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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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 10-01-2012 , 2012, and ending 09-30-2013

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

C Name of organization
NORTHEAST GEORGIA HEALTH SYSTEM INC

Doing Business As

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

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

D Employer identification number
58-1694090

E Telephone number
(770) 219-6646

G Gross receipts $ 33,670,851

F Name and address of principal officer
CAROL BURRELL
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) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW NGHS COM

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

L Year of formation 1986

M State of legal domicile GA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO IMPROVE THE HEALTH AND QUALITY OF LIFE OF THE PEOPLE OF NORTHEAST GEORGIA

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

Activities & Governance

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**	9
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	5,945
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	36,774
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)	0	0
9	Program service revenue (Part VIII, line 2g)	22,190,886	23,944,158
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-2,487,732	7,934,530
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,526,381	1,561,369
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,229,535	33,440,057
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	37,755	11,560
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	10,561,490	11,250,732
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	10,947,102	12,290,864
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	21,546,347	23,553,156
19	Revenue less expenses Subtract line 18 from line 12	-316,812	9,886,901

Revenue / Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	176,612,685	212,418,355
21	Total liabilities (Part X, line 26)	69,514,099	39,834,853
22	Net assets or fund balances Subtract line 21 from line 20	107,098,586	172,583,502

Net Assets or Fund Balances

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

****** | 2014-08-15
Signature of officer | Date

ANTHONY HERDENER VICE PRESIDENT/CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
SUSAN P CLARKCPAFHFMA				P00017549

Firm's name ▶ PERSHING YOAKLEY & ASSOCIATES P C — Firm's EIN ▶ 62-1517792

Firm's address ▶ ONE CHEROKEE MILLS 2220 SUTHERLAND AVE
KNOXVILLE, TN 37919 — Phone no (865) 673-0844

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

NORTHEAST GEORGIA HEALTH SYSTEM (NGHS) WAS FORMED TO SERVE AS THE PARENT COMPANY FOR THE CONTROLLED NOT-FOR-PROFIT AFFILIATES - NORTHEAST GEORGIA MEDICAL CENTER, INC - THE MEDICAL CENTER FOUNDATION, INC - NORTHEAST GEORGIA PHYSICIANS GROUP, INC NGHS DIRECTS THESE AFFILIATES IN THEIR PROGRAM SERVICES BY ENGAGING IN STRATEGIC PLANNING, FINANCIAL MANAGEMENT, MARKETING, RESOURCE ALLOCATION,AND GENERAL MANAGEMENT OVERSIGHT

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 11,330,359 including grants of $ 11,560) (Revenue $ 23,944,158)

NORTHEAST GEORGIA HEALTH SYSTEM, INC IS THE TAX-EXEMPT PARENT OF A MULTI-ENTITY HEALTHCARE SYSTEM SERVING GAINESVILLE, GEORGIA, HALL COUNTY, AND SURROUNDING COMMUNITIES NGHS IS RESPONSIBLE FOR STRATEGIC PLANNING, FINANCIAL MANAGEMENT, MARKETING, RESOURCE ALLOCATION AND GENERAL MANAGEMENT OVERSIGHT TO NORTHEAST GEORGIA MEDICAL CENTER, INC AND AFFILIATED ENTITIES **SEE SCHEDULE O FOR PROGRAM SERVICE ACCOMPLISHMENTS CONTINUATION****SEE LATER IN 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** ▶ 11,330,359

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* (see instructions)?	2		No
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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	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 United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	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, Parts II and IV*	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, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *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 lines 24b through 24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) 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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *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, highest 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, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
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**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	0		
b	Enter the number of Forms W-2G included 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			
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	5,945		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	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 instructions for 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 line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			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 receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**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			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a** 14		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	**1b** 9		
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 governing documents since the prior Form 990 was filed?	**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**		No
6	Did the organization have members or stockholders?	**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		No
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	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did 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	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**	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 made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ LINDA D NICHOLSON CONTROLLER 743 SPRING STREET GAINESVILLE, GA (770) 219-6646

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☐

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								7,887,062	43,294	1,887,297

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶294

			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 or individual 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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
WILLIS INVESTMENT COUNCIL 710 GREEN STREET GAINESVILLE GA 30501	INVESTMENT SERVICES	553,296
SPERDUTO & ASSOCIATES 300 PEACHTREE CENTER NORTH TOWER ATLANTA GA 30303	EMPLOYMENT CONSULT	438,745
CDH PARTNERS INC 675 TOWER ROAD MARIETTA GA 30060	ARCHITECTURAL FEES	321,726
PREMIER HEALTHCARE SOLUTIONS 800 W IDAHO STREET BOISE ID 83702	QUALITY CONSULTING	288,684
DRAFFIN & TUCKER 2617 GILLIONVILLE ROAD ALBANY GA 31702	COST REPORT/CONSULT	286,699

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶10

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII . . . . . ☐

			(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				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶				
Program Service Revenue		Business Code				
	2a	MANAGEMENT FEES 541610	21,124,435	21,087,661	36,774	
	b	PS RENT FROM AFFILIATE 531120	2,520,340	2,520,340		
	c	OTHER REVENUE 900099	299,383	299,383		
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	23,944,158			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	3,731,073			3,731,073
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents 1,792,163				
	b	Less rental expenses 230,794				
	c	Rental income or (loss) 1,561,369				
	d	Net rental income or (loss) . . . . . ▶	1,561,369			1,561,369
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 4,203,457				
	b	Less cost or other basis and sales expenses 0				
	c	Gain or (loss) 4,203,457				
	d	Net gain or (loss) . . . . . ▶	4,203,457			4,203,457
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					
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶				
	12	**Total revenue.** See Instructions . . . . . ▶	33,440,057	23,907,384	36,774	9,495,899

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part IX . . . . . ☑

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	11,560	11,560		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,173,731	2,006,730	2,167,001	
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	5,030,539	2,418,683	2,611,856	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	665,773	320,104	345,669	
9 Other employee benefits	907,947	436,541	471,406	
10 Payroll taxes	472,742	227,294	245,448	
11 Fees for services (non-employees)				
a Management				
b Legal	669,591	321,939	347,652	
c Accounting	216,000	103,853	112,147	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	246,514	118,524	127,990	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,839,699	1,846,127	1,993,572	
12 Advertising and promotion	1,437,135	690,975	746,160	
13 Office expenses				
14 Information technology				
15 Royalties . .				
16 Occupancy	994,411	478,113	516,298	
17 Travel	76,558	36,809	39,749	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	280,607	134,916	145,691	
20 Interest	2,698	1,297	1,401	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,351,664	1,130,680	1,220,984	
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a DUES & SUBSCRIPTIONS	720,496	346,414	374,082	
b SOFTWARE SUPPORT & LSCS	237,205	114,048	123,157	
c LICENSES & TAXES	203,101	97,651	105,450	
d SUPPLIES	176,417	84,821	91,596	
e All other expenses	838,768	403,280	435,488	
25 **Total functional expenses.** Add lines 1 through 24e	23,553,156	11,330,359	12,222,797	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X . . . . . ☑

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		149,522	4	179,758
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 110,760,630			
	b	Less accumulated depreciation	10b 26,090,564	78,117,515	10c	84,670,066
	11	Investments—publicly traded securities		91,057,453	11	97,735,134
	12	Investments—other securities See Part IV, line 11		1,154,714	12	1,372,261
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		6,133,481	15	28,461,136
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		176,612,685	16	212,418,355
Liabilities	17	Accounts payable and accrued expenses		5,979,301	17	6,589,609
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		53,466	23	10,438
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		63,481,332	25	33,234,806
	26	**Total liabilities.** Add lines 17 through 25		69,514,099	26	39,834,853
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		107,098,586	27	172,583,502
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), 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		107,098,586	33	172,583,502
	34	Total liabilities and net assets/fund balances		176,612,685	34	212,418,355

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	33,440,057
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,553,156
3	Revenue less expenses Subtract line 2 from line 1	3	9,886,901
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	107,098,586
5	Net unrealized gains (losses) on investments	5	-914,358
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	56,512,373
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	172,583,502

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:
Software Version:
EIN: 58-1694090
Name: NORTHEAST GEORGIA HEALTH SYSTEM INC

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARY LYNN COYLE CHAIRPERSON	1 00	X						0	0	0
BENNY BAGWELL VICE CHAIRPERSON	1 00	X						0	0	0
STEPHEN MOORE MEMBER	1 00	X						0	0	0
PIERPONT F BROWN III MEMBER, NGPG PHYSICIAN	1 00 40 00	X						570,046	0	31,110
DOUG CARTER MEMBER	1 00	X						0	0	0
MARTHA NESBITT MEMBER	1 00	X						0	0	0
ELIZABETH UMBERSON MEMBER	1 00	X						0	0	0
RK WHITEHEAD MEMBER	1 00	X						0	0	0
DAVID HUGHS MEMBER	1 00	X						0	0	0
JIM SYFAN MEMBER	1 00	X						0	0	0
PAUL MANEY MEMBER	1 00	X						0	0	0
JIM MOORE MEMBER	1 00	X						0	0	0
PRISCILLA STROM MEMBER	1 00 15 00	X						0	43,294	0
DENISE DEAL MEMBER	1 00	X						0	0	0
JOHN NIX MEMBER	1 00	X						0	0	0
JOHN CLIFTON HASTINGS MEMBER, NGPG PHYSICIAN	1 00 40 00	X						618,965	0	32,740
BEN HAWKINS MEMBER	1 00	X						0	0	0
RICKY PRESLEY MEMBER	1 00	X						0	0	0
CAROL H BURRELL PRESIDENT & CEO	40 00			X				955,367	0	912,364
TRACY M VARDEMAN VP STRATEGIC PLAN/MKTING - NGHS	40 00			X				277,018	0	65,979
JAMES BAILEY VP & CMIO/CQO - NGHS	32 00			X				597,914	0	28,418
ANTHONY M HERDENER VP & CFO - NGHS	40 00			X				529,141	0	139,459
PAUL G VERVALIN VP&CAO-NGHS, PRES-NGPG(TERM 8/30/13)	40 00			X				375,481	0	63,188
LINDA NICHOLSON CONTROLLER	40 00			X				253,528	0	75,883
JOHN A WILLIAMSON VP - NGMC	1 00 40 00			X				337,413	0	64,336

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NANCY J MARTIN VP & CNO - NGMC (TERM 4/26/13)	1 00 40 00			X				316,924	0	82,236
ALLANA L CUMMINGS VP & CIO - NGHS	40 00			X				434,062	0	56,407
JAMES WALKER VP HR - NGHS (TERM 9/30/13)	40 00			X				258,465	0	49,504
SAMUEL O JOHNSON VP MEDICAL AFFAIRS & CMO - NGHS	40 00			X				437,805	0	68,068
BRADLEY K NURKIN PRESIDENT - NGMC	1 00 40 00			X				153,794	0	5,356
MARY M STRAND VP REV CYCLE - NGHS(HIRED 10/15/12)	40 00			X				54,951	0	1,104
SONJA F MCCLENDON VP PROF SRVCS - NGMC(HIRED 2/11/13)	1 00 40 00			X				0	0	0
KAREN S WATTS VP & CNO - NGMC (HIRED 3/4/13)	1 00 40 00			X				0	0	0
DEBORAH R BAILEY EXECUTIVE DIRECTOR - GOV'T AFFAIRS	32 00					X		198,561	0	33,080
MICHAEL L GLEASON DIRECTOR - FINANCIAL ANALYSIS	40 00					X		161,264	0	27,429
JACK S GLOVER EXECUTIVE DIRECTOR - MANAGED CARE	40 00					X		242,750	0	24,438
MARILYN TROOPE MANAGER - BUDGETS (TERM 10/2/12)	40 00					X		147,093	0	57,545
GEORGE B BATSON DIRECTOR - FINANCIAL PLAN/BUDGET	40 00					X		146,597	0	57,028
JAMES E GARDNER JR FORMER PRESIDENT & CEO	0 00						X	703,102	0	3,606
SANDRA K JOHNSON FORMER VP REV CYCLE (TERM 7/25/12)	0 00						X	116,821	0	8,019

