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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
NORTHEAST GEORGIA MEDICAL CENTER Inc

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
743 SPRING STREET

City or town, state or country, and ZIP + 4
GAINESVILLE, GA 305013899

D Employer identification number
58-1694098

E Telephone number
(770) 219-6646

G Gross receipts $ 560,010,665

F Name and address of principal officer
James E Gardner Jr
743 SPRING STREET
GAINESVILLE, GA 305013899

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW NGHS COM

K Type of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1986

M State of legal domicile GA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
The mission of Northeast Georgia Medical Center (NGMC) is TO PROVIDE COMPREHENSIVE, (See Schedule O) ACCESSIBLE QUALITY HEALTH CARE SERVICES AND IMPROVE THE HEALTH OF OUR COMMUNITY

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	13
5	Total number of employees (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	626
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	**7a**	2,939,108
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,045,175	3,264,291
9	Program service revenue (Part VIII, line 2g)	501,992,465	546,715,238
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,573,089	-12,583,554
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,055,528	181,842
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	512,666,257	537,577,817
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	133,234	466,117
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	203,214,475	208,736,937
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	254,194,273	275,175,821
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	457,541,982	484,378,875
19	Revenue less expenses Subtract line 18 from line 12	55,124,275	53,198,942

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	788,489,120	813,499,645
21	Total liabilities (Part X, line 26)	621,402,720	625,910,323
22	Net assets or fund balances Subtract line 21 from line 20	167,086,400	187,589,322

Part II Signature Block

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

Sign Here

****** | 2010-08-15
Signature of officer | Date

anthony herdener Vice President/cfo
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-empolyed ☐ | Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4: Pershing Yoakley & Associates P C
One Cherokee Mills 2220 Sutherland
Knoxville, TN 379192363

EIN ▶

Phone no ▶ (865) 673-0844

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

Part III Statement of Program Service Accomplishments (see instructions.)

1 Briefly describe the organization's mission

TO PROVIDE COMPREHENSIVE, ACCESSIBLE QUALITY HEALTH CARE SERVICES AND IMPROVE THE HEALTH OF OUR COMMUNITY

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 438,834,586 including grants of $ 466,117) (Revenue $ 546,715,238)

Northeast Georgia Medical Center, Inc is a 557 bed regional reffal facility providng a comprehensive range of acute care and specialty medical care NGMC serves the City of Gainesville, Georgia, Hall County and surrounding counties See Schedule O for Program Service Accomplishments Continuation

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 438,834,586 *(Must equal Part IX, Line 25, column (B).)*

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)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
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? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV* .	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
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? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
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? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	**1a**	4		
b	Enter the number of Forms W-2G included in 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**		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	**2b**			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	**3a**		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	**3b**		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	**5c**			
6a	Did the organization solicit any contributions that were not tax deductible?	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	**7g**		Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	**7h**		Yes	
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	**8**			
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	**9a**			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 14		
b	Enter the number of voting members that are independent . .	1b 13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

LINDA D NICHOLSONCONTROLLER
743 SPRING STREET
gainesville, GA 30501
(770) 219-6646

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply) ☒ Individual Trustee	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
JACKIE WALLACE MEMBER	1 00	X						0	0	0
JANIE SHELTON MEMBER	1 00	X						0	0	0
KIT DUNLAP Vice CHAIRPERSON	1 00	X						0	0	0
JOHN HEMMER MD MEMBER	1 00	X						0	0	0
JAY HORTENSTINE Member	1 00	X						12,943	0	0
ROGER OWENS MD MEMBER	1 00	X						0	0	0
LUA BLANKENSHIP MEMBER	1 00	X						0	0	0
Denise Deal member	1 00	X						0	0	0
Rodney Smith MD Member	1 00	X						0	0	0
Doug Carter CHAIRPERSON	1 00	X						0	0	0
John Prien Member	1 00	X						0	0	0
Larry E Dent Member	1 00	X						0	0	0
Dallas Gay Member	1 00	X						0	0	0
Jerry Jackson Member	1 00	X						0	0	0
Jack Keener MemBER	1 00	X						0	0	0
John A Williamson VP-NGMC	40 00			X				0	244,348	54,275
James Gardner President & CEO	1 00			X				0	870,249	525,520

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply) ☒ Individual trustee	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
Carol Burrell VP-NGMC & COO	40 00			X				0	468,472	252,615
ANTHONY HERDENER VP-NGHS & CFO	1 00			X				0	458,304	181,590
Nancy J Martin VP-NGMC	40 00			X				0	248,725	66,217
Dane Henry VP-NGMC	40 00			X				0	214,024	36,002
Mary Martin LP-Administrator	40 00			X				0	130,076	40,193
TRACY VARDEMAN VP-NGHS	1 00			X				0	193,409	61,794
JOSEPH FULBRIGHT VP-NGHS	1 00			X				0	207,854	62,072
James Bailey VP-NGHS & CMO	1 00			X				15,000	501,865	16,717
Stephen A Carlson Director-Pharmacy	40 00				X			0	159,742	34,958
William R Lonergan Director-Facilities Dev	40 00				X			0	152,866	33,266
Randall P Miller Manager-Radiation Physic	40 00					X		0	214,364	27,791
David E Patterson Radiation-Physicist	40 00					X		0	179,487	14,006
Carey B Cox Pharmacist-Night	40 00					X		0	143,742	14,308
Claire H Washburn Charge Nurse	40 00					X		0	141,257	22,926
Debra Duke Director-Diagnostic Imag	40 00					X		0	139,596	39,239
John Ferguson Jr Former CEO	0 00						X	238,464	0	0
1b Total ▶								266,407	4,668,380	1,483,489

