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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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 10-01-2014 , and ending 09-30-2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
NORTHEAST GEORGIA MEDICAL CENTER INC

Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code
GAINESVILLE, GA 305013899

D Employer identification number
58-1694098

E Telephone number
(770) 219-6646

G Gross receipts $ 900,592,908

F Name and address of principal officer
CAROL BURRELL
743 SPRING STREET
GAINESVILLE,GA 305013899

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW NGHS COM

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

L Year of formation 1986

M State of legal domicile GA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE ACCESSIBLE QUALITY HEALTH CARE SERVICES AND IMPROVE THE HEALTH OF OUR COMMUNITY

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	11
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	621
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	5,156,860
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	213,536

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	4,638,517	1,205,298
9	Program service revenue (Part VIII, line 2g)	751,051,109	858,640,130
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	66,747,622	38,121,303
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,025,661	809,095
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	823,462,909	898,775,826

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,118,989	2,387,072
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)	283,134,703	343,582,152
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)	393,215,116	455,422,270
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	678,468,808	801,391,494
19	Revenue less expenses Subtract line 18 from line 12	144,994,101	97,384,332

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,268,569,827	1,405,003,756
21	Total liabilities (Part X, line 26)	802,868,208	971,479,442
22	Net assets or fund balances Subtract line 21 from line 20	465,701,619	433,524,314

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

****** | 2016-08-12
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
DEBORAH O ERNSBERGER	DEBORAH O ERNSBERGER			P00364912

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

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE MISSION OF NORTHEAST GEORGIA MEDICAL CENTER (NGMC) IS TO PROVIDE COMPREHENSIVE, ACCESSIBLE QUALITY HEALTH CARE SERVICES AND IMPROVE THE HEALTH OF OUR COMMUNITY

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the 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 $ 704,627,528 including grants of $ 2,387,072) (Revenue $ 858,827,751)

NORTHEAST GEORGIA MEDICAL CENTER (NGMC) PROVIDES A COMPREHENSIVE RANGE OF ACUTE CARE AND SPECIALTY SERVICES THROUGH TWO CAMPUSES A 100-BED HOSPITAL IN BRASELTON AND A 557-BED REGIONAL REFERRAL HOSPITAL IN GAINESVILLE NGMC SERVES THE AREA'S LOW-INCOME, UNINSURED, UNDERINSURED AND OTHER VULNERABLE POPULATIONS NGMC GAINESVILLE SERVES AS THE REGIONAL SAFETY NET HOSPITAL, WITH APPROXIMATELY HALF OF ITS PATIENTS COMING FROM OUTSIDE OF HALL COUNTY AS A NOT-FOR-PROFIT HOSPITAL, NGMC REINVESTS ALL FUNDS IN EXCESS OF OPERATING EXPENSES INTO HEALTHCARE SERVICES FOR THE COMMUNITY THE MEDICAL CENTER RECEIVES NO TAX REVENUE FROM HALL OR OTHER COUNTIES SERVED, AND SERVICES ARE FUNDED BY REVENUE GENERATED FROM OPERATIONS **SEE SCHEDULE O FOR PROGRAM SERVICE ACCOMPLISHMENTS CONTINUATION**

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses ▶** 704,627,528

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	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, 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	Yes	
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		No
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	Yes	
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 other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *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	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
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 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *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**	Yes	
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**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	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**		No
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**		
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 or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	512		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b			
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" to line 3b, 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **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 or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	15		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			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**		Yes	
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**		Yes	
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**		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
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, address, and telephone number of the person who possesses the organization's books and records ▶ LINDA D NICHOLSON CONTROLLER

743 SPRING STREET
GAINESVILLE, GA 30501 (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 or note to any line in this Part VII . . . . . ☐

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

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

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

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)** . . . . . ▶	0	7,861,171	1,858,042

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 ▶208

			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
ANESTHESIA ASSOC OF GAINESVILLE PO BOX 1076 GAINESVILLE, GA 30503	ANESTHESIA SERVICES	3,850,518
GE MEDICAL SYSTEMS PO BOX 402076 ATLANTA, GA 30384	EQUIP MAINTENANCE	3,206,630
MCKESSON TECHNOLOGIES PO BOX 98347 CHICAGO, IL 60693	SOFTWARE/EQUIP MAINTENANCE & SUPPORT	2,651,415
PHILIPS MEDICAL SYSTEMS NA PO BOX 100355 ATLANTA, GA 30384	EQUIP MAINTENANCE & SUPPORT	2,038,123
WILLIS INVESTMENT COUNCIL 710 GREEN STREET GAINESVILLE, GA 30501	INVESTMENT SERVICES	1,507,912