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
NORTHEAST GEORGIA HEALTH SYSTEM INC

Employer identification number
58-1694090

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

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 - Non-functionally integrated

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 supported organization? **11g(i)**		No
(ii) A family member of a person described in (i) above? **11g(ii)**		No
(iii) A 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

h Provide the following information about the supported organization(s)

(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 monetary support
			Yes	No	Yes	No	Yes	No	
(A) NORTHEAST GEORGIA MEDICAL CENTER	581694098	3	Yes		Yes		Yes		0
Total									0

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2011 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2012.** 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—2011.** 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 a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part 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** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2011.** 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

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

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

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

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

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

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

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

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (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		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(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 1c through 1i)?	Yes		
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?	Yes		60,629
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		108,117
i	Other activities?	Yes		60,720
j	Total Add lines 1c through 1i			229,466
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 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES	PART II-B, LINE 1	NORTHEAST GEORGIA HEALTH SYSTEM, INC PAYS MEMBERSHIP DUES TO PROFESSIONAL AND TRADE ASSOCIATIONS, INCLUDING AMERICAN COLLEGE OF HEALTHCARE EXECUTIVES, AMERICAN SOCIETY FOR HEALTHCARE HUMAN RESOURCES, GEORGIA ALLIANCE OF COMMUNITY HOSPITALS, GREATER HALL CHAMBER OF COMMERCE, GEORGIA CHAMBER OF COMMERCE, AND GEORGIA HOSPITAL ASSOCIATION A PORTION OF THESE DUES ARE DESIGNATED FOR LOBBYING ACTIVITIES BY THESE ORGANIZATIONS

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
NORTHEAST GEORGIA HEALTH SYSTEM INC

Employer identification number
58-1694090

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" 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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the 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, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 the arrangement in Part XIII and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" 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 Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

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

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		36,335,109		36,335,109
b Buildings		61,664,006	16,952,080	44,711,926
c Leasehold improvements		1,895,468	1,159,144	736,324
d Equipment		10,742,011	7,977,856	2,764,155
e Other		124,036	1,484	122,552
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				84,670,066

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
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must 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) must 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
(1) UNRECOGNIZED PENSION COSTS	20,461,003
(2) DEFERRED COMPENSATION ASSET	8,000,133
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	28,461,136

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
ESTIMATED LIABILITY FOR INSURANCE CLAIMS	25,032,665
DEFERRED COMPENSATION LIABILITY	8,000,133
OTHER LIABILITIES	202,008
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	33,234,806

2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

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

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

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

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

Part XIII Supplemental Information

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	NORTHEAST GEORGIA HEALTH SYSTEM, INC , NORTHEAST GEORGIA MEDICAL CENTER, INC , THE MEDICAL CENTER FOUNDATION, INC AND NORTHEAST GEORGIA PHYSICIANS GROUP, INC ARE CLASSIFIED AS ORGANIZATIONS EXEMPT FROM INCOME TAXES UNDER SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE AS SUCH, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS NORTHEAST GEORGIA HEALTH PARTNERS, LLC AND STRATEGIC PHYSICIAN SERVICES, INC ARE TAXABLE ENTITIES AND ACCOUNT FOR INCOME TAXES IN ACCORDANCE WITH FASB ASC 740, INCOME TAXES (ASC 740) AT SEPTEMBER 30, 2013, MANAGEMENT DOES NOT BELIEVE THE SYSTEM HOLDS ANY UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE UNDER ASC 740 IT IS THE SYSTEM'S POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS AS AN OPERATING EXPENSE

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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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
NORTHEAST GEORGIA HEALTH SYSTEM INC

Employer identification number
58-1694090

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 any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
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**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ 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 with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
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			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
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 Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

For each individual whose compensation must be reported 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

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

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	COUNTRY CLUB DUES ARE PAID IN THE CEO'S NAME, HOWEVER, THE COUNTRY CLUB IS USED PRIMARILY FOR BUSINESS PURPOSES
	PART I, LINES 4A-B	PART I, LINE 4A JAMES GARDNER, JR WAS EMPLOYED BY NORTHEAST GEORGIA HEALTH SYSTEM, INC FROM MARCH 2004 UNTIL MARCH 2011 MR GARDNER WAS HIRED TO SERVE AS PRESIDENT AND CEO OF THE SYSTEM DURING 2012, MR GARDNER WAS PAID SEVERENCE OF $502,216 BASED ON THE TERMS OF HIS EMPLOYMENT CONTRACT PART I, LINE 4B - EMPLOYER CONTRIBUTION TO 457(F) EXECUTIVE RETIREMENT BENEFIT PLAN ANTHONY M HERDENER $ 76,176 PAUL G VERVALIN $ 32,138 TRACY M VARDEMAN $ 23,230 LINDA NICHOLSON $ 19,282 JAMES WALKER $ 24,473 CAROL H BURRELL $851,311 ALLANA L CUMMINGS $ 38,401 SAMUEL O JOHNSON $ 40,098 NANCY J MARTIN $ 24,279 JOHN A WILLIAMSON $ 28,402 CAROL H BURRELL, PRESIDENT AND CEO OF NORTHEAST GEORGIA HEALTH SYSTEM, BEGAN HER CAREER AT NORTHEAST GEORGIA HEALTH SYSTEM IN 1999 SHE WAS PROMOTED TO PRESIDENT AND CEO IN JULY 2011 HER FIRST FULL YEAR AS CEO WAS COMPLETED IN 2012 WHICH IS REFLECTED IN HER PAY AND DEFERRED COMPENSATION THE CONTRIBUTION TO THE 457(F) EXECUTIVE RETIREMENT PLAN ON HER BEHALF FOR 2012 ($851,311) WAS COMPUTED BASED ON HER AGE, LENGTH OF EMPLOYMENT, AND CURRENT POSITION WITH NORTHEAST GEORGIA HEALTH SYSTEM EMPLOYER PAYMENT FROM 457(F) PLAN (INCLUDING VESTED EARNINGS ON PREVIOUSLY REPORTED COMPENSATION) NANCY J MARTIN $49,739 TRACY M VARDEMAN $22,118 JOHN A WILLIAMSON $26,617 LINDA NICHOLSON $20,594 PAUL G VERVALIN $33,967

Additional Data Return to Form

Software ID:
Software Version:
EIN: 58-1694090
Name: NORTHEAST GEORGIA HEALTH SYSTEM 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				
PIERPONT F BROWN III	(I)	550,414	0	19,632	8,750	22,360	601,156	0
	(II)	0	0	0	0	0	0	0
JOHN CLIFTON HASTINGS	(I)	599,343	0	19,622	8,750	23,990	651,705	0
	(II)	0	0	0	0	0	0	0
CAROL H BURRELL	(I)	555,627	363,678	36,062	884,483	27,881	1,867,731	0
	(II)	0	0	0	0	0	0	0
TRACY M VARDEMAN	(I)	187,290	71,286	18,442	48,599	17,380	342,997	21,164
	(II)	0	0	0	0	0	0	0
JAMES BAILEY	(I)	551,606	19,113	27,195	8,750	19,668	626,332	0
	(II)	0	0	0	0	0	0	0
ANTHONY M HERDENER	(I)	341,600	132,316	55,225	115,107	24,352	668,600	0
	(II)	0	0	0	0	0	0	0
PAUL G VERVALIN	(I)	256,501	112,634	6,346	40,888	22,300	438,669	32,502
	(II)	0	0	0	0	0	0	0
LINDA NICHOLSON	(I)	155,251	74,165	24,112	61,330	14,553	329,411	19,706
	(II)	0	0	0	0	0	0	0
JOHN A WILLIAMSON	(I)	229,063	90,184	18,166	46,454	17,882	401,749	25,469
	(II)	0	0	0	0	0	0	0
NANCY J MARTIN	(I)	198,992	107,511	10,421	66,730	15,506	399,160	49,326
	(II)	0	0	0	0	0	0	0
ALLANA L CUMMINGS	(I)	317,482	102,659	13,921	47,151	9,256	490,469	0
	(II)	0	0	0	0	0	0	0
JAMES WALKER	(I)	197,312	41,287	19,866	32,756	16,748	307,969	0
	(II)	0	0	0	0	0	0	0
SAMUEL O JOHNSON	(I)	321,628	94,406	21,771	48,848	19,220	505,873	0
	(II)	0	0	0	0	0	0	0
BRADLEY K NURKIN	(I)	105,549	32,000	16,245	1,500	3,856	159,150	0
	(II)	0	0	0	0	0	0	0
DEBORAH R BAILEY	(I)	178,084	19,238	1,239	25,623	7,457	231,641	0
	(II)	0	0	0	0	0	0	0
MICHAEL L GLEASON	(I)	117,275	16,295	27,694	13,107	14,322	188,693	0
	(II)	0	0	0	0	0	0	0
JACK S GLOVER	(I)	177,829	64,621	300	6,150	18,288	267,188	0
	(II)	0	0	0	0	0	0	0
MARILYN TROOPE	(I)	101,067	0	46,026	52,187	5,358	204,638	0
	(II)	0	0	0	0	0	0	0
GEORGE B BATSON	(I)	122,781	22,681	1,135	38,371	18,657	203,625	0
	(II)	0	0	0	0	0	0	0
JAMES E GARDNER JR	(I)	0	200,886	502,216	0	3,606	706,708	0
	(II)	0	0	0	0	0	0	0

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				
SANDRA K JOHNSON	(I)	97,220	0	19,601	2,357	5,662	124,840	0
	(II)	0	0	0	0	0	0	0

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
NORTHEAST GEORGIA HEALTH SYSTEM INC

Employer identification number
58-1694090

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total			▶ $									

Part III Grants or Assistance Benefitting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) STACEY CUMMINGS	STACEY CUMMINGS IS A FAMILY MEMBER OF ALLANA CUMMINGS, VP - NGHS AND CIO	66,899	STACEY CUMMINGS, FAMILY MEMBER OF ALLANA CUMMINGS, VP-NGHS AND CIO, IS EMPLOYED BY NORTHEAST GEORGIA HEALTH SYSTEM		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
NORTHEAST GEORGIA HEALTH SYSTEM INC

Employer identification number
58-1694090

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	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 IS 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 COMPLIANCE IS MONITORED CONTINUOUSLY THROUGHOUT THE YEAR BY THE BOARD

