEADERSHIP POSITIONS WITH VARIOUS CIVIC AND PROFESSIONAL ORGANIZATIONS. NGMC BARROW PUBLIC RELATIONS MANAGER SUNITA SINGH SERVED AS BOTH A MEMBER OF THE EXECUTIVE LEADERSHIP TEAM OF THE AMERICAN HEART ASSOCIATION'S GO RED FOR WOMEN BOARD AND THE BOARD CHAIR OF THE NORTHEAST GEORGIA COUNCIL OF BOY SCOUTS OF AMERICA. NGMC BARROW ADMINISTRATOR JOHN NEIDENBACH SERVED WITH THE BARROW AREA ROTARY CLUB AND AS A BOARD MEMBER OF THE BARROW COUNTY CHAMBER OF COMMERCE. DON

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HAMMOND, LOGISTICS MANAGER AT NGMC BARROW, SERVED ON THE WINDER
TRANSPORTATION PLAN STEERING COMMITTEE. KEVIN LLOYD, EXECUTIVE DIRECTOR
OF LAURELWOOD, SERVED AS A BOARD MEMBER OF MINISTRY VILLAGE.

NGMC LUMPKIN

HIGHLIGHTS OF NGMC LUMPKIN COMMUNITY BENEFIT ACTIVITIES:

NGMC 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, PROVIDING HEALTH
PROFESSIONS EDUCATION AND FOSTERING PARTNERSHIPS WITH INDIGENT CLINICS
THAT SERVE THE UNDER-SERVED POPULATION.

* CHARITY CARE

NGMC LUMPKIN'S CHARITY CARE POLICY REMOVED BARRIERS FOR LOW-INCOME
POPULATIONS WITHIN 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.

IN FY24, THE ESTIMATED COST OF INDIGENT AND CHARITY CARE THROUGH NGMC
LUMPKIN WAS APPROXIMATELY \$1.7 MILLION BASED ON 1,678 PATIENT
ENCOUNTERS. IN ADDITION, NGMC LUMPKIN INCURRED BAD DEBT EXPENSE DURING
2024 OF OVER \$8.5 MILLION AS MEASURED BY CHARGES. THIS REPRESENTS
APPROXIMATELY 22.4 PERCENT OF NET PATIENT REVENUE AS REFLECTED IN THE

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AUDITED FINANCIAL STATEMENTS. A SIGNIFICANT PERCENTAGE OF THIS AMOUNT IS ESTIMATED TO BE THE RESULT OF PATIENTS THAT ARE EMPLOYED BY UNABLE TO PAY MEDICAL EXPENSES AND ARE THEREFORE CONSIDERED "MEDICALLY INDIGENT."

* INDIGENT PATIENT FUND

AT NGMC LUMPKIN, FINANCIAL ASSISTANCE IS PROVIDED FOR INDIGENT PATIENTS TO OBTAIN NEEDED MEDICATIONS AND TRANSPORTATION. INDIVIDUALS ELIGIBLE FOR THESE FUNDS ARE PATIENTS WHOSE NEEDS CANNOT BE MET THROUGH PRIMARY INSURANCE, THEIR FUNDS, GOVERNMENT PROGRAMS, OR OTHER CHARITABLE SERVICES. THIS HELPS ENSURE MEDICATION COMPLIANCE AND MAXIMIZE CONDITIONS FOR RECOVERY AND RECUPERATION. THE NGHS FOUNDATION PROVIDED FUNDING FOR THIS PROGRAM AT AN ESTIMATED COST OF \$47,160 ACROSS ALL CAMPUSES IN FY24.

* WHAT DRIVES COMMUNITY HEALTH IMPROVEMENT ACTIVITIES

WITH SIGNIFICANT INPUT FROM THE COMMUNITY, THE HOSPITAL ENTITIES OF NORTHEAST GEORGIA HEALTH SYSTEM COMPLETED A REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN PARTNERSHIP WITH DISTRICT 2 PUBLIC HEALTH, STEPHENS COUNTY HOSPITAL, HABERSHAM MEDICAL CENTER AND GOOD NEWS CLINICS IN 2022, WHICH CONTINUES TO DRIVE COMMUNITY HEALTH IMPROVEMENT ACTIVITIES TODAY. 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, PLUS ONLINE SURVEYS THAT GARNERED APPROXIMATELY 4,500 RESPONSES, WELL ABOVE EXPECTED RESPONSE RATES. THE STUDY IDENTIFIED THE THREE HEALTH PRIORITIES THAT FIT HAND-IN-GLOVE WITH THE ORGANIZATION'S STRATEGIC DIRECTION: MENTAL & BEHAVIORAL

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HEALTH, ACCESS TO CARE, AND HEALTHY BEHAVIORS. FOR MORE INFORMATION ABOUT THESE PRIORITIES, GO TO WWW.NGHS.COM/COMMUNITY-BENEFIT-RESOURCES.

* HEALTH PROFESSIONS EDUCATION & WORKFORCE DEVELOPMENT

NGMC LUMPKIN CONTINUES TO SERVE AS A PIPELINE TO ATTRACT AND PREPARE QUALIFIED INDIVIDUALS AND STUDENTS INTERESTED IN HEALTHCARE POSITIONS.

NGMC LUMPKIN WORKS TO TRAIN, EDUCATE AND RECRUIT STUDENTS FOR CAREERS IN HEALTHCARE. NGMC LUMPKIN SPENT OVER \$57,000 IN FY24 IN THESE AREAS:

ALLIED HEALTH STUDENT EDUCATION: NGMC LUMPKIN PROVIDED EIGHT ALLIED HEALTH STUDENTS WITH CLINICAL ROTATIONS IN FY24 TO GIVE THEM HANDS ON EXPERIENCE UNDER THE SUPERVISION OF NGMC LUMPKIN STAFF, ALLOWING THEM TO APPLY KNOWLEDGE AND ESSENTIAL ALLIED HEALTH SKILLS.