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 1

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

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

(A) Name and business address	(B) Description of services	(C) Compensation
MCKESSON INFORMATION SOLUTIONS PO BOX 98347 CHICAGO, IL 60693	IT SERVICES/CONSULTING	5,952,918
ANESTHESIA ASSOCIATES OF GAINESVILLE PO BOX 1076 GAINESVILLE, GA 30503	ANESTHESIA SERVICES	2,246,458
LONGSTREET CLINIC PC PO Box 658 GAINESVILLE, GA 30503	HOSPITALISTS/PHYSICIAN SERVICES	2,185,801
Brassfield & Gorrie 1990 vaughn road suite 100 kennesaw, GA 30144	Fees	1,825,688
GE MEDICAL SYSTEMS PO BOX 402076 ATLANTA, GA 30384	DIAGNOSTIC EQUIPMENT MAINTENANCE	1,080,000

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 101

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	3,264,291			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f $ _____					
	h	**Total.** Add lines 1a-1f		3,264,291			
			Business Code				
Program Service Revenue	2a	NET PATIENT SVC REVenu	621,400	533,429,508	533,429,508		
	b	Pharmacy	446,110	7,763,371			7,763,371
	c	LAB REVENUE	621,500	2,853,661		2,853,661	
	d	Cafeteria Revenue	722,210	2,344,450			2,344,450
	e	Day Care Center	624,410	239,984			239,984
	f	All other program service revenue		84,264		84,264	
	g	**Total.** Add lines 2a–2f		546,715,238			
	3	Investment income (including dividends, interest and other similar amounts)		9,496,239			9,496,239
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real / (ii) Personal				
	6a	Gross Rents	151,588				
	b	Less rental expenses	22,263				
	c	Rental income or (loss)	129,325				
	d	Net rental income or (loss)		129,325	2,881		126,444
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	330,792				
	b	Less cost or other basis and sales expenses	21,166,229 / 1,244,356				
	c	Gain or (loss)	-21,166,229 / -913,564				
	d	Net gain or (loss)		-22,079,793			-22,079,793
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	EARLY EXTINGUISHMENT D	900,099	93,048			93,048
	b	NON-OPERATING REVENUE	541,610	1,183		1,183	
	c	Partnership Income	621,990	-41,714	-41,714		
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		52,517			
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		537,577,817	533,390,675	2,939,108	-2,016,257

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	466,117	466,117		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,668,305	1,468,108	200,197	
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	170,408,899	149,959,832	20,449,067	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,389,215	2,102,509	286,706	
9 Other employee benefits	21,701,724	19,097,517	2,604,207	
10 Payroll taxes	12,568,794	11,060,539	1,508,255	
11 Fees for services (non-employees)				
a Management	14,756,645	12,985,848	1,770,797	
b Legal	793,893	698,626	95,267	
c Accounting	190,655	167,776	22,879	
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees	505,997	445,277	60,720	
g Other	35,331,834	31,092,014	4,239,820	
12 Advertising and promotion	672,124	591,469	80,655	
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	6,515,447	5,733,593	781,854	
17 Travel	468,671	412,430	56,241	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	163,892	144,225	19,667	
20 Interest	13,104,323	11,531,804	1,572,519	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	36,738,937	32,330,265	4,408,672	
23 Insurance	3,931,615	3,459,821	471,794	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a MEDICAL SUPPLIES	58,631,179	58,631,179		
b BAD DEBT EXPENSE	45,745,842	45,745,842		
c supplies	30,892,446	27,185,352	3,707,094	
d Rental & Maintenance	15,479,022	13,621,539	1,857,483	
e MISCELLANEOUS	4,595,232	4,043,804	551,428	
f All other expenses	6,658,067	5,859,100	798,967	
25 **Total functional expenses.** Add lines 1 through 24f	484,378,875	438,834,586	45,544,289	0
26 **Joint Costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	-5,128,101	1	-3,545,832
	2	Savings and temporary cash investments	14,422,278	2	9,252,278
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	49,940,032	4	55,925,778
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*		6	
	7	Notes and loans receivable, net	180,329	7	168,622
	8	Inventories for sale or use	2,168,820	8	2,007,053
	9	Prepaid expenses and deferred charges	5,782,786	9	5,652,867
	10a	Land, buildings, and equipment cost basis — 10a: 748,824,444			
	b	Less accumulated depreciation *Complete Part VI of Schedule D* — 10b: 306,822,099	382,410,595	10c	442,002,345
	11	Investments—publicly traded securities	330,787,162	11	295,767,712
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets	5,713,816	14	4,943,416
	15	Other assets See Part IV, line 11	2,211,403	15	1,325,406
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	788,489,120	16	813,499,645
Liabilities	17	Accounts payable and accrued expenses	68,049,882	17	52,672,655
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	507,944,475	20	499,941,585
	21	Escrow account liability *Complete Part IV of Schedule D*		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties	55,350	23	251,900
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D	45,353,013	25	73,044,183
	26	**Total liabilities.** Add lines 17 through 25	621,402,720	26	625,910,323
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	167,086,400	27	187,589,322
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	167,086,400	33	187,589,322
	34	Total liabilities and net assets/fund balances	788,489,120	34	813,499,645

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to 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?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits?	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
NORTHEAST GEORGIA MEDICAL CENTER Inc

Employer identification number
58-1694098

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

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)

3 ☑ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

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 organization that normally receives (1) more than 331/3% 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 331/3% 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)

10 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(See Instructions)**)	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of support?
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 IV)						
11 **Total Support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