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 OF VOTING 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, RECOMMENDATIONS ON RANGES AND PLACEMENT FROM THE CEO, AND INDIVIDUAL PERFORMANCE ASSESSMENTS FOR EACH POSITION IN EACH INSTANCE THE COMMITTEE MEMBERS REACH A CONSENSUS BASED ON THE COMBINATION OF AVAILABLE INFORMATION, AND THE COMMITTEE SETS A BASE SALARY LEVEL FOR EACH KEY EMPLOYEE PERFORMANCE BASED VARIABLE COMPENSATION NUMEROUS PERFORMANCE GOALS ARE QUANTITATIVE IN NATURE, RESULTING IN A PERFORMANCE BASED VARIABLE COMPENSATION COMPONENT THAT IS WEIGHTED TOWARD ATTAINING NGHS BOARD-APPROVED GOALS AND OBJECTIVES ANNUAL GOALS AND OBJECTIVES ARE ESTABLISHED THROUGH A FORMAL PLANNING PROCESS INVOLVING BOARD AND COMMUNITY MEMBERS THE BOARD APPROVES THESE GOALS AND OBJECTIVES AT THE BEGINNING OF EACH YEAR OFFICERS AND KEY EMPLOYEES RECEIVE CASH AWARDS AS A FORMULA DRIVEN PERCENTAGE OF BASE SALARY LEVELS BASED ON ACHIEVEMENT AND PREDETERMINED INDIVIDUAL OBJECTIVES 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'S 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
OTHER FEES	FORM 990, PART IX, LINE 11G	CONSULTING FEES PROGRAM SERVICE EXPENSES 491,460 MANAGEMENT AND GENERAL EXPENSES 530,712 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,022,172 OUTSIDE SERVICES PROGRAM SERVICE EXPENSES 2,906 MANAGEMENT AND GENERAL EXPENSES 3,138 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 6,044 CONTRACT SERVICES PROGRAM SERVICE EXPENSES 1,351,761 MANAGEMENT AND GENERAL EXPENSES 1,459,722 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,811,483

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	INTERCOMPANY FORGIVENESS 15,120,234 MINIMUM PENSION LIABILITY ADJUSTMENT 41,481,066 PARTNERSHIP INCOME NOT ON BOOKS -88,927

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 OR THE MEDICAL CENTER) IS A 557-BED, NOT-FOR-PROFIT REGIONAL REFERRAL FACILI TY THAT PROVIDES A COMPREHENSIVE RANGE OF ACUTE CARE AND SPECIALTY SERVICES THROUGH ITS R OLE AS A REGIONAL SAFETY NET HOSPITAL, NGMC SERVES THE AREA'S LOW-INCOME, UNINSURED, UNDER INSURED 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 O F OPERATING EXPENSES INTO HEALTHCARE SERVICES FOR THE COMMUNITY THE MEDICAL CENTER RECEIV ES NO OPERATING FUNDS FROM HALL OR OTHER COUNTIES SERVED, AND SERVICES ARE FUNDED BY REVEN UE GENERATED FROM OPERATIONS NGMC PROVIDED INDIGENT CARE TO HALL COUNTY RESIDENTS AT A CO ST OF $16 9 MILLION IN 2013 WITH ANOTHER $10 6 MILLION PROVIDED TO REGIONAL RESIDENTS OUTS IDE HALL COUNTY THE MEDICAL CENTER'S CHARITY CARE POLICY PROVIDES FINANCIAL ASSISTANCE TO PATIENTS WITH A HOUSEHOLD INCOME OF UP TO 300 PERCENT OF THE POVERTY LEVEL DOUBLE THE AMO UNT GENERALLY PROVIDED BY OTHER HOSPITALS ACROSS THE STATE THE HOSPITAL IS A KEY PARTICIP ANT AND FISCAL SPONSOR IN PROGRAMS AIMED AT TREATING LOW-INCOME AND UNINSURED PATIENTS, IN CLUDING 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 SPE CIALTY PHYSICIANS AND PROVIDES ACCESS TO CARE, AMONG OTHER SERVICES ADDITIONALLY -LOCATE D IN GEORGIA'S FASTEST GROWING REGION, THE 62-YEAR-OLD HOSPITAL HAS EXPANDED CONSIDERABLY IN RECENT YEARS TO MEET DEMAND AND UPDATE ITS AGING PLANT, INVESTING A QUARTER OF A BILLIO N DOLLARS IN ITS FACILITIES, -NGMC'S QUALITY OF CARE IS OFTEN AWARDED, AND THE HOSPITAL RA NKS AMONG THE TOP IN THE STATE FOR CARDIAC SERVICES, -SINCE 2000, NGMC HAS PROVIDED NEARLY THREE TIMES THE AMOUNT OF INDIGENT AND CHARITY CARE SET FORTH IN REQUIREMENTS BY THE GEOR GIA DEPARTMENT OF COMMUNITY HEALTH FOR SUCCESSFUL PASSAGE OF A CERTIFICATE OF NEED FOR NEW SERVICES, AND, UNLIKE MANY GEORGIA NOT-FOR-FOR PROFIT HOSPITALS HELD TO THE SAME REQUIREM ENTS, NGMC DOES NOT RECEIVE TAX FUNDING FROM ITS LOCAL COUNTY TO HELP FUND INDIGENT CARE T O AREA RESIDENTS, -NGMC IS THE PRIMARY HOSPITAL FOR LOW-INCOME PATIENTS IN GAINESVILLE-HAL L COUNTY AND THROUGHOUT THE REGION IN COUNTIES SUCH AS BANKS, LUMPKIN, AND WHITE, WHERE MA NY KEY MEDICAL SPECIALTIES ARE NOT AVAILABLE NORTHEAST GEORGIA MEDICAL CENTER IN 2012, T HE LATEST DATA AVAILABLE, NGMC WAS SIXTH IN THE STATE FOR NET UNCOMPENSATED CARE NGMC PRO VIDED INDIGENT CARE TO HALL COUNTY RESIDENTS AT A COST OF $16 9 MILLION IN 2013, WITH ANOT HER $10 6 MILLION PROVIDED TO REGIONAL RESIDENTS OUTSIDE HALL COUNTY NGMC RECEIVES NO LOC AL TAX REVENUE FROM HALL COUNTY (OR ANY COUNTIES SERVED IN REGION 2) TO SUPPORT OPERATIONS OR CARE PROVIDED TO INDIGENT RESIDENTS, UNLIKE A NUMBER OF NOT-FOR-PROFIT HOSPITALS NGMC SERVES AS A FINANCIAL ENGINE FOR ITS LOCAL ECONOMY IN 2011 (LATEST NUMBERS AVAILABLE), T HE HOSPITAL GENERATED MORE THAN $1 BILLION DOLLARS IN REVENUE FOR THE LOCAL AND STATE ECON OMIES, ACCORDING TO A REPORT BY THE GEORGIA HOSPITAL ASSOCIATION, WHICH APPLIED AN ECONOMI C 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 MULT IPLIER, THE REPORT FOUND THAT THE HOSPITAL SUSTAINED MORE THAN 8,000 JOBS IN 2011 IN ADDIT ION TO THE MORE THAN 5,000 EMPLOYED DIRECTLY BY NORTHEAST GEORGIA HEALTH SYSTEM UNDER IRS LAW, A TAX-EXEMPT ORGANIZATION, CLASSIFIED AS A 501(C)(3) CHARITY, IS REQUIRED TO HAVE A MISSION THAT WILL BENEFIT ITS COMMUNITY, REINVEST ALL SURPLUS FUNDS IN THE ORGANIZATION I N A WAY THAT BENEFITS THE COMMUNITY, COMPENSATE EXECUTIVES, CONTRACTORS AND OTHER EMPLOYEE S IN ACCORDANCE TO FAIR MARKET VALUE, REMAIN ACCOUNTABLE TO THE COMMUNITY, REFRAIN FROM PA RTICIPATING IN POLITICAL CAMPAIGNS FOR OR AGAINST CANDIDATES AND/OR LOBBY AS A SUBSTANTIAL PART OF ITS ACTIVITIES, AND, REMAIN FINANCIALLY ACCOUNTABLE TO THE COMMUNITY BY NOT ALLOW ING ANY PORTION OF ITS NET EARNINGS TO BENEFIT ANY PRIVATE SHAREHOLDER OR INDIVIDUAL AS A NOT-FOR-PROFIT HOSPITAL, NGMC CARRIES ADDITIONAL RESPONSIBILITIES, AS ESTABLISHED BY THE IRS IN 1965 OPERATE A FULL-TIME EMERGENCY ROOM (ER) THAT IS AVAILABLE TO ALL PEOPLE, REGA RDLESS OF THEIR ABILITY TO PAY, -NGMC OPERATES THE 4TH BUSIEST ER IN GEORGIA IN 2013, MOR E THAN 20% OF ALL NGMC'S EMERGENCY ROOM VISITS WERE MADE BY SELF-PAY PATIENTS PROVIDE NON -EMERGENCY SERVICES TO ANYONE ABLE TO PAY, -NORTHEAST GEORGIA HEALTH SYSTEM PROVIDES HIGH QUALITY, ADVANCED SPECIALTY AND PRIMARY HEALTHCARE SERVICES TO THE NORTHEAST GEORGIA COMMU NITY, SERVING ALMOST 700,000 PEOPLE IN MORE THAN 13 COUNTIES IN FISCAL YEAR 2013, NGMC'S PAYOR MIX WAS 60% MEDICARE/MEDICAID, 30% COMMERCIAL INSURANCE AND 10% SELF PAY PARTICIPAT E IN MEDICAID AND MEDICARE, -51% OF PATIENTS SERVE

Identifier	Return Reference	Explanation
	FORM 990, PART III LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS	D BY NGMC IN FISCAL YEAR 2013 WERE MEDICAID AND MEDICARE PATIENTS CREATE A GOVERNING BOAR D THAT IS REPRESENTATIVE OF THE COMMUNITY IT SERVES, -MORE THAN 80 COMMUNITY MEMBERS ARE A CTIVELY INVOLVED IN GOVERNANCE THROUGH NORTHEAST GEORGIA HEALTH SYSTEM, NGMC AND OTHER SUB SIDIARY BOARDS AND COMMITTEES ALLOW MEDICAL STAFF PRIVILEGES TO ANY PROFESSIONAL WHO IS Q UALIFIED AND APPLIES, -NGMC HAS A MEDICAL STAFF OF ROUGHLY 600 PHYSICIANS REPRESENTING NUM EROUS ADVANCED SPECIALTIES SUCH AS GYNECOLOGIC ONCOLOGY, ELECTROPHYSIOLOGY, CARDIAC SURGER Y, CRITICAL CARE MEDICINE, SURGICAL TRAUMA, NEONATOLOGY AND PERINATOLOGY 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 I NTO THE COMMUNITY THROUGH NEW FACILITIES, SUCH AS THE NORTH PATIENT TOWER AND WOMEN AND CH ILDREN'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 HYPE RBARIC 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 2013, NGMC RECEIVE D $9 6 MILLION IN NET FUNDS ALLOCATED THROUGH THE ICTF AND UPL PROGRAM TO PARTIALLY OFFSET A FINANCIAL LOSS OF $38 2 MILLION IN COSTS THE MEDICAL CENTER INCURRED TREATING UNINSURED AND MEDICAID PATIENTS