NURSING STUDENT EDUCATION: NGMC LUMPKIN PROVIDED FOUR STUDENT NURSES WITH CLINICAL ROTATIONS IN FY24 TO GIVE THEM HANDS ON EXPERIENCE UNDER THE SUPERVISION OF REGISTERED NURSES, ALLOWING THEM TO APPLY KNOWLEDGE AND ESSENTIAL NURSING SKILLS.

YOUTH APPRENTICESHIP: THE YOUTH APPRENTICESHIP IS DESIGNED TO PROVIDE HANDS-ON EXPOSURE TO MANY DIFFERENT HEALTHCARE CAREERS TO ENCOURAGE STUDENTS TOWARD A PATH IN HEALTHCARE. A TOTAL OF 14 STUDENTS FROM LUMPKIN AND FORSYTH COUNTY HIGH SCHOOLS PARTICIPATED AT NGMC LUMPKIN THIS YEAR.

* SUPPORT OF CHARITABLE CLINICS AND OTHER NON-PROFITS

NGMC LUMPKIN HELPS SUPPORT LOCAL NON-PROFITS THAT CONNECT PEOPLE IN NEED TO RESOURCES SUCH AS FOOD, TRANSPORTATION, AND OTHER IMPORTANT

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SUPPORT SERVICES. OFTEN REFERRED TO AS SOCIAL DETERMINANTS OF HEALTH, LACK OF ACCESS TO THESE RESOURCES PLAY A DETRIMENTAL ROLE IN OVERALL HEALTH. IN FACT, RESEARCH SUPPORTS THE IDEA THAT AS MUCH AS 80% OF A PERSON'S WELLBEING IS TIED TO PHYSICAL ENVIRONMENT, ECONOMIC FACTORS, AND HEALTH BEHAVIORS. MAKING IMPROVEMENTS IN THESE AREAS UPSTREAM CAN IMPACT BETTER HEALTH DOWNSTREAM, MINIMIZING POOR HEALTH, UNNECESSARY SUFFERING AND HIGHER COSTS OF CARE.

NGMC LUMPKIN PROVIDED OVER \$31,000 IN SUPPORT OF COMMUNITY NON-PROFITS IN FY24. BELOW ARE HIGHLIGHTS:

COMMUNITY HELPING PLACE: IN FY24, NGMC LUMPKIN PROVIDED SUPPORT FOR COMMUNITY HELPING PLACE, A NON-PROFIT IN LUMPKIN COUNTY THAT PROVIDES FREE MEDICAL AND DENTAL SERVICES, A FOOD PANTRY, SUMMER FOOD PROGRAMS FOR CHILDREN, A BABY AND PERSONAL CARE PANTRY, EMERGENCY FINANCIAL ASSISTANCE AND REFERRAL SUPPORT SERVICES FOR THE AREA'S MOST VULNERABLE POPULATIONS. DIRECTOR OF EMERGENCY AND INPATIENT DEPARTMENTS AT NGMC LUMPKIN, KAY HALL, SERVES ON THE BOARD OF COMMUNITY HELPING PLACE AND DR. ALLISON TURK AND DR. RAYMOND POLK ARE PHYSICIAN VOLUNTEERS WITH THE FREE CLINIC. COMMUNITY HEALTH IMPROVEMENT DIRECTOR CHRISTY MOORE ATTENDED A MEETING HOSTED BY COMMUNITY HELPING PLACE IN APRIL OF 2024 TO DISCUSS THE USE OF A \$500,000 GRANT THE CLINIC RECEIVED THROUGH THE GEORGIA HEALTH POLICY CENTER TO ADVANCE HEALTH EQUITY, WHAT THE CLINIC PLANS TO DO WITH THE FUNDS AND HOW NGMC LUMPKIN CAN ASSIST.

CONNECTABILITY: IN FY24, NGMC LUMPKIN PROVIDED A DONATION TO CONNECTABILITY, WHICH PROVIDES PROGRAMS TO SUPPORT CHILDREN AND ADULTS WITH DISABILITIES AND THEIR FAMILIES. THEY OFFER DIRECT SERVICES AND

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COMMUNITY-BASED PROGRAMS TO STRENGTHEN SOCIAL NETWORKS, REDUCE SOCIAL ISOLATION AND INCREASE NATURAL SUPPORTS WITHIN THE COMMUNITY. DIRECTOR OF NGPG CLINICAL CARE AND STAFF DEVELOPMENT TAMMY SOLES SERVES ON CONNECTABILITY'S BOARD OF DIRECTORS.

ENOTAH COURT APPOINTED SPECIAL ADVOCATES (CASA): IN FY24, NGMC MADE A DONATION TO ENOTAH CASA'S "I AM FOR THE CHILD" PROGRAM. CASA VOLUNTEERS ARE APPOINTED BY JUDGES TO WATCH OVER AND ADVOCATE FOR ABUSED AND NEGLECTED CHILDREN, TO MAKE SURE THEY DON'T GET LOST IN THE OVERBURDENED LEGAL AND SOCIAL SERVICE SYSTEM OR LANGUISH IN INAPPROPRIATE GROUP OR FOSTER HOMES. VOLUNTEERS STAY WITH EACH CASE UNTIL IT IS CLOSED AND THE CHILD IS PLACED IN A SAFE, PERMANENT HOME. FOR MANY ABUSED CHILDREN, THEIR CASA VOLUNTEER WILL BE THE ONE CONSTANT ADULT PRESENCE IN THEIR LIVES. NGPG ADMINISTRATIVE DIRECTOR OF BEHAVIORAL HEALTH AND PRIMARY CARE JENNIFER LITTLE SERVES ON ENOTAH CASA'S BOARD OF DIRECTORS.