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 ▶363

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d	1,205,298			
	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 . . . . . ▶		1,205,298			
Program Service Revenue			Business Code				
	2a	NET PATIENT SVC REVENUE	621400	841,950,599	836,841,374	5,109,225	
	b	PHARMACY	446110	12,816,938			12,816,938
	c	CAFETERIA REVENUE	722210	3,824,958			3,824,958
	d	MANAGEMENT REVENUE	900099	47,635		47,635	
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		858,640,130			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		24,294,668			24,294,668
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					

		(i) Real	(ii) Personal				
	6a	Gross rents	799,522					
	b	Less rental expenses	178,048					
	c	Rental income or (loss)	621,474					
	d	Net rental income or (loss) . . . . . ▶		621,474			621,474

		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	14,759,022	706,647				
	b	Less cost or other basis and sales expenses	0	1,639,034				
	c	Gain or (loss)	14,759,022	-932,387				
	d	Net gain or (loss) . . . . . ▶			13,826,635			13,826,635
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	PARTNERSHIP INCOME	621990	187,621	187,621			
	b							
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a–11d . . . . . ▶		187,621				
	12	**Total revenue.** See Instructions . . . . . ▶		898,775,826	837,028,995	5,156,860	55,384,673	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,347,063	2,347,063		
2 Grants and other assistance to domestic individuals See Part IV, line 22	40,009	40,009		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	760,410	659,846	100,564	
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	275,445,843	239,018,133	36,427,710	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,066,077	7,867,088	1,198,989	
9 Other employee benefits	38,233,138	33,176,805	5,056,333	
10 Payroll taxes	20,076,684	17,421,543	2,655,141	
11 Fees for services (non-employees)				
a Management	34,638,541	30,057,594	4,580,947	
b Legal	1,574,651	1,366,403	208,248	
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	1,759,105	1,526,463	232,642	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	44,707,951	38,795,324	5,912,627	
12 Advertising and promotion	866,269	751,705	114,564	
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	8,806,127	7,641,517	1,164,610	
17 Travel	561,424	487,176	74,248	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	34,332,264	29,791,822	4,540,442	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	54,959,527	47,691,130	7,268,397	
23 Insurance	6,034,216	5,236,191	798,025	
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 SUPPLIES	153,765,849	133,430,315	20,335,534	
b BAD DEBT EXPENSE	67,329,811	67,329,811		
c RENTAL & MAINTENANCE	27,730,230	24,062,907	3,667,323	
d LICENSES & TAXES	7,960,973	6,908,134	1,052,839	
e All other expenses	10,395,332	9,020,549	1,374,783	
25 **Total functional expenses.** Add lines 1 through 24e	801,391,494	704,627,528	96,763,966	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		19,318,765	1	25,607,236
	2	Savings and temporary cash investments		80,102	2	65,751
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		100,155,581	4	104,638,925
	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		524,468	7	519,563
	8	Inventories for sale or use		5,747,777	8	6,689,169
	9	Prepaid expenses and deferred charges		2,915,795	9	5,075,894
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,095,548,267			
	b	Less accumulated depreciation	10b 528,499,084	502,877,205	10c	567,049,183
	11	Investments—publicly traded securities		634,152,917	11	694,034,066
	12	Investments—other securities See Part IV, line 11		61,462	12	61,462
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		2,735,755	15	1,262,507
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,268,569,827	16	1,405,003,756
Liabilities	17	Accounts payable and accrued expenses		79,572,997	17	70,520,791
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		692,081,931	20	869,555,363
	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		839,099	23	2,215,583
	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		30,374,181	25	29,187,705
	26	**Total liabilities.** Add lines 17 through 25		802,868,208	26	971,479,442
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		465,701,619	27	433,524,314
	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		465,701,619	33	433,524,314
	34	Total liabilities and net assets/fund balances		1,268,569,827	34	1,405,003,756

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	898,775,826
2	Total expenses (must equal Part IX, column (A), line 25)	2	801,391,494
3	Revenue less expenses Subtract line 2 from line 1	3	97,384,332
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	465,701,619
5	Net unrealized gains (losses) on investments	5	-46,375,045
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	-83,186,592
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	433,524,314