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

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% Test - 2008.** 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% Test - 2007.** If the organization did not check the 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 - 2008.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

b **10% Facts and Circumstances Test - 2007.** 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 IV 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 the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

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

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18

19a **33 1/3% Tests - 2008.** 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% Tests - 2007.** 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 **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 58-1694098
Name: NORTHEAST GEORGIA MEDICAL CENTER Inc

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
NET PATIENT SVC REVenu	621,400	533,429,508	533,429,508		
Pharmacy	446,110	7,763,371			7,763,371
LAB REVENUE	621,500	2,853,661		2,853,661	
Cafeteria Revenue	722,210	2,344,450			2,344,450
Day Care Center	624,410	239,984			239,984

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
MEDICAL SUPPLIES	58,631,179	58,631,179		
BAD DEBT EXPENSE	45,745,842	45,745,842		
supplies	30,892,446	27,185,352	3,707,094	
Rental & Maintenance	15,479,022	13,621,539	1,857,483	
MISCELLANEOUS	4,595,232	4,043,804	551,428	

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SCHEDULE C
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)
- 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," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)
- 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," to Form 990, Part IV, Line 5 (Proxy Tax)
- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization	Employer identification number
NORTHEAST GEORGIA MEDICAL CENTER Inc	58-1694098

Part I-A **To be completed by all organizations exempt under section 501(c) and section 527 organizations.** (See the instructions for Schedule C for details.)

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

2 Political expenditures $ _____

3 Volunteer hours _____

Part I-B **To be completed by all organizations exempt under section 501(c)(3).** (See the instructions for Schedule C for details.)

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 in 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 **To be completed by all organizations exempt under section 501(c), except section 501(c)(3).** (See the instructions for Schedule C for details.)

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 internal funds contributed to other organizations for section 527 exempt funtion activities $ _____

3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

Part II-A **To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

A Check ☐ if the filing organization belongs to an affiliated group
B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter the amount from the following table in both columns—		

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 Enter -0- if line g is more than line a		
i	Subtract line 1f from line 1c Enter -0- if line f is more than line c		

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 instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line d, column (e))					
f	Grassroots lobbying expenditures					

Part II-B **To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

		(a) Yes	(a) No	(b) 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?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
i	Other activities If "Yes," describe in Part IV	Yes		57,676
j	Total lines 1c through 1i			57,676
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
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 **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** (See the instructions for Schedule C for details.)

			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 carryover lobbying and political expenditures from the prior year?	3		

Part III-B **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** (See the instructions for Schedule C for details.)

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

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	Northeast Georgia Medical Center, Inc pays membership dues to ACHE, APIC, ASRT, CLMA, GEORGIA ALLIANCE, GHA, MGMA, NHPCO, SDMS, SHRM, GHCA and ASRT A portion of these dues are designated for lobbying activities by these organizations

Part IV Supplemental Information

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
NORTHEAST GEORGIA MEDICAL CENTER Inc

Employer identification number
58-1694098

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

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 Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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 why in Part XIV 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	Investment earnings or 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 year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

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" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		8,098,587		8,098,587
b Buildings		365,441,767	70,006,744	295,435,023
c Leasehold improvements		9,388,920	5,351,218	4,037,702
d Equipment		343,618,858	218,069,516	125,549,342
e Other		22,276,312	13,394,621	8,881,691
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				442,002,345

Part VII Investments—Other Securities. 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
Financial derivatives and other financial products		
Closely-held equity interests		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
DUE TO THIRD PARTY AFFILIATES	7,516,604
CAPITALIZED LEASES	2,388,055
Deferred Compensation	7,581,496
Interest Rate Swap	55,558,028
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	73,044,183

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	537,577,817
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	484,378,875
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	53,198,942
4	Net unrealized gains (losses) on investments	4	-7,469,086
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-25,226,934
9	Total adjustments (net) Add lines 4 - 8	9	-32,696,020
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	20,502,922

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

1	Total revenue, gains, and other support per audited financial statements			1	505,765,504
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-29,922,855		
e	Add lines **2a** through **2d**			2e	-29,922,855
3	Subtract line **2e** from line **1**			3	535,688,359
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 XIV)	4b	1,889,458		
c	Add lines **4a** and **4b**			4c	1,889,458
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	537,577,817

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

1	Total expenses and losses per audited financial statements			1	482,296,583
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	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d	22,263		
e	Add lines **2a** through **2d**			2e	22,263
3	Subtract line **2e** from line **1**			3	482,274,320
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 XIV)	4b	2,104,555		
c	Add lines **4a** and **4b**			4c	2,104,555
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	484,378,875

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Part X	Description of Uncertain Tax Positions Under FIN 48	New Accounting Pronouncements (pre-GAAP Codification) In June 2006, the FASB issued Interpretation No 48 (FIN 48), Accounting for Uncertainty in Income Taxes - An Interpretation of FASB Statement No 109 The Interpretation provides guidance about accounting for uncertainties in income taxes reported in an entity's financial statements prepared in accordance with generally accepted accounting principles in the United States of America FIN 48 prescribes that only when a tax position taken on the entity's tax return is more likely than not (a probability of greater than 50 percent) to be sustained upon examination by the taxing authorities, should the tax effect of that position be recognized in the entity's financial statements Otherwise, the tax benefit of that position is not to be recognized in which case FIN 48 requires disclosure about the amounts of those unrecognized tax benefits FIN 48 did not have a sigfificant impact on the financial statements of NGMC when adopted in 2009
		PART XI, RECONCILIATION OF CHANGE IN NET ASSETS, LINE 8 INTERCOMPANY DEBT FORGIVENESS $-24,202,449 EQUITY TRANSFER TO MEDICAL CENTER FOUNDATION - 1,065,861 PARTNERSHIP LOSS NOT ON BOOKS 41,376 TOTAL $-25,226,934 PART XII, RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS WITH REVENUE PER RETURN, LINE 2D & 4B CHANGE IN FV OF DERIVATIVE $-28,324,297 RECLASS OF NON-OPERATING EXPENSES -1,598,558 TOTAL $-29,922,855 RECLASS CONTRIBUTION REVENUE $1,447,100 RECLASS INVESTMENT FEES 505,997 PARTNERSHIP LOSS NOT ON BOOKS -41,376 RENTAL EXPENSES -22,263 TOTAL $1,889,458 PART XII, RECONCILIATION OF EXPENSES PER AUDITED FINANCIAL STATEMENTS WITH EXPENSES PER RETURN, LINE 2D & 4B RENTAL EXPENSES $22,263 TOTAL $22,263 RECLASS INVESTMENT MGMT FEES $ 505,997 RECLASS NON-OPERATING EXPENSES 1,598,558 TOTAL $2,104,555