* GOOD SHEPHERD CLINIC: NGMC LUMPKIN PARTNERS WITH GOOD SHEPHERD CLINIC TO PROVIDE FREE AND REDUCED COST HEALTHCARE, DENTAL AND MENTAL HEALTH SERVICES TO COMMUNITY MEMBERS IN DAWSONVILLE, GEORGIA. NGPG'S VP OF OPERATIONS SERVES ON THEIR BOARD OF DIRECTORS. IN FY24, NGMC LUMPKIN PROVIDED OFFICE SPACE AT NO CHARGE TO THE GOOD SHEPHERD CLINIC.

* LUMPKIN COUNTY FAMILY CONNECTION: IN FY24, NGMC LUMPKIN PROVIDED A DONATION TO THE PROGRAMMING OF LUMPKIN COUNTY FAMILY CONNECTION, AN ORGANIZATION THAT CONNECTS STUDENTS AND FAMILIES WITH COMMUNITY RESOURCES TO HELP THEM SUCCEED IN SCHOOL AND LIFE. IN 2023-2024 ALONE, LUMPKIN COUNTY FAMILY CONNECTION PROVIDED 4,356 HOURS OF FAMILY SUPPORT

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SERVICES, 13 EDUCATIONAL SCHOLARSHIPS, HELPED 50 INDIVIDUALS RECEIVE TRANSPORTATION ASSISTANCE AND MENTORED 60 LUMPKIN COUNTY STUDENTS.

RHONDA HARDY, DONOR RELATIONS OFFICER WITH THE NGHS FOUNDATION, SERVED ON THEIR BOARD OF DIRECTORS.

MEALS BY GRACE: IN FY24, NGMC LUMPKIN PROVIDED A DONATION TO SUPPORT THE PROGRAMMING OF MEALS BY GRACE, AN ORGANIZATION THAT ASSISTS CHILDREN AND FAMILIES IN DAWSON AND FORSYTH COUNTIES EXPERIENCING FOOD INSECURITY BY PROVIDING MEAL DELIVERY SERVICES AND A FOOD PANTRY.

SOUTH ENOTAH CHILD ADVOCACY CENTER: IN FY24, NGMC LUMPKIN PROVIDED A SPONSORSHIP TO SOUTH ENOTAH CHILD ADVOCACY CENTER, WHICH SUPPORTS CHILDREN WHO HAVE SURVIVED ABUSE AND NEGLECT IN LUMPKIN AND WHITE COUNTY THROUGH PREVENTION, INTERVENTION, THERAPY AND COMMUNITY COLLABORATION.

TRUSTED SOURCES: IN FY24, NGMC LUMPKIN PROVIDED A DONATION TOWARDS TRUSTED SOURCES' "BRIDGE THE GAP" SPEAKERS PANEL FOR PARENTS, STUDENTS AND MENTAL HEALTH PROFESSIONALS TO INFORM AND EDUCATE CAREGIVERS ON HOW TO HELP FAMILY MEMBERS AND ADOLESCENTS. TRUSTED SOURCES IS A NON-PROFIT THAT PROVIDES PROGRAMS DESIGNED TO EDUCATE, EMPOWER AND EQUIP PARENTS TO ADVOCATE FOR THEIR CHILD'S MENTAL HEALTH CHALLENGES.

* UNITED WAY OF DAWSON COUNTY: IN FY24, NGMC LUMPKIN PROVIDED SUPPORT TO RUN UNITED DAWSON 5K WHICH RAISED FUNDS FOR UNITED WAY OF DAWSON COUNTY, AN ORGANIZATION THAT WORKS TO IMPROVE THE LIVES OF THOSE LIVING IN DAWSON COUNTY THROUGH HEALTH, EDUCATION AND FINANCIAL STABILITY AND ECONOMIC MOBILITY.

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OTHER ORGANIZATIONS THAT NGMC LUMPKIN HELPED SUPPORT INCLUDE:

- AMERICAN CANCER SOCIETY
- DAHLONEGA LITERARY FESTIVAL
- DAHLONEGA SUNRISE ROTARY
- GEORGIA FAMILY CONNECTION PARTNERSHIP, INC.

* ACCESS TO CARE

MEDICAL PLAZA 2 OPENS IN DAWSONVILLE: IN MARCH 2024, MEDICAL PLAZA 2 OPENED IN DAWSONVILLE, GEORGIA, PROVIDING PATIENTS LIVING ALONG GA 400 AND THE SURROUNDING AREA WITH GREATER ACCESS TO CARE CLOSER TO HOME. THE THREE-STORY, 35,800 SQUARE-FOOT BUILDING IS HOME TO GEORGIA HEART INSTITUTE, NGPG ORTHOPEDIC SURGERY AND SPORTS MEDICINE, NGPG OB/GYN AND A NEW URGENT CARE.

GEORGIA HEART INSTITUTE EXPANDS STAFF AND CLINICS ALONG GA 400: IN FY24, GEORGIA HEART INSTITUTE WELCOMED TWO NEW CLINICIANS TO ITS GROWING OUTPATIENT CARE TEAM WITH THE PLAN TO RELOCATE CLINICS IN DAWSONVILLE AND DAHLONEGA TO ALLOW FOR ENHANCED SERVICE OFFERINGS AND AN IMPROVED PATIENT EXPERIENCE.

* HEALTH EDUCATION AND COMMUNITY OUTREACH

CLINICAL SIMULATION: IN FY24, CLINICAL SIMULATION EDUCATION WAS PROVIDED TO OVER 100 STUDENTS AT LUMPKIN COUNTY HIGH SCHOOL AND STAFF AT LUMPKIN COUNTY FIRE DEPARTMENT. THROUGH THIS TRAINING, STUDENTS AND STAFF LEARNED BASIC LIFE SUPPORT, HOW TO DELIVER A BABY, HOW TO ADMINISTER AN EPIPEN AND STOP THE BLEED USING EVIDENCE-BASED STANDARDS AND PRACTICE.