Identifier	Return Reference	Explanation
		COMMUNITY BENEFITS SITUATED IN A REGION WITH AN UNINSURED RATE THAT IS HIGHER THAN THE ST ATE AVERAGE, AREA HEALTH CONSUMERS CAN FACE SIGNIFICANT BARRIERS IN AFFORDING CARE NGMC H AS SIGNIFICANTLY CONTRIBUTED TO LOCAL PROGRAMS THAT AIM TO ADDRESS THESE ISSUES, PRIMARILY THROUGH ITS SUPPORT OF THE GOOD NEWS CLINICS AND HEALTH ACCESS INITIATIVE (HAI) GOOD NEW S CLINICS WITHIN HALL COUNTY, THERE ARE SEVERAL LOW-COST ALTERNATIVES TO HELP PEOPLE AVOI D CHOOSING THE HOSPITAL'S EMERGENCY DEPARTMENT FOR PRIMARY CARE SERVICES SERVING AS THE L ARGEST FREE CLINIC IN GEORGIA, THE GOOD NEWS CLINICS OFFERS PRIMARY MEDICAL, OPHTHALMOLOGY SERVICES AND DENTAL CARE, AS WELL AS MEDICATIONS TO INDIGENT, HOMELESS AND LOW-INCOME IND IVIDUALS AT OR BELOW 150 PERCENT OF THE FEDERAL POVERTY LEVEL IN HALL COUNTY WHO HAVE NO H EALTHCARE INSURANCE AND CANNOT AFFORD MEDICAL CARE ALL SERVICES ARE PROVIDED FREE OF CHAR GE, EVEN THOUGH THE CLINIC RECEIVES NO FEDERAL, STATE OR LOCAL GOVERNMENT FUNDING PATIENT S WHO NEED SPECIALTY CARE ARE REFERRED TO HAI SINCE 1999, NGMC HAS PROVIDED $4,002,731 IN SUPPORT OF GOOD NEWS CLINICS WITH AVERAGE ANNUAL SUPPORT OF $314,933 IN FISCAL YEARS 2007 -2013 IN 2013, NGMC CONTRIBUTED OVER $362,913 IN FINANCIAL SUPPORT HEALTH ACCESS INITIAT IVE FOUNDED BY THE HALL COUNTY MEDICAL SOCIETY AND LAUNCHED IN 2003, HALL COUNTY'S HEALTH ACCESS INITIATIVE (HAI) IS A REFERRAL SERVICE THAT MATCHES FINANCIALLY ELIGIBLE PATIENTS TO PHYSICIANS WHO HAVE VOLUNTEERED TO PROVIDE FREE TREATMENT TO PATIENTS WHO QUALIFY FOR S ERVICES HAI PROVIDES HELP WITH OBTAINING MEDICATIONS AND OFFERS ANCILLARY SERVICES SUCH A S X-RAYS AND TRANSLATION SERVICES HAI ALSO PROVIDES ANCILLARY SERVICES AND OUTREACH EDUCA TION FOR ITS COMMUNITY, AND COLLABORATES WITH OTHER MEDICAL CENTERS, SUCH AS NGMC IN FISC AL YEAR 2013, HEALTH ACCESS PROVIDED 5,783 SPECIALTY REFERRAL PATIENT VISITS AND SERVED 25 65 PATIENTS A NETWORK OF 240 SPECIALTY PHYSICIANS AND NGMC PROVIDED PATIENT VISITS AND IN PATIENT AND OUTPATIENT SERVICES PROVIDING SPECIALTY CARE SERVICES VALUED AT $13 3 MILLION TO QUALIFY FOR HAI SERVICES, A PATIENT'S INCOME MUST BE AT OR BELOW 150 PERCENT FEDERAL P OVERTY LEVEL AND A PATIENT MUST HAVE NO MEDICAL INSURANCE THE PATIENT MUST LIVE IN HALL C OUNTY AND MUST BE REFERRED BY A PHYSICIAN THAT IS IN THE HAI NETWORK HEALTH ACCESS IS NOW A COMPONENT OF PROGRAMMING AT GOOD NEWS CLINICS HIGHLIGHTS OF COMMUNITY BENEFIT PROGRAMS AND ACTIVITIES NGMC VALUES COOPERATIVE EFFORTS WITH COMMUNITY SERVICES AND OTHER HEALTHC ARE PROVIDERS TO IMPROVE THE HEALTH STATUS OF AREA CITIZENS NGMC DEMONSTRATES ITS VALUE F OR COLLABORATIVE EFFORTS WITHIN THE COMMUNITY THROUGH MANY PARTNERSHIPS, RANGING FROM SERV ING AS LEAD AGENCY OF THE SAFE KIDS COALITION OF GAINESVILLE-HALL COUNTY, TO PARTNERING WI TH COMMUNITY HEALTH ORGANIZATIONS, TO HELPING REACH AT-RISK POPULATIONS IN NEED OF HEALTHC ARE IN FISCAL YEAR 2013, OVER $4 MILLION WAS PROVIDED IN COMMUNITY BENEFIT PROGRAMS/OUTRE ACH COMMUNITY EDUCATION WAS PROVIDED THROUGH FREE COMMUNITY LECTURES, VARIOUS SUPPORT GRO UPS, AND THE SEMI-ANNUAL HEALTH MAGAZINE, COMMUNICARE PRESENTATIONS WERE MADE THROUGH THE SPEAKER'S BUREAU, AND NGMC ALSO OFFERED SMOKING CESSATION CLASSES, AS WELL AS LIVING LIGH TER, A WEIGHT LOSS PROGRAM NGMC OFFERED SEVERAL COMMUNITY EDUCATION SEMINARS IN 2013 ON T OPICS INCLUDING PROSTATE CANCER, PARKINSON'S DISEASE, HEALTH TIPS FOR SENIORS, WOMEN'S HEA LTH EDUCATION AND MORE THESE SEMINARS INVOLVED MORE THAN 200 PARTICIPANTS AND MANY DIFFER ENT PHYSICIANS FROM PRACTICES THROUGHOUT THE COMMUNITY PARTICIPATED IN THE SEMINARS COMMU NITY HEALTH NEEDS ASSESSMENT NORTHEAST GEORGIA MEDICAL CENTER (NGMC), WITH INPUT FROM THE COMMUNITY, COMPLETED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN 2013 NGMC'S ASSESSMEN T INCLUDES A SECONDARY DATA SCAN AND A COMMUNITY HEALTH PROFILE FOR HALL COUNTY THE ASSES SMENT FOCUSES MAINLY ON THE NEEDS OF THE COMMUNITY'S MOST VULNERABLE POPULATIONS, PARTICUL ARLY THOSE WITH LOW-INCOMES WHO ARE UNINSURED SIX FOCUS GROUPS WERE HELD AND NEARLY 25 ON E-ON-ONE INTERVIEWS WERE CONDUCTED WITH STAKEHOLDERS THE STUDY CULMINATED IN THE IDENTIFI CATION OF 10 PRIORITY HEALTH NEEDS GO TO WWW NGHS COM TO SEE A SPREADSHEET OF INTIATIVES AND ACTIVITIES WITH WHICH NGMC IS INVOLVED AND HOW NGMC INTENDS TO ADDRESS EACH NEED MANY ACTIVITIES OVERLAP DIFFERENT PRIORITIES, AND NGMC'S INVOLVEMENT RANGES FROM PROVIDING THE ACTIVITY ITSELF TO CONTRIBUTING IN SOME WAY THE SPREADSHEET IS NOT AN EXHAUSTIVE LIST, B UT HIGHLIGHTS MANY OF THE ORGANIZATION'S EFFORTS TO ADDRESS IDENTIFIED COMMUNITY HEALTH NE EDS THE FULL CHNA IS ALSO AVAILABLE ON THE WEBSITE PARTNERING TO REACH THE UNINSURED IN DIGENT CARE COUNCIL NGMC HAS DEVELOPED A COMMUNITY COUNCIL ON CARING FOR THE INDIGENT TH E PURPOSE OF THE COUNCIL IS TO IDENTIFY A ROADMAP TOWARD GREATER ALIGNMENT AND COORDINATIO N AROUND MEDICAL HOME MANAGEMENT, THE OBJECTIVE OF WHICH IS THE UNITY OF HEALTHCARE PROVID ERS IN AND AROUND HALL COUNTY WHO CARE FOR THE IND

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		IGENT POPULATION TO ENSURE CONSISTENT AND QUALITY PATIENT CARE THROUGH ENHANCED COORDINATI ON MEMBERS OF THE COUNCIL INCLUDE REPRESENTATIVES FROM NGMC, THE PRIMARY CARE CLINIC AT H ALL COUNTY HEALTH DEPARTMENT, THE NORTHEAST GEORGIA DIAGNOSTIC CLINIC, THE LONGSTREET CLIN IC, GOOD NEWS CLINICS (INDIGENT CLINIC), MEDLINK (FEDERALLY QUALIFIED HEALTH CENTER), AS W ELL AS PHYSICIANS GOOD NEWS CLINICS FUNDING FROM NGMC HELPS PROVIDE MEDICATIONS, MEDICAL SUPPLIES AND OTHER SUPPORT FOR GOOD NEWS CLINICS (GNCS) THE LARGEST FREE CLINIC IN GEORGI A FOUNDED IN 1992, GNCS IS A CHRISTIAN MINISTRY THAT PROVIDES MEDICAL CARE TO THE INDIGEN T AND UNINSURED POPULATION AT NO CHARGE FORTY-FOUR PHYSICIANS, FIVE MID-LEVEL PROVIDERS A ND FORTY-THREE DENTISTS VOLUNTEER TO TREAT PATIENTS AT GNCS IN ADDITION, 218 SPECIALIST P HYSICIANS VOLUNTEER TO TREAT PATIENTS IN THEIR OFFICES THROUGH REFERRALS FROM GNCS, NORTHE AST GEORGIA PHYSICIANS GROUP PRACTICE AT THE HALL COUNTY HEALTH DEPARTMENT AND PHYSICIANS IN HALL COUNTY IN FISCAL YEAR 2013, OVER $300,000 WAS DONATED TO HELP GNCS PROVIDE CARE T O INDIGENT PATIENTS WHO WERE AT OR BELOW 150% OF THE FEDERAL POVERTY GUIDELINES AND DID NO T QUALIFY FOR OTHER PROGRAMS CLINICAL PROFESSIONALS FROM NGMC STAFF THE CONGESTIVE HEART FAILURE CLINIC AT GNCS, AS WELL AS A CARDIOLOGY CLINIC ADDITIONAL HEALTH SCREENINGS ARE P ROVIDED TO VULNERABLE POPULATIONS AT GNCS SUCH AS PROSTATE SCREENINGS, CANCER EDUCATION AT CHURCHES OR AT COMMUNITY EVENTS HEALTH DEPARTMENT PRIMARY CARE CLINIC NGMC PLAYS A MAJO R ROLE IN FUNDING A PRIMARY CARE CLINIC AT THE HALL COUNTY HEALTH DEPARTMENT TO IMPROVE AC CESS TO PRIMARY HEALTHCARE SERVICES FOR LOW-INCOME PEOPLE IN OUR COMMUNITY IN FISCAL YEAR 2013, NGMC CONTRIBUTED OVER $500,000 PRENATAL CARE PROGRAM AT THE HEALTH DEPARTMENT NGM C PARTNERS WITH THE LONGSTREET CLINIC TO IMPROVE BIRTH OUTCOMES BY INCREASING EARLY INITIA TION OF PRENATAL CARE FOR LOW-INCOME, UNINSURED, AND UNDER-INSURED PREGNANT WOMEN VIA THE HEALTH DEPARTMENT'S PRIMARY CARE CENTER THE YEARLY COST TO NGMC IS APPROXIMATELY $200,000 INDIGENT PATIENT FUND AT NGMC, FINANCIAL ASSISTANCE IS PROVIDED FOR INDIGENT PATIENTS T O OBTAIN URGENTLY NEEDED DISCHARGE MEDICATIONS AND TRANSPORTATION INDIVIDUALS ELIGIBLE FO R THESE FUNDS ARE THOSE PATIENTS WHOSE NEEDS CANNOT BE MET THROUGH PRIMARY INSURANCE, THEI R OWN PERSONAL FUNDS, GOVERNMENT PROGRAMS, OR OTHER CHARITABLE SERVICES THIS HELPS TO ENS URE MEDICATION COMPLIANCE AND MAXIMIZE CONDITIONS FOR RECOVERY AND RECUPERATION THE MEDIC AL CENTER FOUNDATION PROVIDES FUNDING FOR THIS FUND NGMC VOLUNTEERS IN FISCAL YEAR 2013, NEARLY 638 NGMC VOLUNTEERS CONTRIBUTED MORE THAN 61,627 VOLUNTEER HOURS, EQUIVALENT TO 36 FULL TIME EMPLOYEES AND A VALUE OF OVER $1 3 MILLION WHILE THESE FIGURES ARE NOT INCLUDE D IN THE QUANTITATIVE PORTION OF THE COMMUNITY BENEFIT REPORT, THEY SHOW THE DEPTH OF SUPP ORT THE COMMUNITY GIVES NGMC THE TEEN VOLUNTEER PROGRAM HAD 117 TEEN PARTICIPANTS IN 2013 THE TEENS CAME FROM SEVEN COUNTIES AND REPRESENTED 21 DIFFERENT SCHOOLS WITHIN THE AREA TEENS DONATED MORE THAN 4,900 HOURS OF SERVICE ENCOURAGING MEDICAL VOLUNTEERING NGMC PR OVIDES INFORMATION AT PHYSICIAN ORIENTATION TO ENCOURAGE PHYSICIANS TO STEP UP THROUGH VOL UNTEER OPPORTUNITIES AT LOCAL FREE CLINICS (GOOD NEWS CLINICS IN GAINESVILLE AND HELPING H AND CLINIC IN CLEVELAND) AS WELL AS HEALTH ACCESS NGPG ALSO ENCOURAGES PHYSICIANS TO GIVE OF THEIR TIME BY VOLUNTEERING AT THESE LOCATIONS THE CANCER CENTER AT NGMC HAS DEVELOPED A MEMBERSHIP MODEL FOR PHYSICIANS THAT CONTAINS CONDITIONS OF PARTICIPATION WHICH INCLUDE S ACTIVE PARTICIPATION IN A SPEAKER PROGRAM, SCREENING ACTIVITY, CANCER PREVENTION ACTIVIT Y, OR OUTREACH THE PURPOSE OF THIS MEMBERSHIP MODEL IS TO IMPROVE PATIENT CARE QUALITY, A CCESS, AND PROGRAMMATIC EXCELLENCE