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.
▶ Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
NORTHEAST GEORGIA MEDICAL CENTER Inc

Employer identification number
58-1694098

Part I Charity Care and Certain Other Community Benefits at Cost *(Optional for 2008)*

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a		
b	If "Yes," is it a written policy?	1b		
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☐ Other _____%	3a		
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____%	3b		
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4		
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a		
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		
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 eligibile for free or discounted care?	5c		
6a	Does the organization prepare an annual community benefit report?	6a		
6b	If "Yes," does the organization make it available to the public?	6b		
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(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
a Charity care at cost (from *worksheets 1 and 2)*						
b Unreimbursed Medicaid (from *worksheet 3, column a)*						
c Unreimbursed costs—other means-tested government programs (from *Worksheet 3, column b)*						
d **Total** Charity Care and Means-Tested Government Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from (worksheet 4)						
f Health professions education (from worksheet 5)						
g Subsidized health services (from worksheet 6)						
h Research (from worksheet 7)						
i Cash and in-kind contributions to community groups (from worksheet 8)						
j **Total** Other Benefits						
k **Total** (line 7d and 7j)						

Part II Community Building Activities (Complete this table if the organization conducted any community building activities) *(Optional for 2008)*

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**						

Part III Bad Debt, Medicare, and Collection Practices *(Optional for 2008)*

Section A—Bad Debt Expense

			Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1		
2	Enter the amount of the organization's bad debt expense (at cost) 2			
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy 3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit			

Section B—Medicare

5	Enter total revenue received from Medicare (including DSH and IME) 5		
6	Enter Medicare allowable costs of care relating to payments on line 5 6		
7	Enter line 5 less line 6—surplus or (shortfall) 7		
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit, and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used		

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C—Collection Practices

9a	Does the organization have a written debt collection policy?	9a		
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b		

Part IV Management Companies and Joint Ventures *(Optional for 2008)*

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V **Facility Information** *(Required for 2008)*

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Northeast Georgia Medical Center 743 Spring Street Gainesville, GA 30501	X	X					X		

Part VI Supplemental Information *(Optional for 2008)*

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

2 **Needs Assessment.** Describe how the organization assesses the health care needs of the communities it serves

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 charity care policy

4 **Community Information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Community Building Activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

7 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 communites served

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
NORTHEAST GEORGIA MEDICAL CENTER Inc

Employer identification number
58-1694098

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 if additional space is needed . . . ▶ ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOOD NEWS CLINICSPO BOX 2683 GAINESVILLE, GA 30503	58-2058853	501(c)(3)	364,954				DONATIONS
American Heart Association 7272 Greenville Ave Dallas, TX 75231	13-5613797	501(c)(3)	13,500				Heart Walk

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 2

3 Enter total number of other organizations . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
NORTHEAST GEORGIA MEDICAL CENTER Inc

Employer identification number
58-1694098

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in 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**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in 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**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
See Additional Data Table	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	Part I, Line 4a	Line 4b Employer Contribution to 457(F) Executive Retirement Benefit Plan James Gardner $466,001 Anthony Herdener $117,086 Joseph Fulbright $19,882 Tracy Vardeman $20,058 Carol Burrell $186,811 Nancy J Martin $22,690 John A Williamson $23,944 Dane Henry $19,922 John A Ferguson, Jr , FACHE, President and CEO of Northeast Georgia Medical Center and Northeast Georgia Helath System, retired in April 2004 after 40 years of service to the organization Ferguson began working at the hospital in 1964, and by 1968, he was promoted to president of the organization Within 10 years of Ferguson's appointment as CEO, the size of the hospital had almost doubled For the fiscal year ended September 30, 2009, Ferguson was paid $238,464 in deferred compensation

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 58-1694098
Name: NORTHEAST GEORGIA MEDICAL CENTER Inc