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ 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: 58-1694098
Name: NORTHEAST GEORGIA MEDICAL CENTER 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			
(1) JACKIE WALLACE VICE CHAIRPERSON	1 00	X						0	0	0
(1) ALEX WAYNE MEMBER	1 00	X						0	0	0
(2) JAY HORTENSTINE MD MEMBER, NGPG PHYSICIAN	1 00 40 00	X						0	421,506	33,880
(3) LUA BLANKENSHIP MEMBER	1 00	X						0	0	0
(4) RODNEY SMITH MD MEMBER	1 00	X						0	0	0
(5) KAYE ANN HERTH MEMBER	1 00	X						0	0	0
(6) JOHN NIX CHAIRPERSON	1 00 1 00	X						0	0	0
(7) JANE SMOOT MEMBER	1 00	X						0	0	0
(8) LARRY E DENT MEMBER	1 00	X						0	0	0
(9) JACK KEENER MEMBER	1 00	X						0	0	0
(10) DEBORAH MACK MEMBER	1 00	X						0	0	0
(11) STEVE BLAIR MEMBER	1 00	X						0	0	0
(12) PRESTON BOWEN MEMBER	1 00 1 00	X						0	0	0
(13) JEFF TERRY MD MEMBER	1 00 5 00	X						0	24,000	0
(14) TIM SCULLY MD MEMBER, THC PHYSICIAN	1 00 20 00	X						0	370,536	19,102
(15) JOHN A WILLIAMSON PRESIDENT - NGMC BRASELTON	40 00 1 00			X				0	375,195	77,113
(16) CAROL H BURRELL PRESIDENT & CEO	1 00 40 00			X				0	1,044,068	908,324
(17) ANTHONY M HERDENER VP & CFO - NGHS	1 00 40 00			X				0	565,925	112,371
(18) KAREN S WATTS VP & CNO - NGMC	40 00 1 00			X				0	338,831	49,678
(19) SONJA F MCLENDON VP CHIEF OF OPERATIONAL EXCELLENCE - NGHS	1 00 40 00			X				0	289,053	61,052
(20) TRACY M VARDEMAN VP STRATEGIC PLANNING/MARKETING	1 00 40 00			X				0	314,028	72,362
(21) MARY M STRAND VP REVENUE CYCLE - NGHS	1 00 40 00			X				0	300,174	49,566
(22) SAMUEL O JOHNSON MD VP MEDICAL AFFAIRS & CMO - NGHS	1 00 40 00			X				0	522,244	76,052
(23) ALLANA L CUMMINGS VP & CIO - NGHS	1 00 40 00			X				0	524,013	17,339
(24) LINDA NICHOLSON VP OF FINANCE/CONTROLLER - NGHS	1 00 40 00			X				0	279,540	79,270

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			
(26) SHERRY DORSEY VP SENIOR PHYS SERVICES - NGHS	1 00 40 00			X				0	372,900	50,716
(1) HOWARD WALPOLE VP CLINICAL TRANSFORMATION - NGMC	40 00 1 00			X				0	46,383	1,441
(2) DEBORAH WEBER VP CHRO - NGHS	1 00 40 00			X				0	118,957	7,874
(3) LOUIS SMITH JR PRESIDENT - NGMC	40 00 1 00			X				0	0	0
(4) DEBRA DUKE DIRECTOR - DIAGNOSTIC IMAG	40 00				X			0	172,295	49,031
(5) RANDALL P MILLER MANAGER - RADIATION PHYSICS	40 00					X		0	254,132	40,743
(6) DAVID E PATTERSON RADIATION III PHYSICIST	40 00					X		0	227,231	16,435
(7) HAROLD V LAW JR OFFICER - CHIEF UTILIZATION	40 00					X		0	229,106	22,674
(8) RICHARD D MATTHEUS CIO - NGPG	40 00					X		0	228,981	32,062
(9) ALAN WILLS EXEC DIR - HEALTHECONNECTIONS	40 00					X		0	208,072	28,990
(10) BRADLEY K NURKIN VP - GAINESVILLE PRESIDENT	0 00						X	0	321,726	12,443
(11) JAMES WALKER FORMER VP HR - NGHS	0 00						X	0	190,344	12,836
(12) STEPHEN A CARLSON FORMER PHARMACY DIRECTOR - NGMC	0 00						X	0	121,931	26,688

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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.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
NORTHEAST GEORGIA MEDICAL CENTER INC

Employer identification number
58-1694098

Part I Reason for Public Charity Status (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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	**14**
15	Public support percentage for 2013 Schedule A, Part II, line 14	**15**

16a **33 1/3% support test—2014.** 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—2013.** 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—2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** 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—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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

Facts And Circumstances Test

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493228005126

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.

▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

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

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

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

2 Political 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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		31,657
j	Total Add lines 1c through 1i			31,657
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