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DIABETES EDUCATION: IN FY24, THE DIABETES EDUCATION DEPARTMENT PROVIDED INFORMATION AND RESOURCES ON DIABETES AND BLOOD SUGAR CHECKS TO 150 COMMUNITY MEMBERS AT THE DAHLONEGA WELL-BEING FAIR HOSTED AT THE UNIVERSITY OF NORTH GEORGIA.

HOSPICE SCHOOL-BASED GRIEF SUPPORT GROUPS: IN FY24, HOSPICE OF NGMC PROVIDED BEREAVEMENT SUPPORT AND EDUCATION FOR THOSE GRIEVING THE LOSS OR CARING FOR A LOVED ONE. HOSPICE ALSO PROVIDED SCHOOL-BASED GRIEF SUPPORT GROUPS TO ELEMENTARY AND MIDDLE SCHOOL STUDENTS IN LUMPKIN COUNTY.

* SAFE KIDS NORTHEAST GEORGIA: NORTHEAST GEORGIA MEDICAL CENTER SERVES AS LEAD AGENCY FOR SAFE KIDS NORTHEAST GEORGIA. THE MISSION OF SAFE KIDS IS TO REDUCE UNINTENTIONAL INJURIES AND DEATH IN CHILDREN 19 AND UNDER. IN FY24, SAFE KIDS PROVIDED PROGRAMS AND EVENTS WITH OUTREACH TO AN ESTIMATED 537 CHILDREN AND THEIR FAMILY MEMBERS, TEACHERS AND CAREGIVERS IN LUMPKIN COUNTY. THROUGH THESE PROGRAMS, SAFETY ITEMS WERE DISTRIBUTED TO FAMILIES IN NEED OF THEM.

* SEPSIS COMMUNITY OUTREACH: IN FY24, SEPSIS NURSES PROVIDED EDUCATION ON SEPSIS PREVENTION AT THE DAHLONEGA HEALTH FAIR TO 80 COMMUNITY MEMBERS.

* COMMUNITY SERVICE
IN FY24, 17 STAFF MEMBERS FROM NGMC LUMPKIN REPORTED SPENDING DEDICATED STAFF TIME TOWARDS 28 LEADERSHIP POSITIONS WITH VARIOUS CIVIC AND PROFESSIONAL ORGANIZATIONS. NGPG CLINICAL CARE DIRECTOR TAMMY SOLES

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SERVED AS VICE CHAIR ON THE LUMPKIN COUNTY HIGH SCHOOL COLLEGE AND CAREER ACADEMY BOARD, DAHLONEGA-LUMPKIN COUNTY CHAMBER OF COMMERCE BOARD AND AS AN ADVISOR FOR YOUTH LEADERSHIP LUMPKIN. LAB SALES COORDINATOR MONTY SIRMANS SERVED AS CHAIR OF THE DAWSON COUNTY CHAMBER OF COMMERCE BOARD OF DIRECTORS. CARRIE SISK, MD, WITH NGPG DAHLONEGA FAMILY MEDICINE SERVED AS A BOARD MEMBER OF THE LUMPKIN COUNTY BOARD OF HEALTH.

NGMC HABERSHAM

HIGHLIGHTS OF NGMC HABERSHAM COMMUNITY BENEFIT ACTIVITIES:
NGMC HABERSHAM 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, DEVELOPING PARTNERSHIPS WITH SCHOOLS ON HEALTH EDUCATION, AND FOSTERING A PARTNERSHIP WITH THE LOCAL INDIGENT CLINIC THAT SERVES THE UNDER-SERVED POPULATION.

IN FY24, NGMC HABERSHAM CELEBRATED ITS FIRST ANNIVERSARY AS A PART OF NORTHEAST GEORGIA HEALTH SYSTEM. OVER THE PAST YEAR, NGMC HABERSHAM HAS SEEN GROWTH IN INPATIENT CENSUS, LABOR AND DELIVERY, OUTPATIENT DIAGNOSTIC TESTING AND EMERGENCY DEPARTMENT VOLUME. IN FY24, NGMC HABERSHAM WAS ALSO ACCREDITED AS A LEVEL 3 EMERGENCY CARDIAC CARE CENTER, JOINING THE OTHER NGMC LOCATIONS IN ECC DESIGNATION.

* CHARITY CARE

NGMC HABERSHAM'S CHARITY CARE POLICY REMOVED BARRIERS FOR LOW-INCOME POPULATIONS WITHIN OUR SERVICE AREA, BEGINNING WITH FREE MEDICALLY NECESSARY CARE FOR PATIENTS WHOSE GROSS FAMILY INCOME WAS ZERO TO 150

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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.

IN FY24, THE ESTIMATED COST OF INDIGENT AND CHARITY CARE THROUGH NGMC

HABERSHAM WAS APPROXIMATELY \$2.5 MILLION BASED ON 3,319 PATIENT

ENCOUNTERS. IN ADDITION, NGMC HABERSHAM INCURRED BAD DEBT EXPENSE

DURING 2024 OF OVER \$13.3 MILLION AS MEASURED BY CHARGES. THIS

REPRESENTS APPROXIMATELY 19.4 PERCENT OF NET PATIENT REVENUE AS

REFLECTED IN THE AUDITED FINANCIAL STATEMENTS. A SIGNIFICANT PERCENTAGE

OF THIS AMOUNT IS ESTIMATED TO BE THE RESULT OF PATIENTS THAT ARE

EMPLOYED BY UNABLE TO PAY MEDICAL EXPENSES AND ARE THEREFORE CONSIDERED

"MEDICALLY INDIGENT."