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
John A Williamson	(I)							
	(II)	169,266	65,545	9,537	35,872	18,403	298,623	
James Gardner	(I)							
	(II)	462,025	354,500	53,724	490,846	34,674	1,395,769	
Carol Burrell	(I)							
	(II)	289,040	131,066	48,366	218,118	34,497	721,087	
ANTHONY HERDENER	(I)							
	(II)	266,410	117,727	74,167	147,658	33,932	639,894	
Nancy J Martin	(I)							
	(II)	157,167	58,646	32,912	50,742	15,475	314,942	
Dane Henry	(I)							
	(II)	154,002	56,338	3,684	22,322	13,680	250,026	
Mary Martin	(I)							
	(II)	97,996	16,842	15,238	19,655	20,538	170,269	
TRACY VARDEMAN	(I)							
	(II)	123,507	38,183	31,719	34,800	26,994	255,203	
JOSEPH FULBRIGHT	(I)							
	(II)	129,247	39,355	39,252	46,620	15,452	269,926	
James Bailey	(I)	15,000					15,000	
	(II)	467,979	20,000	13,886	8,949	7,768	518,582	
Stephen A Carlson	(I)							
	(II)	130,588	20,220	8,934	17,663	17,295	194,700	
William R Lonergan	(I)							
	(II)	116,264	18,164	18,438	15,702	17,564	186,132	
Randall P Miller	(I)							
	(II)	193,194	300	20,870	19,870	7,921	242,155	
David E Patterson	(I)							
	(II)	174,698	150	4,639	2,718	11,288	193,493	
Carey B Cox	(I)							
	(II)	129,952	300	13,490	6,605	7,703	158,050	
Claire H Washburn	(I)							
	(II)	132,188	300	8,769	10,227	12,699	164,183	
Debra Duke	(I)							
	(II)	108,262	17,914	13,420	14,434	24,805	178,835	
John Ferguson Jr	(I)							
	(II)			238,464			238,464	

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
NORTHEAST GEORGIA MEDICAL CENTER Inc

Employer identification number
58-1694098

Part I Bond Issues *(Required for 2008)*

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	The Hospital Authority of Hall County and the City of Gainesville (Ga)	58-6002388	406025DG8	06-06-2007	105,000,000	System and Facilities Improvement and Expansion		X		X
B	The Hospital Authority of Hall County and the City of Gainesville (Ga)	58-6002388	362762JN7	09-04-2008	49,975,000	System and Facilities Improvement and Expansion		X		X
C	The Hospital Authority of Hall County and the City of Gainesville (Ga)	58-6002388	362762JB3	08-14-2008	50,000,000	System and Facilities Improvement and Expansion		X		X
D	The Hospital Authority of Hall County and the City of Gainesville (Ga)	58-6002388	362762JC1	08-14-2008	50,000,000	System and Facilities Improvement and Expansion		X		X
E	The Hospital Authority of Hall County and the City of Gainesville (Ga)	58-6002388	362762JD9	08-14-2008	50,000,000	System and Facilities Improvement and Expansion		X		X

Part II Proceeds *(Optional for 2008)*

		A	B	C	D	E
1	Total Proceeds of Issue					
2	Gross Proceeds in Reserve Funds					
3	Proceeds in Refunding or Defeasance Escrows					
4	Other Unspent Proceeds					
5	Issuance Costs from Proceeds					
6	Working Capital Expenditures from Proceeds					
7	Capital Expenditures from Proceeds					
8	Year of Substantial Completion					

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?										
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2	Are there any lease arrangements with respect to the financed property which may result in private business use?										

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?										

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
NORTHEAST GEORGIA MEDICAL CENTER Inc

Employer identification number
58-1694098

Part I Bond Issues *(Required for 2008)*

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	The Hospital Authority of Hall County and the City of Gainesville (Ga)	58-6002388	362762JE7	08-14-2008	50,000,000	System and Facilities Improvement and Expansion		X		X
B	The Hospital Authority of Hall County and the City of Gainesville (Ga)	58-6002388	362762JF4	08-14-2008	50,000,000	System and Facilities Improvement and Expansion		X		X
C	The Hospital Authority of Hall County and the City of Gainesville (Ga)	58-6002388	362762JA5	08-14-2008	40,575,000	System and Facilities Improvement and Expansion		X		X
D	The Hospital Authority of Hall County and the City of Gainesville (Ga)	58-6002388	362762JQ0	09-04-2008	65,240,000	System and Facilities Improvement and Expansion		X		X

Part II Proceeds *(Optional for 2008)*

		A	B	C	D	E
1	Total Proceeds of Issue					
2	Gross Proceeds in Reserve Funds					
3	Proceeds in Refunding or Defeasance Escrows					
4	Other Unspent Proceeds					
5	Issuance Costs from Proceeds					
6	Working Capital Expenditures from Proceeds					
7	Capital Expenditures from Proceeds					
8	Year of Substantial Completion					

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?										
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2	Are there any lease arrangements with respect to the financed property which may result in private business use?										

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b	Name of provider										
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4a	Were gross proceeds invested in a GIC?										
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?										

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
NORTHEAST GEORGIA MEDICAL CENTER Inc

Employer identification number
58-1694098

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		Northeast Georgia Health System, Inc is the sole member of Northeast Georgia Medical Center, Inc

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		The Board of Directors of Northeast Georgia Medical Center are appointed by the Board of Northeast Georgia Health System, Inc - a related 501(c)(3) organization

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		The Board of Directors of Northeast Georgia Medical Center are appointed by the Board of Northeast Georgia Health System, Inc - a related 501(c)(3) organization

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		Information for the Form 990 was provided to an independent certified public accountant for preparation of return After the return was prepared, it was reviewed by senior financial management The 990 will be made available to members of the board prior to filing

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The compensation committee of the Northeast Georgia Health System Board (NGHS Board) has developed and installed compensation policies and procedures that seek to further the purpose of NGHS and affiliates and the importance of these policies to attract and retain key employees The compensation committee is composed entirely of directors who are not employees of NGHS All decisions of the compensation committee are reviewed and ratified by the NGHS Board The committee's methodology and approach incorporates 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 Annual base salaries are set at competitive levels with healthcare institutions of a similar size and complexity from throughout the country Specifically the committee considers peer group comparisons from survey data for other health systems, recommendations from an independent compensation consultant, and individual performance assessments for each position In each instance the committee members reach a consensus based on the combination of available information, and the committee sets a base salary level for each key employee Performance Based Variable Compensation Numerous performance goals are quantitative in nature, resulting in a performance based variable compensation component that is weighted toward attaining NGHS Board-approved goals and objectives Annual goals and objective are established through a formal planning process involving board and community members The board approves theses goals and objectives at the beginning of each year Officers and key employees receive cash awards as a formula driven percentage of base salary levels based on achievement and predetermined individual objectives Benefits and Retention Programs Benefit categories and amounts are determined by a comparison process similar to determining base salaries with positions and organizations similar to NGHS Included in benefits are retirement programs to enhance retention and progress toward long-term goals within NGHS' mission