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		FINANCIAL NAVIGATORS NGMC HAS FINANCIAL ASSISTANCE COUNSELORS WHO HELP PATIENTS BECOME IN SURED, BE IT THROUGH MEDICAID, PEACHCARE, OR OTHER PROGRAMS NGMC IS CURRENTLY MAKING FINA NCIAL COUNSELORS INTO "FINANCIAL NAVIGATORS " THIS TEAM FOCUSES ON BEING ADVOCATES FOR UNI NSURED AND UNDER-INSURED PATIENTS AIDING THEM IN FINDING VIABLE MEANS TO ACCESS CARE THEY FIND THE BEST SOLUTIONS FOR HELPING PATIENTS APPLY FOR MEDICAID, DISABILITY, ACCESSING TH E NEW HEALTHCARE EXCHANGES, OR PROCESSING CHARITY WHEN APPROPRIATE THE TEAM IS UNDERGOING TRAINING TO BECOME CERTIFIED IN THIS AREA AS "CERTIFIED HEALTHCARE REFORM SPECIALISTS " P ATIENT NAVIGATORS NGMC ALSO HAS A PATIENT NAVIGATION PROGRAM THIS PROGRAM PROVIDES CANCE R PATIENTS WITH GUIDANCE THROUGHOUT THEIR CANCER JOURNEY, AND THEY ARE SEEN AS A "LIVING R ESOURCE DIRECTORY" FOR PATIENTS SERVICES INCLUDE PROVIDING EMOTIONAL SUPPORT, HELPING PA TIENTS UNDERSTAND THEIR DIAGNOSIS, COMMUNICATING WITH HEALTHCARE STAFF AND PROVIDERS, ADDR ESSING LOGISTICAL ISSUES SUCH AS TRANSPORTATION NEEDS, AND HELPING PATIENTS UNDERSTAND MED ICAL TERMS AND TREATMENT OPTIONS THE CANCER CENTER OFFERS THE COMMUNITY TWO PATIENT NAVIG ATORS AS PART OF A COMPREHENSIVE PATIENT NAVIGATION PROGRAM ONE RN IS A CERTIFIED BREAST HEALTH NAVIGATOR WHO WORKS EXCLUSIVELY WITH BREAST CANCER PATIENTS, AND THE SECOND IS AN A MERICAN CANCER SOCIETY PATIENT RESOURCE NAVIGATOR WHO ASSISTS ALL CANCER PATIENTS AND IS B ILINGUAL PARTNERING IN THE COMMUNITY VISION 2030 NGMC IS ACTIVELY INVOLVED IN VISION 20 30 (WWW VISION2030 ORG) THIS PROGRAM IS SPONSORED BY THE GREATER HALL CHAMBER OF COMMERC E AND IS A COMMUNITY PROJECT PARTICIPATION IS OPEN TO EVERYONE IN THE COMMUNITY AN NGMC EMPLOYEE CURRENTLY SERVES ON THE BOARD OF VISION 2030 VISION 2030 FOCUSES ON THE CREATION OF A CULTURE OF COMMUNITY WELLNESS, THE SUPPORT AND MAINTENANCE OF LIFELONG LEARNING, THE BUILDING OF AN ECONOMY AROUND EMERGING LIFE SCIENCES, THE ENCOURAGEMENT OF INNOVATIVE GRO WTH/INFRASTRUCTURE DEVELOPMENT, AND THE PROMOTION OF CULTURAL INTEGRATION NGMC IS ALSO AN ACTIVE PARTNER ON OTHER CHAMBER COMMITTEES SUCH AS THE HEALTHCARE COMMITTEE AND THE HEALT H INITIATIVE CONSORTIUM NGMC IS A PARTNER IN HALLMARK, WHICH IS A COMMUNITY INVESTMENT PL AN THAT ADDRESSES ECONOMIC DEVELOPMENT, EDUCATION, GOVERNMENT, AND COMMUNITY DEVELOPMENT T HROUGH PARTNERSHIP NGMC HELPS PROMOTE ACCESS TO PHYSICAL ACTIVITIES FOR BOTH ADULTS AND C HILDREN THROUGH PARTICIPATION ON THE HEALTHY BEGINNINGS PARTNERSHIP, A COLLABORATIVE EFFOR T BETWEEN NGMC, UNITED WAY, FAMILY CONNECTION, GAINESVILLE PARKS AND RECREATION, GOOD NEWS CLINICS AND MORE, THAT SEEKS TO RAISE AWARENESS OF HEALTHY LIVING, PARTICULARLY TO FAMILI ES MEMBERS OF NGMC'S BARIATRIC SERVICE LINE ALSO SERVE ON HALL COUNTY SCHOOL SYSTEM'S WEL LNESS COUNCIL AN NGMC REPRESENTATIVE SERVES ON HALL COUNTY FAMILY CONNECTION (HCFC) HCFC ADOPTED TEEN PREGNANCY PREVENTION AND OBESITY PREVENTION AS ITS TWO FOCUS AREAS FOR THE N EXT THREE YEARS HALL COUNTY FAMILY CONNECTION IS A COLLABORATIVE WHICH SERVES AS THE LOCA L DECISION-MAKING BODY, BRINGING COMMUNITY PARTNERS TOGETHER TO DEVELOP, IMPLEMENT, AND EV ALUATE PLANS THAT ADDRESS THE SERIOUS CHALLENGES FACING THE CHILDREN AND FAMILIES IN OUR C OUNTY ITS VISION IS THAT EVERY CHILD HAS THE OPPORTUNITY TO REACH HIS OR HER FULL POTENTI AL FOR GOOD HEALTH, BE SECURE FROM ABUSE AND NEGLECT, AND BECOME A LITERATE, PRODUCTIVE, E CONOMICALLY SELF-SUFFICIENT MEMBER OF OUR COMMUNITY THE MISSION OF HCFC IS TO IDENTIFY AN D MONITOR AREAS OF COMMUNITY CONCERN AND TO MOBILIZE THE COMMUNITY AND ITS RESOURCES IN A COMMON EFFORT TO DEVELOP SOLUTIONS THE MEDICAL CENTER FOUNDATION (MCF) RAISES FUNDS TO BE NEFIT THE COMMUNITY MCF IS THE FUNDRAISING ARM OF NGMC AND RAISES FUNDS TO IMPROVE THE HE ALTH OF THE COMMUNITY MCF'S OPERATING EXPENSES ARE SUPPORTED BY NGMC SO THAT DONATED FUND S CAN BE USED TO SUPPORT NGMC PROJECTS AND COMMUNITY HEALTH IMPROVEMENT INITIATIVES THE F OLLOWING ARE ITEMS OF INTEREST TO NOTE -SINCE 1997, OVER $2 7 MILLION HAS BEEN RAISED FOR COMMUNITY HEALTH IMPROVEMENT PROJECTS THROUGH THE MEDICAL CENTER OPEN -THE 2013 MEDICAL CENTER OPEN GOLF TOURNAMENT RAISED OVER $217,101 FOR MY SISTER'S PLACE, A MINISTRY THAT CA RES FOR AND HELPS HOMELESS WOMEN AND THEIR CHILDREN, BY FUNDING THE REMODEL AND EXPANSION OF A NEWLY ACQUIRED, 3,200 SQUARE-FOOT PROPERTY TO DOUBLE THEIR CURRENT CAPACITY -W A T C H MEMBERS HAVE DONATED MORE THAN $4 MILLION TO SUPPORT THE HEALTHY JOURNEY CAMPAIGN SINC E THE PROGRAM'S INCEPTION IN 2000 INVESTING IN OUR YOUTH SAFE KIDS COALITION WORKS TO KE EP 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 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		D 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 2013 THANKS TO THE SUPPORT OF MCF AND THE HEALTHY JOURNEY CAMPAIGN IN FISCAL YEAR 2013, MEMBERS OF THE GAINESVILLE-HALL CO UNTY SAFE KIDS COALITION PROVIDED OVER 367 PROGRAMS AND EVENTS THAT REACHED AN ESTIMATED 5 8,000 CHILDREN AND THEIR FAMILY MEMBERS, TEACHERS AND CAREGIVERS THROUGH THESE PROGRAMS, OVER 3,241 SAFETY DEVICES WERE DISTRIBUTED TO FAMILIES WHO WERE IN NEED OF THEM PRESCRIPT ION DRUG ABUSE PROGRAM AS PART OF A COMMUNITY FOCUSED EFFORT TO REDUCE PRESCRIPTION DRUG ABUSE, NGMC HAS INSTITUTED SPECIALIZED PRESCRIPTION MEDICATION GUIDELINES WITH PARTICULAR FOCUS IN THE EMERGENCY ROOM THERE IS A NATIONAL EPIDEMIC OF PRESCRIPTION NARCOTIC ABUSE WITH THIS IN MIND, NGMC PUT INTO PLACE NEW POLICIES AND PROTOCOLS TO ASSIST IN THE MANAGEM ENT AND TRACKING OF ED NARCOTIC USE AND PRESCRIPTIONS THIS IS IN COMPLIANCE WITH STATE AN D NATIONWIDE EFFORTS TO SAVE LIVES GOOD NEWS CLINICS IS A PARTNER IN THIS EFFORT AS WELL, AND IT WILL SOON BE EXPANDED INTO NGPG'S URGENT CARE CENTERS NGMC IS ALSO PARTNERING WIT H THE DRUG FREE COALITION OF HALL COUNTY LOCALLY AS WELL AS THE MEDICAL ASSOCIATION OF GEO RGIA'S "THINK ABOUT IT CAMPAIGN " THE "THINK ABOUT IT" CAMPAIGN FOR THE EDUCATION ABOUT AN D PREVENTION OF PRESCRIPTION DRUG ABUSE IS A PROJECT SPONSORED BY THE MEDICAL ASSOCIATION OF GEORGIA FOUNDATION "THINK ABOUT IT" IS COMPOSED OF THREE COMPREHENSIVE INITIATIVES DE VELOPMENT OF A STATEWIDE COMPREHENSIVE DRUG POLICY, SAFE STORAGE AND DISPOSAL OF PRESCRIPT ION DRUGS, AND EDUCATION OF BOTH THE PUBLIC AND PROFESSIONALS ABOUT THE DANGERS OF AND PRE VENTION OF PRESCRIPTION DRUG ABUSE THE "THINK ABOUT IT" CAMPAIGN IS WORKING WITH A BROAD RANGE OF ORGANIZATIONS INCLUDING MEDICAL SPECIALTY SOCIETIES, THE STATE BOARD OF MEDICAL E XAMINERS, THE GEORGIA BOARD OF PHARMACY, THE GEORGIA PHARMACY ASSOCIATION, THE GBI, OTHER LAW ENFORCEMENT AGENCIES, SCHOOLS, RELIGIOUS, CIVIC, AND SOCIAL ORGANIZATIONS TO FURTHER E DUCATE AND CREATE PROGRAMS TO HELP ERADICATE PRESCRIPTION DRUG ABUSE ACROSS OUR STATE NGM C'S ER MEDICAL DIRECTOR, A BOARD MEMBER, PHY SICIANS, AND OTHER ER STAFF ARE HEAVILY INVOLV ED IN THESE EFFORTS IN THE PAST, WE HAVE HOSTED SPEAKERS ON THE TOPIC AND MADE DONATIONS TO THE CAMPAIGN, AND WE PLAN TO CONTINUE TO SUPPORT IN THE FUTURE