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

Return Reference	Explanation
PART II-B, LINE 1	NORTHEAST GEORGIA MEDICAL CENTER, INC PAYS MEMBERSHIP DUES TO AMERICAN ACADEMY OF SLEEP MEDICINE, AMERICAN COLLEGE OF HEALTHCARE, AMERICAN ACADEMY OF SLEEP, AMERICAN HEALTH INFORMATION MANAGEMENT ASSOCIATION, AMERICAN ORGANIZATION OF NURSING EXECUTIVES, AMERICAN SOCIETY OF ELECTRONEURODIAGNOSTIC TECHNOLOGISTS, AMERICAN MEDICAL ASSOCIATION, AMERICAN SOCIETY FOR HEALTHCARE HUMAN RESOURCES ADMINISTRATION, AMERICAN SOCIETY OF RADIOLOGIC TECHNOLOGISTS, COLLEGE OF HEALTHCARE INFORMATION MANAGEMENT EXECUTIVES, CLINICAL LABORATORY MANAGEMENT ASSOCIATION, GEORGIA HEALTH CARE ASSOCIATION, GREATER HALL CHAMBER OF COMMERCE, GEORGIA SOCIETY FOR HEALTH RISK MANAGEMENT, HEALTHCARE INFORMATION AND MANAGEMENT SYSTEMS SOCIETY, MEDICAL ASSOCIATION OF GEORGIA, SOCIETY OF DIAGNOSTIC MEDICAL SONOGRAPHY, SOCIETY FOR HUMAN RESOURCES MANAGEMENT, SOCIETY OF THORACIC SURGEONS, REGION 2 EMS DIRECTORS ASSOCIATION, SAFETY NET HOSPITAL, SOCIETY FOR HUMAN RESOURCE MANAGEMENT, ASSOCIATION FOR PROFESSIONALS IN INFECTION CONTROL AND EPIDEMIOLOGY, COLLEGE OF AMERICAN PATHOLOGISTS, GEORGIA HOSPITAL ASSOCIATION, FOOTHILLS OF GEORGIA SHRM CHAPTER, AND AMERICAN MEDICAL REHABILITATION PROVIDERS ASSOCIATION A PORTION OF THESE DUES IS DESIGNATED FOR LOBBYING ACTIVITIES BY THESE ORGANIZATIONS

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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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.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
NORTHEAST GEORGIA MEDICAL CENTER INC

Employer identification number
58-1694098

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ 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) Revenue 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 Revenue 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, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	16,101,021	16,849,889	15,041,133	11,866,689	10,371,919
b	Contributions	3,145,604	3,570,704	4,067,156	2,888,063	2,757,537
c	Net investment earnings, gains, and losses	-73,802	138,946	139,010	279,190	50,661
d	Grants or scholarships					
e	Other expenditures for facilities and programs	1,137,475	4,410,931	2,329,610	41,382	1,305,082
f	Administrative expenses	-82,699	47,587	67,800	-48,573	8,346
g	End of year balance	18,118,047	16,101,021	16,849,889	15,041,133	11,866,689

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 ▶ 19 640 %
- c Temporarily restricted endowment ▶ 80 360 %

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		8,855,006		8,855,006
b Buildings		528,604,950	146,984,602	381,620,348
c Leasehold improvements		10,679,296	8,308,777	2,370,519
d Equipment		520,455,211	360,986,545	159,468,666
e Other		26,953,804	12,219,160	14,734,644
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				567,049,183

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
ESTIMATED THIRD PARTY PAYER SETTLEMENTS	13,143,704
CAPITALIZED LEASES	2,029,686
DEFERRED COMPENSATION	13,169,698
ESTIMATED FAIR VALUE OF INTEREST RATE SWAPS	844,617
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	29,187,705

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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 Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	830,158,477
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	-66,787,742		
e	Add lines **2a** through **2d**			2e	-66,787,742
3	Subtract line **2e** from line **1**			3	896,946,219
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	1,759,105		
b	Other (Describe in Part XIII)	4b	70,502		
c	Add lines **4a** and **4b**			4c	1,829,607
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	898,775,826

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	728,573,522
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	178,048		
e	Add lines **2a** through **2d**			2e	178,048
3	Subtract line **2e** from line **1**			3	728,395,474
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	1,759,105		
b	Other (Describe in Part XIII)	4b	71,236,915		
c	Add lines **4a** and **4b**			4c	72,996,020
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	801,391,494

Part XIII Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2	NORTHEAST GEORGIA MEDICAL CENTER, INC IS CLASSIFIED AS AN ORGANIZATION EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AS SUCH, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS AT SEPTEMBER 30, 2015, MANAGEMENT DOES NOT BELIEVE NGMC HOLDS ANY UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES IT IS NGMC'S POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS AS AN OPERATING EXPENSE WHERE APPLICABLE
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN FAIR VALUE OF DERIVATIVE 2,658,371 NON-OPERATING EXPENSES -4,359,442 ESTIMATED PROVISION FOR BAD DEBTS -67,329,811 ADMINISTRATIVE OVERHEAD 2,243,140
PART XI, LINE 4B - OTHER ADJUSTMENTS	PARTNERSHIP INCOME NOT ON BOOKS 187,624 RENTAL EXPENSES -178,048 NET ASSETS RELEASED FROM RESTRICTIONS 60,926
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES 178,048
PART XII, LINE 4B - OTHER ADJUSTMENTS	NON-OPERATING EXPENSES 4,359,442 ESTIMATED PROVISION FOR BAD DEBTS 67,329,811 PARTNERSHIP EXPENSES NOT ON BOOKS 848 ADMINISTRATIVE OVERHEAD -2,243,140 CONTRIBUTIONS IN NET ASSETS 1,789,954