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Financial statements and statistics are filed quarterly with Digital Assurance Certification, LLC (DAC Bond) DAC Bond serves as a disclosure dissemination agent for issuers of municipal bonds electronically posting and transmitting information to repositories and investors All other items are available upon request

Identifier	Return Reference	Explanation
Form 990, Part III Line 4A, Program Service Accomplishments		Located in the northeastern section of the state in Hall County, Northeast Georgia Medical Center (NGMC) is a 557-bed not-for-profit regional referral facility that provides a comprehensive range of acute care and specialty services Through its role as a regional safety net hospital, NGMC serves the area's low-income, uninsured, underinsured and other vulnerable populations Approximately half of NGMC's patients come from outside of Hall County As a not-for-profit hospital, NGMC reinvests all funds in excess of operating expenses into healthcare services for the community The Medical Center receives no operating funds from Hall or other counties served, and services are funded by revenue generated from operations NGMC provided indigent care to Hall County residents at a cost of $13 9 million in 2009, with another $7 6 million provided to regional residents outside Hall County The Medical Center's charity care policy provides financial assistance up to 400 percent of the poverty level The hospital is a key participant and fiscal sponsor in programs aimed at treating low-income and uninsured patients, including the Good News Clinics, the largest free health care clinic in Georgia, and Health Access Initiative (HAI), a local service that matches financially eligible patients to specialty physicians and provides access to care, among other services In 2009, NGMC was named "Large Hospital of the Year" by the Georgia Alliance for Community Hospitals for its role in these programs, and in 2010, the hospital was nationally noted for its participation in HAI by the American Hospital Association Additionally - Located in Georgia's fastest growing region, the 59-year-old hospital has expanded considerably in recent years to meet demand and update its aging plant, investing a quarter of a billion dollars in its facilities, - NGMC's quality of care is often awarded, and the hospital ranks among the top in the state for cardiac services, - Since 2000, NGMC has provided nearly three times the amount of indigent and charity care as required by Georgia Department of Community Health in order to obtain a certificate of need for new services, and, unlike many Georgia not-for-for profit hospitals held to the same requirements, NGMC does not receive tax funding from its local county to help fund indigent care to area residents, - NGMC is the primary hospital for low-income patients in Gainesville-Hall County and throughout the region in counties such as Banks, Lumpkin, and White, where many key medical specialties are not available - According to Georgia Watch, a consumer advocacy group, NGMC is a state and national model in its community outreach efforts, exemplified in the formation and continued support of local programs that reduce barriers to healthcare Georgia Watch also recognizes NGMC for its considerable transparency to consumers through an annual, detailed community benefits report, which provides itemized financial information on each of its expenditures aimed at serving its local community NORTHEAST GEORGIA MEDICAL CENTER NGMC provided the fourth highest dollar amount of indigent/charity care in the State of Georgia in 2008 Of the top four safety net Georgia hospitals, Northeast Georgia Medical Center is the only hospital that does not receive tax funding from its local county NGMC serves as a financial engine for its local economy In 2007, the hospital generated nearly $900 million in revenue for the local economy, according to a report by the Georgia Hospital Association, which applied an economic multiplier to the hospital's direct expenditures to account for the "ripple" effect the hospital's spending has on other sectors of the local economy Applying an employment multiplier, the report found that the hospital sustained more than 8,000 jobs in 2007 in addition to the more than 4,000 employed directly by Northeast Georgia Health System Under current tax law, a tax-exempt organization, classified as a 501(c)(3) charity, is required to have a mission that benefits its community, reinvest all surplus funds in the organization in a way that benefits the community, compensate executives, contractors and other employees in accordance with fair market value, remain accountable to the community, refrain from participating in political campaigns for or against candidates, refrain from engaging in lobbying activities as a substantial part of its total activities, and, remain financially accountable to the community by not allowing any portion of its net earnings to benefit any private shareholder or individual As a not-for-profit hospital, NGMC carries additional responsibilities, as established by the IRS in 1969 1 Operate a full-time emergency room that is available to all people, regardless of their ability to pay, - NGMC operates the 4th busiest ER and is the 7th largest provider of trauma care in Georgia In 2009, approximately 26% of all NGMC's emergency room visits were made by self-pay patients 2 Provide non-emergency services to anyone able to pay the cost of such services, - Northeast Georgia Health System provides high quality, advanced specialty and primary healthcare services to the Northeast Georgia community, serving almost 700,000 people in more than 13 counties In FY2009, NGMC's payor mix was 55% Medicare/Medicaid, 36% commercial insurance and 9% self-pay 3 Participate in Medicaid and Medicare, - 55% of patients served by NGMC in FY09 were Medicaid and Medicare patients 4 Create a governing board that is representative of the community it serves, - More than 75 community members are actively involved in governance through Northeast Georgia Health System, NGMC and other subsidiary boards and committees 5 Allow medical staff privileges to any professional who is qualified and applies, - NGMC has a medical staff of more than 450 physicians representing numerous advanced specialties such as gynecologic oncology, electrophysiology, cardiac surgery, critical care medicine, neonatology and perinatology 6 Reinvest surplus funds in operations - As not-for-profit organizations, NGMC and its parent organization, Northeast Georgia Health System, reinvest all revenue generated above operating expenses into the community through new facilities, such as the North Patient Tower and Women and Children's Pavilion, and in new advanced technology, such as the region's first 3T MRI, the State's first Stereotaxis Odyssey magnetic catheterization system and Region 2's only hyperbaric oxygen therapy chamber NGMC participates in the Indigent Care Trust Fund (ICTF), a 20-year-old program that expands Medicaid eligibility and services, supports rural health care facilities that serve the medically indigent and funds primary health care programs for medically indigent Georgians Georgia's Disproportionate Share Hospital (DSH) program is funded through the ICTF, and assists hospitals and other health providers that care for high proportions of Medicaid, uninsured and/or low-income patients In 2009, NGMC received $6,522,062 in net funds allocated through the ICTF and DSH program to partially offset a financial loss of $39 million in cost the Medical Center incurred treating indigent and Medicaid patients the same year