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		SAFE KIDS OF GAINESVILLE HALL COUNTY, LED BY NGMC, PARTNERS WITH OTHER COMMUNITY AGENCIES ON "DRUG TAKE BACK DAYS"(OPERATION PILL DROP), WITH VARIOUS COLLECTION POINTS IN THE COUNTY THIS GIVES COMMUNITY MEMBERS A SAFE WAY TO DISPOSE OF UNWANTED, UNUSED DRUGS EDUCATION AT INTERACTIVE NEIGHBORHOOD FOR KIDS (INK) NGMC PROVIDES AN EXHIBIT AT INK THAT ENCOURAGES MULTI-SENSORY LEARNING THROUGH TOOLS THAT ALLOW KIDS THE OPPORTUNITY TO EXPERIENCE WORKING (AND PLAYING) IN THE HEALTHCARE INDUSTRY THROUGH HANDS-ON INTERACTIVE PLAY, KIDS HAVE FUN DOING EVERYTHING FROM DRESSING UP IN DOCTOR'S SCRUBS AND PUSHING A "PATIENT" AROUND IN A WHEELCHAIR, TO TAKING THEIR PARENT OR FRIEND'S MAKE-BELIEVE BLOOD PRESSURE OR LISTENING TO THEIR HEART WITH A REAL STETHOSCOPE IT IS HOPED THAT BEING IN THIS ENVIRONMENT WILL HELP KIDS FEEL MORE COMFORTABLE THE NEXT TIME THEY ARE IN A DOCTOR'S OFFICE OR IN THE HOSPITAL A SECOND EXHIBIT CALLED THE BUILDING A HEALTHY BODY EXHIBIT, FUNDED BY THE MEDICAL CENTER FOUNDATION, SERVES AS INK'S CORE GALLERY ON HEALTH-RELATED EDUCATION AND PROGRAMMING THE EXHIBIT EXPLORES TWO PRIMARY THEMES MAINTAINING A HEALTHY BODY AS IT RELATES TO NUTRITION, EXERCISE, AND LIFESTYLE CHOICES, AND THE ANATOMY OF A HEALTHY BODY AS IT RELATES TO BODY SYSTEMS, ORGANS AND FUNCTIONS THE MAIN CENTERPIECE IS A LARGER-THAN-LIFE BOY NAMED "BUDDY" WHICH STANDS FOR BODY UNDER DEVELOPMENT BUDDY IS A FUN, INTERACTIVE EXHIBIT THAT KIDS AND PARENTS CAN EXPLORE AND GAIN A BASIC UNDERSTANDING OF THE FOLLOWING TOPICS OBESITY/EXERCISE/NUTRITION, SMOKING, HYGIENE/GERMS AND DIABETES DIABETES EDUCATION THE DIABETES EDUCATION PROGRAM AT NORTHEAST GEORGIA MEDICAL CENTER IS RECOGNIZED BY THE AMERICAN DIABETES ASSOCIATION FOR QUALITY SELF-MANAGEMENT EDUCATION A COMPREHENSIVE RANGE OF EDUCATIONAL PROGRAMS IS OFFERED TO PEOPLE WITH DIABETES AND THEIR FAMILIES BY CERTIFIED DIABETES EDUCATORS, REGISTERED NURSES, AND REGISTERED DIETITIANS EDUCATION FOR SENIORS GETTING OLDER AND BETTER WORKSHOP OVER 200 PEOPLE PARTICIPATED IN THE GETTING OLDER AND BETTER WORKSHOP IN MAY AT FIRST UNITED METHODIST CHURCH IN GAINESVILLE AND THE SPOUT SPRINGS LIBRARY IN FLOWERY BRANCH THIS EVENT WAS SPONSORED BY THE MEDICAL CENTER AUXILIARY, PROVIDED BY NGMC, AND FEATURED PHYSICIANS WHO SPOKE ON THE TOPIC OF EYE AND SKIN HEALTH FLU AND PNEUMONIA PROGRAM AT THE GUEST HOUSE NGMC PROVIDES FLU AND PNEUMONIA VACCINATIONS AT NO CHARGE TO CLIENTS AT THE GUEST HOUSE, AN ADULT DAY HEALTH SERVICE PROVIDED IN THE COMMUNITY THESE ARE OFTEN THE FRAIL AND ELDERLY WHO HAVE A DIFFICULT TIME GETTING TO THEIR PHYSICIAN WISDOM PROJECT NGMC SUPPORTS THIS LEADERSHIP PROGRAM FOR SENIORS TO SHARE THEIR WISDOM, EXPERIENCE AND TALENTS IN CREATIVE WAYS THROUGH ACTION AND ADVOCACY ON BEHALF OF HALL COUNTY THE INITIATIVE IS SPONSORED BY BRENAU UNIVERSITY'S CENTER FOR LIFETIME STUDY AN NGMC STAFF MEMBER PLAYED A MAJOR ROLE IN THE CONCEPT AND DEVELOPMENT OF THIS PROGRAM SUPPORT OF COMMUNITY EFFORTS TO IMPROVE HEALTH 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 OVER 2,700 EMPLOYEES DONATED OVER $402,000 IN FISCAL YEAR 2013 TO MCF'S EMPLOYEE GIVING CLUB, WATCH (WE ARE TARGETING COMMUNITY HEALTHCARE) RELAY FOR LIFE, AMERICAN HEART WALK, MARCH FOR BABIES NGMC 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 200 PARTICIPANTS EACH EVENT BLOOD DRIVES NGMC EMPLOYEES DONATED OVER 450 UNITS OF BLOOD IN FISCAL YEAR 2013 EMPLOYEES LEAD THE WAY UNITED WAY PACESETTER & MORE NGHS EMPLOYEES CONTRIBUTED OVER $107,000 TO UNITED WAY AS A CORNERSTONE COMPANY SPONSORSHIPS AND DONATIONS IN FISCAL YEAR 2013, NGMC SPONSORED OR MADE A DONATION TO APPROXIMATELY 20 COMMUNITY AGENCIES SERVING HEALTH AND HUMAN SERVICE NEEDS, RANGING FROM SUPPORTING THE AMERICAN CANCER SOCIETY TO TEEN PREGNANCY PREVENTION SPONSORSHIPS/DONATIONS TOTALED OVER $850,000 IN FISCAL YEAR 2013