* FINANCIAL NAVIGATION

NGMC HABERSHAM EMPLOYS FINANCIAL ASSISTANCE NAVIGATORS WHO FOCUS ON

BEING ADVOCATES FOR UNINSURED AND UNDERINSURED PATIENTS AIDING THEM IN

FINDING VIABLE MEANS TO ACCESS CARE. THE TEAM'S FOCUS IS FINDING THE

BEST SOLUTIONS FOR HELPING PATIENTS APPLY FOR PROGRAMS THEY MIGHT BE

ELIGIBLE FOR, MEDICAID, DISABILITY, ACCESSING THE NEW HEALTHCARE

EXCHANGES, OR PROCESSING CHARITY, WHEN APPROPRIATE.

* INDIGENT PATIENT FUND

FINANCIAL ASSISTANCE IS PROVIDED FOR INDIGENT PATIENTS TO OBTAIN

URGENTLY NEEDED DISCHARGE MEDICATIONS AND TRANSPORTATION. INDIVIDUALS

ELIGIBLE FOR THESE FUNDS ARE PATIENTS WHOSE NEEDS CANNOT BE MET THROUGH

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PRIMARY INSURANCE, THEIR FUNDS, GOVERNMENT PROGRAMS, OR OTHER CHARITABLE SERVICES. THE NGHS FOUNDATION PROVIDED FUNDING FOR THIS PROGRAM AT AN ESTIMATED COST OF \$47,160 ACROSS ALL NGMC CAMPUSES IN FY24.

* REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

IN 2022, NGMC PARTNERED WITH HABERSHAM MEDICAL CENTER AND OTHER REGIONAL PARTNERS ON THE NORTHEAST GEORGIA REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT. THIS CHNA COVERED HABERSHAM, RABUN, AND BANKS COUNTIES, IN ADDITION TO OTHER COUNTIES IN THE REGION AND 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 THREE FOLLOWING HEALTH PRIORITIES: MENTAL AND BEHAVIORAL HEALTH, ACCESS TO CARE, AND HEALTHY BEHAVIORS. FOR MORE INFORMATION ABOUT THESE PRIORITIES, GO TO WWW.NGHS.COM/COMMUNITY-BENEFIT-RESOURCES.

* HEALTH PROFESSIONS EDUCATION & WORKFORCE DEVELOPMENT

NGMC HABERSHAM SERVES AS A PIPELINE TO ATTRACT AND PREPARE QUALIFIED INDIVIDUALS AND STUDENTS INTERESTED IN HEALTHCARE POSITIONS AND WORKS TO TRAIN, EDUCATE AND RECRUIT STUDENTS FOR CAREERS IN HEALTHCARE. NGMC HABERSHAM SPENT OVER \$529,000 IN FY24 IN THESE AREAS:

ALLIED HEALTH STUDENT EDUCATION: NGMC HABERSHAM PROVIDED 42 ALLIED HEALTH STUDENTS WITH CLINICAL ROTATIONS IN FY24 TO GIVE THEM HANDS ON EXPERIENCE UNDER THE SUPERVISION OF NGMC HABERSHAM STAFF, ALLOWING THEM TO APPLY KNOWLEDGE AND DEVELOP ESSENTIAL ALLIED HEALTH SKILLS.

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NURSING STUDENT EDUCATION: NGMC HABERSHAM PROVIDED 115 STUDENT NURSES WITH CLINICAL ROTATIONS IN FY24 TO GIVE THEM HANDS ON EXPERIENCE UNDER THE SUPERVISION OF REGISTERED NURSES, ALLOWING THEM TO APPLY KNOWLEDGE AND DEVELOP ESSENTIAL NURSING SKILLS.

YOUTH APPRENTICESHIP: THE YOUTH APPRENTICESHIP PROGRAM IS DESIGNED TO PROVIDE HANDS-ON EXPOSURE TO MANY DIFFERENT HEALTHCARE CAREERS TO ENCOURAGE STUDENTS TOWARDS A PATH IN HEALTHCARE. A TOTAL OF 52 STUDENTS PARTICIPATED AT NGMC HABERSHAM THIS YEAR THROUGH WORK-BASED LEARNING AND MOCK INTERVIEWS WITH HABERSHAM AND WHITE COUNTY STUDENTS.

* SUPPORT OF CHARITABLE CLINICS AND OTHER NON-PROFITS

NGMC HABERSHAM HELPS SUPPORT LOCAL NON-PROFITS THAT CONNECT PEOPLE IN NEED TO RESOURCES SUCH AS FOOD, TRANSPORTATION, AND OTHER IMPORTANT SUPPORT SERVICES. OFTEN REFERRED TO AS SOCIAL DETERMINANTS OF HEALTH, LACK OF ACCESS TO THESE RESOURCES PLAY A DETRIMENTAL ROLE IN OVERALL HEALTH. IN FACT, RESEARCH SUPPORTS THE IDEA THAT AS MUCH AS 80% OF A PERSON'S WELLBEING IS TIED TO PHYSICAL ENVIRONMENT, ECONOMIC FACTORS, AND HEALTH BEHAVIORS. MAKING IMPROVEMENTS IN THESE AREAS UPSTREAM CAN IMPACT BETTER HEALTH DOWNSTREAM, MINIMIZING POOR HEALTH, UNNECESSARY SUFFERING AND HIGHER COSTS OF CARE. NGMC HABERSHAM PROVIDED OVER \$40,000 IN SUPPORT OF COMMUNITY NON-PROFITS IN FY24. BELOW ARE HIGHLIGHTS:

AMERICAN CANCER SOCIETY: IN FY24, NGMC HABERSHAM SPONSORED THE AMERICAN CANCER SOCIETY'S RELAY FOR LIFE HABERSHAM COUNTY EVENT BENEFITTING CANCER RESEARCH AND COMMUNITY EDUCATION.