Identifier	Return Reference	Explanation
		COMMUNITY BENEFITS Situated in a region with an uninsured rate that is higher than the state average, area health consumers can face significant barriers in obtaining afforable care NGMC has significantly contributed to local programs that aim to address these issues, primarily through its support of the Good News Clinics and HAI Good News Clinics Within Hall County, there are several low-cost alternatives to receiving primary care within the hospital's emergency department Serving as the largest free clinic in Georgia, the Good News Clinics offers primary medical and dental care, as well as medications to indigent, homeless and low-income individuals in Hall County who have no healthcare insurance and cannot afford medical care All services are provided free of charge, even though the clinic receives no federal, state or local government funding Since 1999, NGMC has provided $2,632,307 in support of Good News Clinics and an average annual support of $293,583 from FY2007-2009 In 2009, NGMC contributed over $350,000 in financial support Hall County Medical Society's Health Access Initiative Launched in 2003, Hall County's Health Access Initiative (HAI) is a referral service founded by the Hall County Medical Society that matches financially eligible patients to physicians, provides help with obtaining medications and offers ancillary services such as x-rays and translation services HAI also provides ancillary services and outreach education for its community, and collaborates with other medical centers, such as NGMC In 2009, approximately 1,732 people were assisted with needed medical care through HAI To qualify for its services, a patient's income must be at or below 150 percent Federal Poverty Level and have no medical insurance The patient must live in Hall County and must be referred by a physician that is in the HAI network First conceived in 1998, the need for the program was largely determined by a community needs assessment conducted by Healthy Hall, a coalition of community members, including NGMC Since its launch, the hospital has fiscally contributed to HAI Specifically, in 2007, NGMC contributed $3 3 million in terms of the value of inpatient and outpatient services In 2009, that contribution rose to more than $9 5 million NGMC has also integrated HAI into its information technology systems, which can assist in coordination of care In addition, since 2005, HAI has received more than $700,000 from The Medical Center Foundation Other HAI partners include the Hall County Health Department and MedLink of Gainesville, a federally qualified health center In 2006, Healthcare Georgia Foundation named the HAI program "Community Service Collaborative of the Year " NGMC also plays a major role in funding a primary care clinic at the Hall County Health Department to improve access to primary healthcare services for low-income people in our community In FY09, NGMC contributed over $1 2 million ADDITIONAL HIGHLIGHTS OF COMMUNITY BENEFIT PROGRAMS NGMC values cooperative efforts with community services and with other healthcare providers to improve the health status of area citizens NGMC demonstrates its value for collaborative efforts within the community through many partnerships ranging from serving as lead agency of the Safe Kids Coalition of Gainesville-Hall County, to partnering with community health organizations, to helping reach at-risk populations in need of healthcare In FY09, over $4 5 million was provided in community benefit programs/outreach Community education was provided through free community lectures, various support groups, and the semi-annual health magazine, Communicare Over 20 presentations were made through the Speaker's Bureau, and NGMC also offered smoking cessation classes, as well as Living Lighter, a weight loss program NGMC's Mended Hearts Volunteer program received the Mended Hearts National Hospital Award for 2009 Mended Hearts volunteers help and encourage heart disease patients and their families, they are living proof that people with heart disease can lead full, productive lives In FY09, more than 600 NGMC volunteers contributed more than 61,500 volunteer hours, equivalent to 37 full time employees and a value of over $1 2 million This is a record in the history of The Medical Center Auxiliary While these figures are not included in the quantitative portion of the community benefit report, they show the depth of support the community gives NGMC The Medical Center Foundation Raises Funds to Benefit the Community The Medical Center Foundation is the fundraising arm of Northeast Georgia Medical Center and Northeast Georgia Health System and raises funds to improve the health of the community The Foundation's operating expenses are supported by NGMC so that donated funds can be used to support NGMC projects and community health improvement initiatives Following are items of interest to note - The 2008 Medical Center Open Golf Tournament, held in FY09, raised over $200,000 to benefit Gateway Domestic Violence Center - Since 1997, nearly $1 8 million has been raised for community health improvement projects through The Medical Center Open Safe Kids Coalition Works to Keep Kids Safe The Gainesville-Hall County Safe Kids Coalition, led by NGMC, is part of the National Safe Kids Campaign, the first and only national organization dedicated solely to the prevention of unintentional childhood injury, which is the nation's number one killer of children ages 14 and under This program provides affordable safety equipment such as car seats and bike helmets to area children in need Working with a coalition made up of law enforcement, area schools, community volunteers and others, Safe Kids provides educational materials and programs that teach children and their parents how to avoid accidents and injuries Safe Kids continued the work of injury prevention for families in the Hall County community in 2009 thanks to the support of The Medical Center Foundation and the Healthy Journey II Campaign In FY09, members of the Gainesville-Hall County Safe Kids Coalition provided over 463 programs and events that reached an estimated 48,000 children and their family members, teachers and caregivers Through these programs, over 6,000 safety devices were distributed to families who were in need of them Senior Partners Provides Health Information Approximately 150 people participated in the Getting Older and Better Workshop in May at First United Methodist Church This event was sponsored by The Medical Center Auxiliary, provided by Northeast Georgia Medical Center, and featured speakers on "Safety and Security for Seniors " Sponsorships and Donations In FY09, NGMC sponsored or made a donation to over 30 community agencies serving health and human service needs, ranging from supporting the Alliance for Literacy Spelling Bee, to the North Georgia AIDS Alliance Sponsorships/donations totaled over $30,000 in FY09