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
NORTHEAST GEORGIA MEDICAL CENTER INC

Employer identification number
58-1694098

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care ☐ 100% ☑ 150% ☐ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☑ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			34,974,678		34,974,678	4 360 %
b Medicaid (from Worksheet 3, column a)			94,612,701	78,883,193	15,729,508	1 960 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			2,756,982	1,628,934	1,128,048	0 140 %
d **Total** Financial Assistance and Means-Tested Government Programs			132,344,361	80,512,127	51,832,234	6 460 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	25	82,533	2,284,242	25,050	2,259,192	0 280 %
f Health professions education (from Worksheet 5)	7	3,992	2,257,882	0	2,257,882	0 280 %
g Subsidized health services (from Worksheet 6)	0	0	158,777,582	131,517,687	27,259,895	3 400 %
h Research (from Worksheet 7)	1	100	517,218	103,465	413,753	0 050 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	26	500	717,656	4,620	713,036	0 090 %
j **Total.** Other Benefits	59	87,125	164,554,580	131,650,822	32,903,758	4 100 %
k **Total.** Add lines 7d and 7j	59	87,125	296,898,941	212,162,949	84,735,992	10 560 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support	11	30,000	197,638	2,050	195,588	0 020 %
4	Environmental improvements						
5	Leadership development and training for community members	2		2,400		2,400	0 %
6	Coalition building						
7	Community health improvement advocacy	1		500	100	400	0 %
8	Workforce development	6	172	507,442	250	507,192	0 060 %
9	Other						
10	**Total**	20	30,172	707,980	2,400	705,580	0 080 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	67,329,811		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	190,869,404		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	219,668,799		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-28,799,395		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?		9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI		9b	Yes	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? 1

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

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

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

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 2013			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) WWW NGHS COM			
b	☑ Other website (list url) WWW NGHS COM/COMMUNITY-BENEFIT-LIBRARY			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 2013			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) HTTP //CREATIVEINCONLINE COM/TOPTEN/			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Yes	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

NORTHEAST GEORGIA MEDICAL CENTER INC

Name of hospital facility or letter of facility reporting group

			Yes	No
Financial Assistance Policy (FAP)				
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 150 000000000000% and FPG family income limit for eligibility for discounted care of 300 000000000000%			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☑ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) WWW NGHS COM			
b	☑ The FAP application form was widely available on a website (list url) WWW NGHS COM			
c	☑ A plain language summary of the FAP was widely available on a website (list url) WWW NGHS COM			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			
Billing and Collections				
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

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

			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a	☑ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☑ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	23		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Additional Data Table	

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **23**

	Name and address	Type of Facility (describe)
1	See Additional Data Table	
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

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

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

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
PART I, LINE 3C	THE ORGANIZATION HAS USED THE FOLLOWING FACTORS - PROPENSITY TO PAY SCORING PROVIDED BY EXPENAN'S PAY NAV - PARTICIPATION IN LOW INCOME GOVERNMENT ASSISTANCE PROGRAMS SUCH AS STATE FUNDED PRESCRIPTION PROGRAMS, WOMEN, INFANTS AND CHILDREN PROGRAM (WIC)- SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM- FREE SCHOOL LUNCH PROGRAM OR OTHER STATE OR LOCAL ASSISTANCE PROGRAMS

Form and Line Reference	Explanation
PART I, LINE 6A	THE COMMUNITY BENEFIT REPORT IS PUBLISHED BY NORTHEAST GEORGIA HEALTH SYSTEM AND INCLUDES PROGRAMS FOR NORTHEAST GEORGIA MEDICAL CENTER AND ITS AFFILIATES THE REPORT IS AVAILABLE ON THE ORGANIZATION'S WEBSITE (WWW NGHS COM) AS WELL AS IN ITS ANNUAL COMMUNICARE MAGAZINE

Form and Line Reference	Explanation
PART I, LINE 7	CHARITY CARE COST WAS CALCULATED APPLYING SEPARATE COST-TO-CHARGE RATIOS (CCR) TO THE SKILLED NURSING FACILITY (SNF) AND TO THE REMAINING PATIENT CHARGES FROM ALL OTHER HOSPITAL ACTIVITIES THE CCR FOR THE SNF WAS COMPUTED USING THE TOTAL SNF OPERATING EXPENSES DIVIDED BY THE TOTAL SNF GROSS CHARGES THE CCR FOR THE REMAINING PATIENT CHARGES WAS COMPUTED PURSUANT TO WORKSHEET 2 IN THE SCHEDULE H INSTRUCTIONS THE CCR FOR THE UNREIMBURSED MEDICAID SERVICES WAS COMPUTED USING A CCR COMPUTED PURSUANT TO WORKSHEET 2 IN THE SCHEDULE H INSTRUCTIONS THE OTHER MEANS TESTED GOVERNMENT PROGRAM COST WAS DERIVED FROM INTERNAL TRENDSTAR SYSTEM DATA WHICH COMPUTED COST AT THE PATIENT DETAIL LEVEL