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GRACE GATE CLINIC: IN FY24, NGMC HABERSHAM PROVIDED A DONATION TOWARDS THE OPERATIONS OF GRACE GATE CLINIC, WHICH PROVIDES MEDICAL SERVICES TO UNDERINSURED AND UNDERSERVED PATIENTS AT NO COST.

HABERSHAM COUNTY UNITED WAY: IN FY24, NGMC HABERSHAM PROVIDED A DONATION TOWARDS HABERSHAM COUNTY UNITED WAY, WHICH FOCUSES ON CONNECTING THOSE LIVING IN HABERSHAM COUNTY WITH PARTNER AGENCIES TO IMPROVE THEIR LIVELIHOOD, FOCUSING ON EDUCATION, INCOME AND HEALTH.

HABERSHAM 4-H: IN FY24, NGMC HABERSHAM DONATED FUNDS TOWARDS UPGRADES TO THE TEACHING KITCHEN FOR HABERSHAM 4-H, WHICH IS USED TO EDUCATE STUDENTS ON HOW TO COOK HEALTHY MEALS. HABERSHAM 4-H PROVIDES PROGRAMMING TO YOUTH FROM FIFTH GRADE TO 12TH GRADE TO TEACH HOW TO CREATE HEALTHY HABITS, DEVELOP KEY LIFE SKILLS AND BECOME PRODUCTIVE MEMBERS OF SOCIETY.

HABERSHAM EMS: NGMC HABERSHAM PROVIDED SUPPORT TOWARDS HABERSHAM COUNTY EMERGENCY SERVICES, WHICH PROVIDES EMERGENCY SERVICES TO THE CITIZENS OF HABERSHAM COUNTY, INCLUDING FIRE, EMS AND EMA. NGMC ALSO PROVIDED OFFICE SPACE AT NO CHARGE TO HABERSHAM EMS.

HUB OF HABERSHAM: IN FY24, NGMC SUPPORTED HUB OF HABERSHAM, WHICH PROVIDES YOUTH MENTORING PROGRAMMING, LINKED TO MENTAL AND BEHAVIORAL HEALTH. THEIR TEACH 1 TO LEAD 1 PROGRAM IS A COMMUNITY MENTORING PROGRAM THAT TEACHES UNIVERSAL PRINCIPLES TO LEAD STUDENTS INTO A LIFE OF PURPOSE AND POTENTIAL.

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NORTH GEORGIA AUTISM FOUNDATION: IN FY24, NGMC HABERSHAM PROVIDED A DONATION TOWARDS NORTH GEORGIA AUTISM FOUNDATION, WHICH AIMS TO REMOVE BARRIERS AND INCREASE ACCESS TO DIAGNOSIS, TREATMENT, CAREER DEVELOPMENT AND GENERAL SUPPORT FOR AUTISTIC INDIVIDUALS AND THEIR FAMILIES IN NORTH GEORGIA.

NORTH GEORGIA TECHNICAL COLLEGE SUPPORT: IN FY24, NGMC HABERSHAM PROVIDED A SPONSORSHIP TOWARDS THE RICK PERKINS AWARD FOR EXCELLENCE IN TECHNICAL INSTRUCTION, WHICH HONORS HEALTHCARE INSTRUCTORS WHO HAVE MADE SIGNIFICANT CONTRIBUTIONS TO TECHNICAL EDUCATION THROUGH INNOVATION AND LEADERSHIP IN THEIR FIELDS. VANESSA LONE, MEDICAL ASSISTING INSTRUCTOR AT NGTC, WAS THE RECIPIENT OF THE AWARD.

OPEN ARMS CLINIC: IN FY24, NGMC HABERSHAM PROVIDED A DONATION TOWARDS OPEN ARMS CLINIC, AN INDIGENT CLINIC THAT PROVIDES CARE FOR THE NEEDY OF STEPHENS COUNTY, SUCH AS CARE FOR CHRONIC ILLNESS, MEDICATION AND SOCIAL SERVICES.

PIEDMONT UNIVERSITY SCHOOL OF NURSING: IN FY24, NGMC HABERSHAM PROVIDED A DONATION TOWARDS THE PIEDMONT UNIVERSITY SCHOOL OF NURSING 5K FUNDRAISER FOR THE PINNING CEREMONY OF GRADUATING NURSING STUDENTS.

SWIM SAFETY FOR HABERSHAM COUNTY PARKS AND RECREATION: IN FY24, NGMC HABERSHAM AND SAFE KIDS NORTHEAST GEORGIA DONATED TOWARDS THE SWIM SAFELY DAY EVENT, WHICH PROVIDED WATER SAFETY TRAININGS TO CHILDREN AND PARENTS. HABERSHAM COUNTY PARKS AND RECREATION OFFERS HIGH-QUALITY RECREATIONAL PROGRAMS AND ACTIVITIES FOR THE COMMUNITY, CATERING TO CHILDREN, YOUTH AND ADULTS.

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* HEALTH EDUCATION AND COMMUNITY OUTREACH

CLINICAL SIMULATION: IN FY24, NGMC PROVIDED CLINICAL SIMULATION LEARNING TO 166 STUDENTS AT RABUN COUNTY HIGH SCHOOL AND STEPHENS COUNTY HIGH SCHOOL AND STAFF WITH STEPHENS COUNTY EMS. THROUGH THIS TRAINING, STUDENTS AND EMS STAFF LEARNED BASIC LIFE SUPPORT, HOW TO DELIVER A BABY, HOW TO ADMINISTER AN EPIPEN AND STOP THE BLEED USING EVIDENCE-BASED STANDARDS AND PRACTICE.