Identifier	Return Reference	Explanation
		TRAINING AND EDUCATION FOR HEALTHCARE PROFESSIONALS NGMC CONTINUES THE ACTIVITIES BELOW T O SERVE AS A "PIPELINE" TO HELP GET MORE QUALIFIED PEOPLE INTERESTED IN HEALTHCARE POSITIO NS OR GET THEM THE TRAINING AND EDUCATION THEY NEED -ALLIED STUDENT HEALTH EDUCATION CLIN ICAL ROTATIONS ARE PROVIDED FOR ALLIED HEALTH STUDENTS FROM AREA SCHOOLS AT NGMC -COMMUNI TY BASED VOCATIONAL INSTRUCTION - NGMC IS A TRAINING SITE FOR HANDICAPPED HIGH SCHOOL STUD ENTS STUDENTS WORK APPROXIMATELY THREE TIMES PER WEEK FOR A FEW HOURS WITH AN INSTRUCTOR FROM THE SCHOOL AND WORK IN MATERIALS MANAGEMENT, NUTRITIONAL SERVICES, PHARMACY AND LINEN S THEY GAIN KNOWLEDGE OUTSIDE OF THE CLASSROOM, LEARNING SKILLS THAT ENABLE THEM TO GET J OBS WHEN THEY GRADUATE IN FISCAL YEAR 2013, 11 STUDENTS AND 2 INSTRUCTORS PARTICIPATED - CONTINUING MEDICAL EDUCATION (CME) CONTINUING MEDICAL EDUCATION ACTIVITIES PROVIDED FOR PH YSICIANS AND ALLIED HEALTH PERSONNEL WITHIN NGMC AND ALSO OFFERED OUTSIDE THE ORGANIZATION IN FISCAL YEAR 2013, THERE WERE 138 LIVE CMES PROVIDED TO 21,956 PHYSICIANS AND 4,180 AL LIED HEALTHCARE PROVIDERS - JOB SHADOWING - THIS PROGRAM IS COORDINATED VIA THE EDUCATIONA L SERVICES DEPARTMENT AND ALLOWS HIGH SCHOOL AND POST SECONDARY STUDENTS FROM AREA SCHOOLS TO SHADOW PROFESSIONAL HEALTHCARE STAFF FOR THE PURPOSE OF BETTER UNDERSTANDING THE VARIO US HEALTHCARE ROLES THE PRIMARY PURPOSE IS TO FOSTER STUDENT INTEREST IN HEALTHCARE FIELD S AND ENCOURAGE ENROLLMENT IN PROGRAMS OF STUDY THAT WOULD TRAIN AND EDUCATE FUTURE HEALTH CARE WORKERS THIS IS AN OBSERVATIONAL PROGRAM REQUIRING A STAFF MENTOR IN FISCAL YEAR 20 13, 77 JOB SHADOWS WERE PLACED -SUPPORT OF ASSOCIATE DEGREE IN NURSING PROGRAM AT UNIVERS ITY OF NORTH GEORGIA NGMC PARTNERS WITH NORTH GEORGIA COLLEGE AND STATE UNIVERSITY TO PRO VIDE IN KIND SUPPORT FOR THE ASN (ASSOCIATES DEGREE IN NURSING) PROGRAM BY PROVIDING FUNDI NG FOR ONE FULL TIME FACULTY POSITION -NURSE EXTERN PROGRAM NGMC PROVIDES A 10-WEEK SUMM ER PROGRAM FOR RISING SENIOR NURSING STUDENTS TO WORK ON NURSING UNITS AS EMPLOYEES TO GAI N ADDITIONAL CLINICAL SKILLS AND CRITICAL THINKING SKILLS THE EXTERNS ARE ORIENTED AS A G ROUP TO THE ORGANIZATION, THEN PLACED ON NURSING UNITS FOR THE REMAINDER OF THE PROGRAM WI TH THE EXCEPTION OF A FEW EDUCATIONAL ACTIVITIES ALL APPLICANTS ARE INTERVIEWED BY RECRUI TERS AND NURSING MANAGERS PRIOR TO ACCEPTANCE INTO THE PROGRAM IN FISCAL YEAR 2013, THERE WERE 33 EXTERNS -NURSING STUDENT EDUCATION- CLINICAL ROTATIONS AT NGMC IN FISCAL YEAR 20 13 TOTALED APPROXIMATELY 1,500 - PARTNERS IN EDUCATION THE GAINESVILLE/HALL COUNTY CHAMBE R OF COMMERCE PROVIDES THE OPPORTUNITY FOR BUSINESSES AND EDUCATIONAL INSTITUTIONS TO PART NER THROUGH THIS PARTNERSHIP, ORGANIZATIONS WORK TOGETHER TO BUILD EDUCATIONAL OPPORTUNIT IES AND RESOURCES FOR THE COMMUNITY NGMC IS THE PARTNER IN EDUCATION FOR WEST HALL HIGH S CHOOL AND NORTH HALL MIDDLE SCHOOL -PHARMACY RESIDENCY PROGRAM THE PHARMACY RESIDENCY PR OGRAM AT NGMC IS A ONE-YEAR POSTGRADUATE TRAINING PROGRAM FOR LICENSED PHARMACISTS THE PR OGRAM PROVIDES DIRECT CLINICAL PHARMACY EXPERIENCE IN THE AREAS OF CRITICAL CARE, CARDIOLO GY, INTERNAL MEDICINE, EMERGENCY MEDICINE, ONCOLOGY, AND WOMEN AND CHILDREN'S HEALTH WITH A GOAL OF GRADUATING A PRACTITIONER WHO IS PREPARED TO ACCEPT A CLINICAL PHARMACY POSITION IN ANY NUMBER OF SETTINGS -RADIOLOGY TECH PROGRAM NGMC PARTNERS WITH LANIER TECHNICAL C OLLEGE TO HOUSE THE RADIOLOGY TECH PROGRAM AT LANIER PARK CAMPUS IN FOUR CLASSROOMS FULL-T IME. NGMC ALSO PROVIDES ONE FACULTY SALARY -SUPPORT TO FOOTHILLS AHEC FOOTHILLS AREA HEA LTH EDUCATION CENTER (AHEC) IS A COMMUNITY-DRIVEN, NON-PROFIT CORPORATION, SUPPORTED BY FE DERAL AND LOCAL SOURCES THE MISSION IS TO INCREASE THE SUPPLY, AND DISTRIBUTION OF HEALTH CARE PROVIDERS, ESPECIALLY IN MEDICALLY UNDERSERVED AREAS THROUGH JOINT EFFORTS, COMMUNIT IES EXPERIENCE IMPROVED SUPPLY, DISTRIBUTION AND RETENTION OF QUALITY HEALTHCARE PROFESSIO NALS FOOTHILLS AHEC SERVES 31 COUNTIES IN THE NORTHEAST GEORGIA AREA NGMC PROVIDES SUPPO RT TO THIS PROGRAM THROUGH EMPLOYEE BENEFITS PACKAGES, PHONE, UTILITIES, AND CLEANING SERV ICE EXPENSES -YOUTH APPRENTICESHIP PROGRAM, JUNIOR ACHIEVEMENT AND LEADERSHIP HALL COUNTY STUDENTS FROM SEVEN AREA HIGH SCHOOLS APPLY FOR UNPAID YOUTH APPRENTICESHIPS IN VARIOUS D EPARTMENTS IN FISCAL YEAR 2013, 44 STUDENTS PARTICIPATED NGMC PROVIDES HEALTH INFORMATIO N & SUPPORT CANCER INFORMATION LINE NGMC OPERATES A CANCER INFORMATION LINE 1(800) 466-5 416 THIS IS A FREE TELEPHONE SERVICE FOR NORTHEAST GEORGIA COMMUNITIES THAT PROVIDES INFO RMATION, EDUCATION AND RESOURCES TO CANCER PATIENTS, FAMILY MEMBERS, AND THE GENERAL PUBLI C NURSELINE NGMC PROVIDES NURSELINE, A FREE SERVICE TO THE PUBLIC THAT PROVIDES TELEPHON E TRIAGE AND HEALTH INFORMATION SERVICES THIS SERVICE INCREASES THE HALL COUNTY COMMUNITY 'S ACCESS TO MEDICAL INFORMATION, PROVIDES STANDARDIZED MEDICAL INFORMATION INSTEAD OF JUS T "NURSING JUDGMENTS", AND HELPS OFF-LOAD PHYSICIA

Identifier	Return Reference	Explanation
		N OFFICE MEDICAL INFORMATION CALLS, ALLOWING THEM MORE TIME TO CARE FOR PATIENTS THE HEAL TH SCIENCES LIBRARY AND RESOURCE CENTER AT NGMC SERVES THE HEALTH INFORMATION NEEDS OF TH E COMMUNITY THE LIBRARY IS LOCATED ON THE MEDICAL CENTER CAMPUS IN GAINESVILLE CONSUMERS , PATIENTS AND THEIR FAMILY MEMBERS HAVE ACCESS TO CREDIBLE RESOURCES RELATING TO MEDICAL SY MPTOMS, CONDITIONS AND TREATMENTS THE RESOURCE CENTER ENCOURAGES VISITORS TO MAKE HEALT HY CHOICES AND BECOME ACTIVE, INFORMED PARTNERS IN THEIR HEALTHCARE CLERGY SEMINARS & ACC REDITATION BY ASSOCIATION FOR CLINICAL PASTORAL EDUCATION NGMC HELD TWO CLERGY SEMINARS I N FISCAL YEAR 2013, TWO UNITS OF CLINICAL PASTORAL EDUCATION, AND SEVEN LUNCH AND LEARN ME ETINGS FOR VOLUNTEER CHAPLAINS THE SEMINARS WERE ON THE TOPICS OF END OF LIFE ISSUES AND CRITICAL INCIDENT STRESS MANAGEMENT OVER 80 CLERGY MEMBERS FROM ACROSS NORTH GEORGIA PART ICIPATED IN THESE EVENTS NGMC PLANS TO DO MORE OF THESE TY PES OF EVENTS OVER THE NEXT 3 Y EARS NORTHEAST GEORGIA MEDICAL CENTER IS HOME TO A CLINICAL PASTORAL EDUCATION CENTER, WH ICH IS FOCUSED ON OFFERING OUR AREA CLERGY PRACTICAL THEOLOGICAL EDUCATION IN A CLINICAL S ETTING THROUGH THE CPE MODEL OUR CENTER IS ACCREDITED BY THE ASSOCIATION FOR CLINICAL PAS TORAL EDUCATION, INC (ACPE) HOSPICE BEREAVEMENT CAMP AND SUPPORT GROUPS CAMP BRAVEHEART NGMC PROVIDES A DAY CAMP FOR CHILDREN AND TEENS WHO HAVE EXPERIENCED THE DEATH OF A CLOS E FRIEND OR FAMILY MEMBER THIS CAMP IS FREE AND AVAILABLE TO ANY YOUTH IN THE COMMUNITY W HO HAS EXPERIENCED A SIGNIFICANT DEATH FACILITATED BY A TEAM OF LICENSED SOCIAL WORKERS, THERAPISTS AND TRAINED VOLUNTEERS, CAMP BRAVEHEART IS A STRUCTURED, SUPPORTIVE ENVIRONMENT WHICH PROVIDES CAMPERS WITH VOCABULARY TO TALK ABOUT DEATH, LOSS AND INTENSE EMOTIONS, HE ALTHY WAYS TO COPE WITH THOSE INTENSE EMOTIONS, OPPORTUNITIES TO TALK ABOUT AND REMEMBER T HEIR LOVED ONE, A SAFE PLACE TO TALK ABOUT CHANGES, FEARS AND FRUSTRATIONS, THE CHANCE TO INTERACT WITH OTHER CHILDREN/TEENS WITH SIMILAR LOSSES SCHOOL BASED BEREAVEMENT SUPPORT G ROUPS BRAVEHEART COUNSELORS GUIDE GRIEF SUPPORT GROUPS AT SCHOOLS COUNSELORS UNDERSTAND CHILDREN'S NATURAL RESILIENCY AND CAN HELP THEM NAVIGATE THEIR FEELINGS BASED ON INDIVIDUA L EMOTIONAL AND DEVELOPMENTAL NEEDS STEMI CONFERENCE HOSTED EACH YEAR BY NGMC, THE NORTH EAST GEORGIA REGIONAL STEMI CONFERENCE BRINGS TOGETHER PARAMEDICS, EMS STAFF AND DOCTORS F ROM ACROSS THE STATE THEY MEET TO DISCUSS THE STATE OF THE NORTHEAST GEORGIA REGIONAL STE MI SYSTEM A COLLABORATIVE EFFORT BETWEEN NORTHEAST GEORGIA MEDICAL CENTER AND EMS IN 15 CO UNTIES ACROSS THE REGION TO PROVIDE FAST AND EFFICIENT TREATMENT TO PATIENTS SUFFERING SEV ERE HEART ATTACKS KNOWN AS STEMI (S-T SEGMENT ELEVATION MY OCARDIAL INFARCTION) KEY NOTE SP EAKERS AT THE CONFERENCE INCLUDE THE NATION'S LEADING CARDIOLOGISTS AND EXPERTS IN THE STU DY OF REGIONAL APPROACHES TO HEART ATTACK CARE THE STEMI PROGRAM BENEFITS ALL PATIENTS, R EGARDLESS OF ABILITY TO PAY MENDED HEARTS MENDED HEARTS, INC , IS A NATIONWIDE SUPPORT O RGANIZATION FOR INDIVIDUALS WITH HEART DISEASE, INCLUDING PERSONS RECOVERING FROM HEART AT TACKS, ANGIOPLASTY OR OPEN HEART SURGERY MENDED HEARTS VOLUNTEERS VISIT CARDIAC PATIENTS AND THEIR FAMILIES BEFORE AND AFTER SURGERIES AND HELP ANSWER QUESTIONS AND CONCERNS, OFFE R HOPE AND ENCOURAGEMENT AND SHARE EDUCATIONAL MATERIALS SINCE AUGUST 2002, MEMBERS OF CH APTER 302 AT NGMC HAVE DONATED 20,000 HOURS OF COMMUNITY SERVICE AND VISITED MORE THAN 21, 000 PATIENTS