Form and Line Reference	Explanation
PART I, LINE 7G	SUBSIDIZED HEALTH SERVICES WERE FOR INPATIENT REHABILITATION, INPATIENT MEDICINE, AND LAURELWOOD (MENTAL HEALTH) NO COSTS WERE ATTRIBUTABLE TO PHYSICIAN CLINICS

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 24, COLUMN A, BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS $67,329,811

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	IT IS WELL DOCUMENTED THAT MANY FACTORS COMBINE TO AFFECT THE HEALTH OF INDIVIDUALS AND COMMUNITIES WHETHER PEOPLE ARE HEALTHY OR NOT IS DETERMINED BY THEIR CIRCUMSTANCES AND THEIR ENVIRONMENT, ACCORDING TO THE WORLD HEALTH ORGANIZATION TO A LARGE EXTENT, FACTORS SUCH AS WHERE WE LIVE, THE STATE OF OUR ENVIRONMENT, GENETICS, OUR INCOME AND EDUCATION LEVEL, AND OUR RELATIONSHIPS WITH FRIENDS AND FAMILY ALL HAVE CONSIDERABLE IMPACTS ON HEALTH THE DETERMINANTS OF HEALTH INCLUDE THE SOCIAL AND ECONOMIC ENVIRONMENT, THE PHYSICAL ENVIRONMENT, AND A PERSON'S INDIVIDUAL CHARACTERISTICS AND BEHAVIORS ADDITIONAL FACTORS THAT RELATE INCLUDE EDUCATION, CULTURE, INCOME AND SOCIAL STATUS, EMPLOYMENT AND WORKING CONDITIONS, SOCIAL SUPPORT NETWORKS, GENETICS, HEALTH SERVICES, AND GENDER IF COMMUNITY MEMBERS HAVE ADEQUATE EDUCATION, EMPLOYMENT, INCOME, A SAFE ENVIRONMENT AND SUPPORTIVE SOCIAL NETWORKS, THEY WILL HAVE THE CAPACITY TO MAKE HEALTHIER BEHAVIOR CHOICES AND BE MORE LIKELY TO HAVE ACCESS TO HEALTH SERVICES THEREFORE, NGMC AS AN ORGANIZATION MUST CONSIDER THE SOCIAL DETERMINANTS OF HEALTH STATUS AS PART OF PREVENTATIVE CARE SOME COMMUNITY BUILDING ACTIVITIES INCLUDED IN PART II INCLUDE SPONSORSHIP OF GENERATION NEXT - DAWSONVILLE NGMC SUPPORTS GENERATION NEXT, A NON-PROFIT ORGANIZATION WHOSE MISSION IS TO BE THE CATALYST FOR A COMMUNITY APPROACH THAT SUPPORTS THE ADVANCEMENT OF VULNERABLE YOUTH VIA IN-SCHOOL MENTORING, A PREVENTION CLUBHOUSE AND A POST-SECONDARY SUPPORT INITIATIVE SPONSORSHIP OF CHILDREN'S CENTER FOR HOPE AND HEALING NGMC SUPPORTS THE CHILDREN'S CENTER FOR HOPE AND HEALING WITH A DONATION TO HELP CHILDREN AND THEIR FAMILIES WHO HAVE BEEN VICTIMS OF SEXUAL ABUSE SPONSORSHIP OF WOMENSOURCE NGMC SUPPORTS WOMENSOURCE, A NON-PROFIT ORGANIZATION DESIGNED TO HELP WOMEN SUCCEED BOTH PROFESSIONALLY AND PERSONALLY WOMENSOURCE PROVIDES, AMONG OTHER PROGRAMS, A FINANCIAL LEARNING SEMINAR FOR WOMEN WHO MAY BE STRUGGLING IN THIS AREA NGMC ALSO PROVIDED SPEAKERS FOR A HEALTH SERIES

Form and Line Reference	Explanation
PART III, LINE 4	BAD DEBT EXPENSE REPORTED ON LINE 2 REPRESENTS GROSS CHARGES WRITTEN OFF DURING THE FISCAL YEAR NET OF ANY RECOVERIES THE ORGANIZATION'S FINANCIAL STATEMENTS DO NOT CONTAIN A FOOTNOTE REGARDING BAD DEBTS

Form and Line Reference	Explanation
PART III, LINE 8	THE MEDICARE COSTS SHOWN ON LINE 6 WERE COMPUTED USING THE COST TO CHARGE RATIO REFLECTED IN THE ORGANIZATION'S MEDICARE COST REPORT