COMMUNITY EDUCATION ON INJURY PREVENTION AND TRAUMA: IN FY24, NGMC PROVIDED COMMUNITY EDUCATION REGARDING FALLS, INJURY PREVENTION AND TRAUMA TO A RANGE OF AUDIENCES INCLUDING SCHOOLS, SUPPORT GROUPS, AND PROFESSIONALS IN THE COMMUNITY. ADDITIONALLY, NGMC TRAUMA STAFF PROVIDED TRAINING IN THE COMMUNITY FOR THE STOP THE BLEED CAMPAIGN, A SCHOOL RESPONSE PROGRAM DESIGNED TO ENABLE TEACHERS, NURSES AND STAFF TO RENDER IMMEDIATE, POTENTIALLY LIFE-SAVING MEDICAL AID TO INJURED STUDENTS OR CO-WORKERS WHILE AWAITING THE ARRIVAL OF PROFESSIONAL RESPONDERS.

HABERSHAM COMMUNITY WELLNESS SERIES: IN FY24, NGMC HABERSHAM HOSTED A MONTHLY WELLNESS SERIES, FEATURING LOCAL PROVIDERS AN ARRAY OF HEALTH TOPICS, SUCH AS CARDIAC TESTING AND HEART HEALTH, COLON PROBLEMS, ARTHRITIS AND MENOPAUSE.

HOSPICE SUPPORT GROUPS: IN FY24, HOSPICE OF NGMC PROVIDED MULTIPLE BEREAVEMENT SCHOOL-BASED SUPPORT GROUPS AND EDUCATION FOR STUDENTS GRIEVING A LOSS OF SOMEONE CLOSE TO THEM.

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ONCOLOGY OUTREACH: IN FY24, ONCOLOGY SERVICES WITH NGMC PROVIDED CERVICAL CANCER SCREENINGS AND HPV AWARENESS AT GRACE GATE CLINIC, AN INDIGENT CLINIC LOCATED IN HABERSHAM COUNTY, AND SKIN CANCER PREVENTION EDUCATION TO TOCCOA SENIOR CENTER.

* COMMUNITY SERVICE

IN FY24, FOUR STAFF MEMBERS WITH NGMC HABERSHAM DEDICATED STAFF TIME TOWARDS NINE LEADERSHIP POSITIONS WITH VARIOUS CIVIC AND PROFESSIONAL ORGANIZATIONS. KEVIN MATSON, VP OF REGIONAL HOSPITALS, SERVED ON THE HABERSHAM COUNTY CHAMBER OF COMMERCE BOARD OF DIRECTORS & FINANCE COMMITTEE, LEADERSHIP HABERSHAM, HABERSHAM COUNTY ROTARY AND THE ECONOMIC DEVELOPMENT COMMITTEE. KEVIN FREDERICK, SUPERVISOR WITH THE LAURELWOOD INTAKE DEPARTMENT, SERVED ON THE WHITE COUNTY FAMILY CONNECTION BEHAVIORAL HEALTH STRATEGY TEAM.

SPECIAL NOTES ABOUT COMMUNITY BENEFIT REPORTING

NGMC USED THE PRECEPTS OUTLINED IN "A GUIDE FOR PLANNING AND REPORTING COMMUNITY BENEFIT," PROVIDED BY THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES AND VIZIENT FOR ITS COMMUNITY BENEFIT REPORTING WITHIN THE ORGANIZATION'S IRS 990 SCHEDULE H. THE GUIDE'S PURPOSE IS TO HELP NOT-FOR-PROFIT MISSION-DRIVEN HEALTHCARE ORGANIZATIONS DEVELOP, ENHANCE AND REPORT ON THEIR COMMUNITY BENEFIT PROGRAMS.

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

- IMPROVING ACCESS
- ENHANCING POPULATION HEALTH

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Schedule O (Form 990) 2023

Page 2

Name of the organization

NORTHEAST GEORGIA HEALTH SYSTEM, INC.

Employer identification number

58-1694090

- ADVANCING GENERALIZABLE KNOWLEDGE

- RELIEVING THE GOVERNMENT BURDEN ON IMPROVING 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.

ADDITIONAL INFORMATION HAS BEEN INCLUDED IN THE SCHEDULE O TO GIVE THE BROADEST VIEW OF COMMUNITY IMPACT OF NGHS HOSPITALS.

FOR MORE INFORMATION, CONTACT THE COMMUNITY HEALTH IMPROVEMENT DEPARTMENT AT 770-219-8085.

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.

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Name of the organization

NORTHEAST GEORGIA HEALTH SYSTEM, INC.

Employer identification number

58-1694090

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 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

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Name of the organization

NORTHEAST GEORGIA HEALTH SYSTEM, INC.

Employer identification number

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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 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

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Name of the organization NORTHEAST GEORGIA HEALTH SYSTEM, INC.	Employer identification number 58-1694090
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ITEMS ARE AVAILABLE UPON REQUEST.

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

INTERCOMPANY FORGIVENESS	81,050,944.
PARTNERSHIP INCOME NOT ON BOOKS	458,742.
PENSION ADJUSTMENT	7,029,668.
OTHER ADJUSTMENT	-49,161.
TOTAL TO FORM 990, PART XI, LINE 9	88,490,193.

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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 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization NORTHEAST GEORGIA HEALTH SYSTEM, INC.	Employer identification number 58-1694090
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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
GEORGIA HEART INSTITUTE, LLC - 46-4354068 743 SPRING STREET GAINESVILLE, GA 30501	HEALTHCARE	GEORGIA	46,362,353.	2,048,488.	NORTHEAST GEORGIA HEALTH SYSTEM, INC.
HEALTHCONNECTIONS, LLC - 58-1694098 743 SPRING STREET GAINESVILLE, GA 30501	HEALTHCARE	GEORGIA	93,435.	0.	NORTHEAST GEORGIA MEDICAL CENTER, INC.
NGMC BARROW, LLC - 81-4015190 743 SPRING STREET GAINESVILLE, GA 30501	HEALTHCARE	GEORGIA	79,847,421.	11,177,773.	NORTHEAST GEORGIA HEALTH SYSTEM, INC.
NGMC LUMPKIN, LLC - 83-1294232 743 SPRING STREET GAINESVILLE, GA 30501	HEALTHCARE	GEORGIA	48,440,276.	67,259,259.	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) 2023

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Schedule R (Form 990)

NORTHEAST GEORGIA HEALTH SYSTEM, INC.