Identifier	Return Reference	Explanation
		IN KEEPING WITH GUIDELINES FOR COMMUNITY BENEFIT REPORTING, NGMC DID NOT INCLUDE QUANTITATIVE DATA ON THE FOLLOWING PROGRAMS/PROJECTS, BUT THEY DO MEET HEALTH NEEDS IN THE COMMUNITY IDENTIFIED VIA THE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT AND WARRANT INCLUSION IN THIS SUMMARY PATIENT-CENTERED MEDICAL NEIGHBORHOOD NORTHEAST GEORGIA HEALTH SYSTEM (NGHS) HAS BEEN SELECTED AS ONE OF 15 COMMUNITIES IN THE NATION TO ESTABLISH A PATIENT-CENTERED MEDICAL NEIGHBORHOOD (PCMN) AS PART OF A CENTERS FOR MEDICARE & MEDICAID (CMS) INNOVATION CHALLENGE GRANT THE PATIENT-CENTERED MEDICAL NEIGHBORHOOD (PCMN) BUILDS ON THE CONCEPT OF A PATIENT-CENTERED MEDICAL HOME (PCMH) BY CONNECTING ACUTE- CARE HOSPITALS, SPECIALTY AND SUB-SPECIALTY PRACTICES, AND OTHER COMMUNITY HEALTH RESOURCES WITH PRIMARY CARE PROVIDERS IN ORDER TO DRIVE HIGHER-QUALITY, PROVIDE MORE AFFORDABLE CARE AND ENSURE A POSITIVE PATIENT EXPERIENCE. THE FIRST STEP IN THIS THREE-YEAR PROJECT IS TO BUILD STRONG MEDICAL HOME PRACTICES PARTNERING WITH NORTHEAST GEORGIA PHYSICIANS GROUP (NGPG) AND OTHER COMMUNITY PRACTICES, THIS PROJECT IS DESIGNED TO PROVIDE MORE INDIVIDUALIZED CARE TO PATIENTS A MEDICAL HOME IS A CONCEPT OF CARE NOT A BUILDING, A HOUSE, OR A HOSPITAL THE GOAL OF THE MEDICAL HOME MODEL IS TO BETTER COORDINATE CARE THROUGH PRIMARY CARE PRACTICES WITH HOSPITALS, MEDICAL SPECIALTIES AND OTHER COMMUNITY HEALTH SERVICES TO SUPPORT A MORE FULLY-INTEGRATED APPROACH TO CARE. BEING CARED FOR IN A PATIENT CENTERED MEDICAL HOME MEANS NGMC'S HEALTHCARE PROVIDERS WILL WORK WITH PATIENTS TO HELP UNDERSTAND THEIR TOTAL HEALTHCARE NEEDS AND CONNECT THEM WITH COMMUNITY AND OTHER RESOURCES TO HELP MEET THEIR INDIVIDUALIZED NEEDS A PARTNERSHIP IS DEVELOPED BETWEEN THE PATIENT, THE PERSONAL PRIMARY CARE PHYSICIAN, AND OTHER MEMBERS OF THE HEALTHCARE TEAM, AND THERE IS A KEY FOCUS ON ENCOURAGING PATIENTS TO PARTICIPATE IN THEIR CARE. DISEASE CARE MANAGERS NGMC EMPLOYS FOUR DISEASE CARE MANAGERS TO FOCUS ON THE CORE MEASURES IDENTIFIED BY CMS, WHICH ARE PNEUMONIA AND SEPSIS, HEART FAILURE, STROKE AND ACUTE MYOCARDIAL INFARCTION CMS BEGAN FOCUSING ON THESE DISORDERS TO IMPROVE CARE AND REDUCE COSTS, THEREFORE THESE PROFESSIONALS MANAGE CARE TO IMPROVE OUTCOMES DISEASE MANAGERS PROVIDE COMMUNITY EDUCATION AND SOME DISEASE MANAGERS PROVIDE HEALTH EDUCATION AT GOOD NEWS CLINICS (THE INDIGENT CLINIC) OTHER COMMUNITY EDUCATION PROVIDED BY DISEASE MANAGERS INCLUDES CHURCH/CIVIC/SENIOR GROUPS, HEALTH FAIRS, AND SPECIAL PROGRAMS SANE PROGRAM NGMC PROVIDES A SANE PROGRAM (SEXUAL ASSAULT NURSE EXAMINER) PROGRAM WHICH PROVIDES NURSES SPECIAL TRAINING IN RAPE CRISIS, TRIAL TIME WITH DISTRICT ATTORNEY, TRAINING WITH LAW ENFORCEMENT AND PEDIATRICIAN'S OFFICE. NGMC EMPLOYS NURSES WHO HAVE SPECIALIZED TRAINING TO COMPLETE THE SEXUAL ASSAULT NURSE EXAM AND PROVIDE SPECIALIZED CARE FOR PATIENTS WHO ARE VICTIMS OF SEXUAL ASSAULT THIS PROGRAM IS NOT A REQUIREMENT OF HOSPITALS AND IS ALSO NOT PROVIDED AT ALL HOSPITALS THROUGHOUT THE STATE. LIFELINE NGMC HAS A LIFELINE EMERGENCY RESPONSE SERVICE WHICH ALLOWS PEOPLE TO CONTINUE LIVING INDEPENDENTLY IN THEIR HOMES WITH THE SECURITY OF KNOWING THEY CAN QUICKLY ACCESS HELP IF THEY NEED IT BY PRESSING A LIGHTWEIGHT, WATERPROOF ALERT BUTTON WORN AROUND THE NECK OR WRIST, SUBSCRIBERS CAN SIGNAL LIFELINE MONITORS WHO DETERMINE WHAT KIND OF HELP IS NEEDED AND CALL FOR IT IMMEDIATELY CURRENTLY NGMC HAS APPROXIMATELY 330 SUBSCRIBERS NORTHEAST GEORGIA MEDICAL CENTER (NGMC) RECENTLY ACHIEVED STAGE 6 DESIGNATION OF THE HEALTH INFORMATION AND MANAGEMENT SYSTEMS SOCIETY (HIMSS) ANALYTICS HOSPITAL ELECTRONIC MEDICAL RECORD (EMR) ADOPTION MODEL THIS DISTINCTION HONORS NGMC'S ACCOMPLISHMENTS TO IMPLEMENT TECHNOLOGY SOLUTIONS TO IMPROVE PATIENT SAFETY AND QUALITY OF CARE. NGMC IS ONE OF 487 HOSPITALS IN THE UNITED STATES AND 12 IN GEORGIA TO EARN THIS DESIGNATION THIS WILL IMPROVE COORDINATION OF CARE ACROSS MULTIPLE PROVIDERS AND BETTER SUPPORT COORDINATION OF CARE ESPECIALLY WHEN THERE ARE LANGUAGE ISSUES

Identifier	Return Reference	Explanation
		SPECIAL NOTES NGMC USES THE PRECEPTS OUTLINED IN "A GUIDE FOR PLANNING AND REPORTING COMMUNITY BENEFIT," PROVIDED BY THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES AND VHA, INC THE GUIDE'S PURPOSE IS TO HELP NOT-FOR-PROFIT MISSION-DRIVEN HEALTHCARE ORGANIZATIONS DEVELOP, ENHANCE AND REPORT ON THEIR COMMUNITY BENEFIT PROGRAMS COMMUNITY BENEFIT DEFINITION PROGRAM OR ACTIVITY MUST ADDRESS A DEMONSTRATED COMMUNITY NEED, AND SEEK TO ADDRESS AT LEAST ONE OF THE FOLLOWING COMMUNITY BENEFIT OBJECTIVES -IMPROVE ACCESS -ENHANCE POPULATION HEALTH - ADVANCE GENERALIZABLE KNOWLEDGE -RELIEVE GOVERNMENT BURDEN TO IMPROVE HEALTH THE PROGRAM OR ACTIVITY MUST -PRIMARILY BENEFIT THE COMMUNITY RATHER THAN THE ORGANIZATION -RESULT IN MEASURABLE EXPENSE TO THE ORGANIZATION IF THE PROGRAM OR ACTIVITY IS PROVIDED PRIMARILY FOR MARKETING PURPOSES, STANDARD PRACTICE, EXPECTED OF ALL HOSPITALS (SUCH AS ACTIVITIES REQUIRED FOR ACCREDITATION, LICENSURE, OR TO PARTICIPATE IN MEDICARE) OR IS PRIMARILY FOR EMPLOYEES (NOT INCLUDING INTERNS, RESIDENTS AND FELLOWS) AND/OR AFFILIATED PHYSICIANS, IT IS NOT COMMUNITY BENEFIT FOR MORE INFORMATION, CONTACT CHRISTY MOORE, MANAGER, COMMUNITY HEALTH IMPROVEMENT, AT (770) 219-8097 OR GO TO WWW NGHS COM

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
NORTHEAST GEORGIA HEALTH SYSTEM INC

Employer identification number
58-1694090

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) RIVER PLACE MEDICAL OFFICE PLAZA I LLC 743 SPRING STREET GAINESVILLE, GA 30501 58-1694090	RENTAL	GA	2,333,322	16,650,748	NORTHEAST GEORGIA HEALTH SYSTEM INC
(2) NORTHEAST GA SPECIALTY GROUP LLC 743 SPRING STREET GAINESVILLE, GA 30501 26-0556238	HEALTHCARE CLINICS	GA	0	0	NORTHEAST GEORGIA PHYSICIANS GROUP INC
(3) NGPG QUICKCARE LLC 743 SPRING STREET GAINESVILLE, GA 30501 20-5064238	HEALTHCARE CLINICS	GA	0	0	NORTHEAST GEORGIA PHYSICIANS GROUP INC
(4) THE BRASELTON CLINIC LLC 743 SPRING STREET GAINESVILLE, GA 30501 26-0556190	HEALTHCARE CLINICS	GA	0	0	NORTHEAST GEORGIA PHYSICIANS GROUP INC
(5) NORTHEAST GEORGIA OCCUPATIONAL HEALTH LLC 743 SPRING STREET GAINESVILLE, GA 30501 58-2608332	OCCUPATIONAL MEDICINE	GA	0	0	NORTHEAST GEORGIA PHYSICIANS GROUP INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) NORTHEAST GEORGIA MEDICAL CENTER 743 SPRING STREET GAINESVILLE, GA 30501 58-1694098	HEALTHCARE	GA	501(C)(3)	LINE 3	NORTHEAST GEORGIA HEALTH SYSTEM INC	Yes	
(2) NORTHEAST GEORGIA PHYSICIANS GROUP INC 743 SPRING STREET GAINESVILLE, GA 30501 58-2078064	HEALTHCARE	GA	501(C)(3)	LINE 11B, II	NORTHEAST GEORGIA HEALTH SYSTEM INC	Yes	
(3) THE MEDICAL CENTER FOUNDATION 743 SPRING STREET GAINESVILLE, GA 30501 58-1694820	FUNDRAISING	GA	501(C)(3)	LINE 7	NORTHEAST GEORGIA HEALTH SYSTEM INC	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) NORTHEAST GA HEALTH PARTNERS LLC 743 SPRING STREET GAINESVILLE, GA 30501 58-2131807	PPO DEVELOPMENT	GA	NORTHEAST GEORGIA HEALTH SYSTEM INC	C	490,539	2,353	100 000 %	Yes	
(2) STRATEGIC PHYSICIAN SERVICES INC 743 SPRING STREET GAINESVILLE, GA 30501 26-0342081	PHYSICIAN SUPPORT SERVICES	GA	NORTHEAST GEORGIA HEALTH SYSTEM INC	C			100 000 %	Yes	

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

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

		Yes	No
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 or **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e	Yes	
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		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	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Software ID:
Software Version:
EIN: 58-1694090
Name: NORTHEAST GEORGIA HEALTH SYSTEM INC

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation

--> **Form 990, Schedule R, Part V - Transactions With Related Organizations**

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
NORTHEAST GEORGIA HEALTH PARTNERS LLC	B	87,150	
STRATEGIC PHYSICIAN SERVICES INC	B	-5,000	
NORTHEAST GEORGIA MEDICAL CENTER INC	B	2,227,743	
THE MEDICAL CENTER FOUNDATION INC	C	2,227,743	
NORTHEAST GEORGIA MEDICAL CENTER INC	C	48,206,929	
NORTHEAST GEORGIA PHYSICIAN GROUP INC	B	33,004,544	
NORTHEAST GEORGIA MEDICAL CENTER INC	C	1,282,845	
THE MEDICAL CENTER FOUNDATION INC	B	1,282,845	
NORTHEAST GEORGIA MEDICAL CENTER INC	E	508,753	
THE MEDICAL CENTER FOUNDATION INC	D	508,753	
NORTHEAST GEORGIA MEDICAL CENTER INC	C	7,646,877	
NORTHEAST GEORGIA MEDICAL CENTER INC	C	1,964,924	
NORTHEAST GEORGIA PHYSICIAN GROUP INC	B	1,964,924	
NORTHEAST GEORGIA MEDICAL CENTER INC	L	21,825,946	
NORTHEAST GEORGIA MEDICAL CENTER INC	P	44,436	
NORTHEAST GEORGIA HEALTH PARTNERS LLC	Q	44,436	