Form and Line Reference	Explanation
PART III, LINE 9B	PATIENTS WHO ARE DETERMINED TO INDIGENT, DETERMINED BY CRITERIA-BASED METHODS, SUCH AS PROPENSITY TO PAY SCORING, PARTICIPATION IN LOW INCOME GOVERNMENT ASSISTANCE PROGRAMS, ETC MAY BE PRESUMPTIVELY ELIGIBLE FOR ASSISTANCE, PROVIDING THEY COOPERATE WITH OTHER FINANCIAL ASSISTANCE RESOURCES, AS APPLICABLE

Form and Line Reference	Explanation
PART VI, LINE 2	ON A CONTINUOUS BASIS, NGMC SEEKS A VARIETY OF DATA SOURCES AND RELIABLE INDICATORS TO HELP IDENTIFY AND WORK TO IMPROVE HEALTH INEQUITIES IN THE COMMUNITIES IT SERVES A LISTING OF THE RESOURCES IS LISTED BELOW NGMC HAS PARTNERED WITH THE HALL COUNTY FAMILY CONNECTION TO PRODUCE THE HALL LIFE REPORT THE PURPOSE OF THIS "PUBLIC STATUS REPORT ON CHILDREN AND FAMILIES IN HALL COUNTY" IS TO PROVIDE POLICY STAKEHOLDERS, PUBLIC AGENCY PROGRAM PERSONNEL, PRIVATE PROVIDERS AND COMMUNITY MEMBERS WITH UPDATED INDICATOR DATA TO INFORM CURRENT POLICY DISCUSSIONS AND DECISION-MAKING THE HALL LIFE REPORT IDENTIFIES THE STATUS OF LEADING INDICATORS FOR EXCELLENCE THE FIVE TOPIC AREAS USED IN THIS REPORT ARE CURRENTLY THE SAME AS THOSE USED BY THE FAMILY CONNECTION PARTNERSHIP AT THE STATE LEVEL AS THEY PRODUCE AND DISSEMINATE THE ANNUAL KIDS COUNT DATA FOR THE STATE OF GEORGIA THEY ARE HEALTHY CHILDREN, CHILDREN READY FOR SCHOOL, CHILDREN SUCCEEDING IN SCHOOL, STABLE AND SELF-SUFFICIENT FAMILIES, AND STRONG COMMUNITIES THIS REPORT CAN BE FOUND AT WWW HCFCN ORG AS PART OF THE HALL COUNTY FAMILY CONNECTION, WE REVIEW INFORMATION FROM KIDS COUNT, WHICH PROVIDES KEY INDICATORS OF CHILD WELL-BEING ADDITIONALLY, NGMC HAS PARTNERED WITH OTHER HEALTHCARE PROVIDERS IN THE COMMUNITY TO FORM THE HEALTHCARE INITIATIVE CONSORTIUM THIS GROUP IS WORKING WITH A LOCAL UNIVERSITY TO DEVELOP AN ONGOING DATABASE OF FIVE DATA ELEMENTS THAT WILL GIVE THE COMMUNITY UP-TO-DATE INFORMATION ON THE HEALTH ISSUES AFFECTING ITS RESIDENTS THE FIVE DATA ELEMENTS COLLECTED ARE BMI (HEIGHT/WEIGHT), A1C, BLOOD PRESSURE, CHOLESTEROL, LDL, AND MICRO ALBUMEN THIS GIVES US INFORMATION RELATED TO THE FOLLOWING HEALTH ISSUES OBESITY, DIABETES, CARDIOVASCULAR DISEASE AND HYPERTENSION THE FIRST SET OF DATA WAS COLLECTED THIS YEAR, AND THE GROUP IS NOW WORKING ON PEDIATRIC HEALTH DATA THE HALL COUNTY HEALTH DEPARTMENT ALSO SHARES ITS HEALTH RISK SNAPSHOTS FOR COUNTIES IN THE SERVICE AREA, WHICH FOCUS ON POPULATION TRENDS, YOUTH RISK, INFANT RISK, GENERAL RISK, STUDENT SUBSTANCE ABUSE, TOP CAUSES OF DEATH AND WIC NUTRITION PROGRAM INFORMATION NGMC ALSO MONITORS THE COUNTY HEALTH RANKINGS PUBLISHED BY THE ROBERT WOOD JOHNSON FOUNDATION (HTTP //WWW COUNTYHEALTHRANKINGS ORG/ABOUT-PROJECT)

Form and Line Reference	Explanation
PART VI, LINE 3	NGMC INFORMS AND EDUCATES PATIENTS ABOUT THEIR ELIGIBILITY FOR FINANCIAL ASSISTANCE IN THE FOLLOWING WAYS - FINANCIAL ASSISTANCE INFORMATION LISTED ON THE PATIENTS' BILL- PLAIN LANGUAGE SUMMARY PROVIDED AT TIME OF REGISTRATION- POLICIES POSTED THROUGHOUT HOSPITAL AND ON WEBSITE