58-1694090

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN 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
NORTHEAST GEORGIA PHYSICIANS GROUP URGENT CARE, LLC - 20-5064238, 743 SPRING STREET, GAINESVILLE, GA 30501	MEDICAL	GEORGIA	80,778,987.	911,065.	NORTHEAST GEORGIA PHYSICIANS GROUP, INC.
NORTHEAST GEORGIA HEALTH RESOURCES, LLC - 85-3221091, 743 SPRING STREET, GAINESVILLE, GA 30501	HEALTHCARE	GEORGIA	0.	0.	NORTHEAST GEORGIA HEALTH SYSTEM, INC.
NORTHEAST GEORGIA PEO, LLC - 85-3939319 743 SPRING STREET GAINESVILLE, GA 30501	HEALTHCARE	GEORGIA	6,853,517.	0.	NORTHEAST GEORGIA HEALTH SYSTEM, INC.
NORTHEAST GEORGIA MEDICAL CENTER HABERSHAM, LLC - 92-2451946, 743 SPRING STREET, GAINESVILLE, GA 30501	HEALTHCARE	GEORGIA	85,847,979.	17,356,989.	NORTHEAST GEORGIA HEALTH SYSTEM, INC.
NORTHEAST GEORGIA HOME HEALTH III, LLC - 92-3515980, 743 SPRING STREET, GAINESVILLE, GA 30501	HEALTHCARE	GEORGIA	1,513,261.	324,674.	NORTHEAST GEORGIA HEALTH SYSTEM, INC.
RIVER PLACE MEDICAL PLAZA I - 58-1694090 1515 RIVER PLACE BRASELTON, GA 30517	HEALTHCARE	GEORGIA	989,282.	15,303,606.	NORTHEAST GEORGIA HEALTH SYSTEM, INC.
RIVER PLACE MEDICAL PLAZA II - 58-1694090 1524 RIVER PLACE BRASELTON, GA 30517	HEALTHCARE	GEORGIA	0.	24,504,487.	NORTHEAST GEORGIA HEALTH SYSTEM, INC.
BRASELTON ASC, LLC - 88-4229346 1524 RIVER PLACE SUITE 100 BRASELTON, GA 30517	HEALTHCARE	GEORGIA	1,837,663.	24,204,962.	NORTHEAST GEORGIA MEDICAL CENTER, INC.
NGHI, LLC - 58-1694090 743 SPRING STREET GAINESVILLE, GA 30501	HEALTHCARE	GEORGIA	-1,570,207.	591,733.	NORTHEAST GEORGIA HEALTH SYSTEM, INC.

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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	
NORTHEAST GEORGIA REHABILITATION HOSPITAL, LLC - 92-1186216, 2500 LIMESTONE PARKWAY, GAINESVILLE, GA	HEALTHCARE	GA	NORTHEAST GEORGIA HEALTH SYSTEM, INC	RELATED	0.	0.		<input checked="" type="checkbox"/>	N/A		<input checked="" type="checkbox"/>	51.00%
NORTHEAST GEORGIA HEALTH VENTURES, LLC - 88-3268162, 743 SPRING STREET, GAINESVILLE, GA 30501	HEALTHCARE	GA	NORTHEAST GEORGIA HEALTH SYSTEM, INC.	RELATED	0.	613,293.		<input checked="" type="checkbox"/>	N/A		<input checked="" type="checkbox"/>	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
NORTHEAST GA HEALTH PARTNERS, LLC - 58-2131807, 743 SPRING STREET, GAINESVILLE, GA 30501	PPO DEVELOPMENT	GA	N/A	C CORP	8,358,837.	3,061,645.	100%		<input checked="" type="checkbox"/>
LANIER COMMUNITY ASSURANCE, LTD. 743 SPRING STREET GAINESVILLE, GA 30501	INSURANCE	CAYMAN ISLANDS	N/A	C CORP	32,376,734.	101,377,970.	100%		<input checked="" type="checkbox"/>
NORTHEAST GEORGIA HEALTH PARTNERS NETWORK, LLC - 61-1972705, 743 SPRING STREET, GAINESVILLE, GA 30501	PPO DEVELOPMENT	GA	N/A	C CORP	319,325.	0.	100%		<input checked="" type="checkbox"/>

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NORTHEAST GEORGIA PHYSICIAN GROUP, INC.	C	35,352,405.	COST
(2) NORTHEAST GEORGIA MEDICAL CENTER, INC.	B	121,460,385.	COST
(3) NORTHEAST GEORGIA HEALTH SYSTEM, INC.	C	81,050,944.	COST
(4) NORTHEAST GEORGIA HEALTH PARTNERS NETWORK, LLC	C	1,014,311.	COST
(5) NORTHEAST GEORGIA HEALTH PARTNERS, LLC	C	4,042,724.	COST
(6) NGHS FOUNDATION	C	2,657,462.	COST

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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	2,657,462.	COST
(8) NORTHEAST GEORGIA MEDICAL CENTER, INC.	D	563,765.	COST
(9) NGHS FOUNDATION	E	563,765.	COST
(10) NGHS FOUNDATION	C	97,962.	COST
(11) THE MEDICAL CENTER AUXILIARY, INC.	B	97,962.	COST
(12) NORTHEAST GEORGIA MEDICAL CENTER, INC.	L	172,422,311.	COST
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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Part VII Supplemental Information

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

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

NORTHEAST GEORGIA REHABILITATION HOSPITAL, LLC

EIN: 92-1186216

2500 LIMESTONE PARKWAY

GAINESVILLE, GA 30501