Identifier	Return Reference	Explanation
		Employees of NGHS and it's Affiliates Lead the Way United Way Pacesetter & More NGMC served as a pacesetter company for the United Way Campaign Donations from NGMC and affiliates employees totaled over $80,000 NGMC Chief Operating Officer Carol Burrell serves on the Board of Directors of United Way NGMC employees are very active in the community, volunteering at the Good News Clinics, in their churches on mission trips and for community agencies such as the Humane Society and Habitat for Humanity When it comes to supporting The Medical Center Foundation's employee giving club, W A T C H (We Are Targeting Community Healthcare), over 1,900 employees donated over $329,000 in FY09 NGMC employees donated over 382 units of blood in FY09, benefitting over 1,000 individuals Employees also turned out in full force for community events such as the American Heart Walk, March of Dimes' WalkAmerica and American Cancer Society's Relay for Life, averaging participation of 200-300 per event NGMC Partners with North Hall Community Education Foundation NGMC partnered with North Hall Community Education Foundation serving as presenting sponsor for a parenting seminar by John Rosemond, a nationally renowned child psychologist Healthy Hall Represented at Association for Community Health Improvement Annual Meeting The manager of community health improvement at NGMC, and a representative of Stiles Healthcare Strategy, presented at the Association for Community Health Improvement's Annual Meeting in FY09 Their presentation was titled, "Healthy Hall One Community's Practical Guide to Conducting Successful Community Assessments that Lead to Powerful Outcomes " The association is a program of the American Hospital Association and seeks to strengthen community health through education, peer networking, and the dissemination of practical tools They support people who work in healthcare, public health, community, and philanthropic sectors Training and Education for Healthcare Professionals and Other Students Northeast Georgia Medical Center supports the training and education of nurses and other healthcare professionals - NGMC is a training site for handicapped high school students who work in the areas of materials management, nutritional services, pharmacy and linens Fifteen students and 7 instructors participated in FY09, - 62 students from area high schools participated in the Youth Apprenticeship Program in FY09, - NGMC partners with Lanier Tech to house a Radiology Tech Program and help funds faculty, also provides 2 PC labs and classroom space for Lanier Tech's LPN program, - 114 job shadows were placed at NGMC during FY09, allowing high school and postsecondary students from area schools to shadow professional healthcare staff

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
NORTHEAST GEORGIA MEDICAL CENTER Inc

Employer identification number
58-1694098

Part I 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

Part II Identification of Related Tax-Exempt Organizations

(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
NORTHEAST GEORGIA HEALTH SYSTEM INC 743 SPRING STREET GAINESVILLE, GA30501 58-1694090	HEALTHCARE	GA	501 (C) (3)	11	N/A
THE MEDICAL CENTER FOUNDATION INC 743 SPRING STREET GAINESVILLE, GA30501 58-1694820	FUNDRAISING	GA	501 (C) (3)	7	N/A
NORTHEAST GEORGIA PHYSICIANS GROUP INC 743 SPRING STREET GAINESVILLE, GA30501 58-2078064	HEALTHCARE	GA	501 (C) (3)	11	N/A

Part III Identification of Related Organizations Taxable as a Partnership

(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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations? Yes	(H) No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(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
NORTHEAST GEORGIA HEALTH PARTNERS LLC 743 SPRING STREET GAINESVILLE, GA30501 58-2131807	PPO DEVELOPMENT	GA	N/A	C			
STRATEGIC PHYSICIAN SERVICES INC 743 SPRING STREET GAINESVILLE, GA30501 26-0342081	HEALTHCARE PSS	GA	N/A	C			

Part V Transactions with Related Organizations

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

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**		**No**
b	Gift, grant, or capital contribution to other organization(s)	**1b**	**Yes**	
c	Gift, grant, or capital contribution from other organization(s)	**1c**	**Yes**	
d	Loans or loan guarantees to or for other organization(s)	**1d**	**Yes**	
e	Loans or loan guarantees by other organization(s)	**1e**		**No**
f	Sale of assets to other organization(s)	**1f**		**No**
g	Purchase of assets from other organization(s)	**1g**		**No**
h	Exchange of assets	**1h**		**No**
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**		**No**
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**		**No**
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**		**No**
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**		**No**
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**	**Yes**	
n	Sharing of paid employees	**1n**	**Yes**	
o	Reimbursement paid to other organization for expenses	**1o**		**No**
p	Reimbursement paid by other organization for expenses	**1p**		**No**
q	Other transfer of cash or property to other organization(s)	**1q**		**No**
r	Other transfer of cash or property from other organization(s)	**1r**		**No**

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 other organization(s)	**(B)** Transaction type(a-r)	**(C)** Amount Involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No