Form and Line Reference	Explanation
PART VI, LINE 4	POPULATION THE HEALTH SYSTEM'S TOTAL SERVICE AREA (TSA) POPULATION GREW 1 8% PER YEAR ON AVERAGE COMPARED TO THE STATE OF GEORGIA AT 1 0% AND THE U S AT 0 8% POPULATION FOR THE TSA IN 2015 IS ESTIMATED TO BE 765,549 REPRESENTING A TOTAL GROWTH RATE OF 9 3% SINCE 2010, COMPARED TO THE STATE OF GEORGIA'S GROWTH (5 2%) AND THE U S (3 9%) OVER THE SAME TIME PERIOD THE TSA'S POPULATION GROWTH RATE IS PROJECTED TO OUTPACE GEORGIA AND THE U S THROUGH AT LEAST 2020, THUS CONTINUING TO DRIVE ABOVE AVERAGE DEMAND FOR HEALTH CARE SERVICES SOURCE U S CENSUS BUREAU HOUSEHOLD INCOME AND HOME VALUES MEDIAN HOUSEHOLD INCOME IN HALL COUNTY IS CURRENTLY $51,036 COMPARED TO THE STATE OF GEORGIA AT $49,342 THE MEDIAN HOME VALUE IN HALL COUNTY IS CURRENTLY $162,200 COMPARED TO THE STATE OF GEORGIA AT $148,000 HALL COUNTY HAS BEEN CONSISTENTLY HIGHER THAN THE STATE OF GEORGIA ON THESE METRICS SOURCE U S CENSUS BUREAU EMPLOYMENT THE UNEMPLOYMENT RATE IN HALL COUNTY (PRIMARY SERVICE AREA) WAS 4 7% IN 2015 COMPARED WITH THE STATE OF GEORGIA AT 5 9% AND THE U S AT 5 3% FOR AT LEAST THE LAST 10 YEARS, HALL COUNTY HAS CONSISTENTLY EXPERIENCED AN ANNUAL UNEMPLOYMENT RATE BELOW THOSE OF GEORGIA AND THE U S SOURCE U S BUREAU OF LABOR STATISTICS

Form and Line Reference	Explanation
PART VI, LINE 5	NORTHEAST GEORGIA MEDICAL CENTER'S BOARD OF DIRECTORS IS COMPRISED OF 15 MEMBERS AND INCLUDES REPRESENTATIVES FROM THE MEDICAL STAFF AND THE COMMUNITIES SERVED BY NORTHEAST GEORGIA MEDICAL CENTER BOARD MEMBERS PROVIDE LEADERSHIP THAT SUPPORTS THE ORGANIZATION'S MISSION TO IMPROVE THE HEALTH OF THE COMMUNITY PHYSICIANS AT NGMC UNDERGO AN EXTENSIVE CREDENTIALING PROCESS PRIOR TO BEING GRANTED MEDICAL STAFF PRIVILEGES THE MEDICAL CENTER CONDUCTS PHYSICIAN MANPOWER STUDIES TO DETERMINE THE NUMBER OF PHYSICIANS NEEDED BY SPECIALTY TO MEET COMMUNITY NEED INFORMATION FROM THESE STUDIES IS USED TO HELP GUIDE DECISIONS FOR PHYSICIAN RECRUITMENT ALL REVENUES IN EXCESS OF EXPENSES ARE REINVESTED INTO HEALTHCARE SERVICES FOR THE COMMUNITY AND NO PROFITS ACCRUE TO INDIVIDUAL INVESTORS THE MEDICAL CENTER'S CHARITY CARE POLICY HELPS ENSURE ACCESS TO HOSPITAL SERVICES TO LOW INCOME PATIENTS, I E PATIENTS WITH A FAMILY INCOME OF UP TO AND INCLUDING/EQUAL TO 150% OF THE FEDERAL POVERTY GUIDELINES QUALIFY FOR A 100% CHARITY ADJUSTMENT, WHICH MEANS THAT THEIR QUALIFYING SERVICES ARE FREE ADDITIONALLY, PATIENTS WITH A FAMILY INCOME OF 151-300% QUALIFY FOR DISCOUNTED CARE ON A SLIDING SCALE THE MOST THAT A PATIENT WOULD PAY IS THE MEDICARE RATE

Form and Line Reference	Explanation
PART VI, LINE 6	NORTHEAST GEORGIA MEDICAL CENTER (NGMC) IS AN AFFILIATE OF NORTHEAST GEORGIA HEALTH SYSTEM OTHER AFFILIATES INCLUDE NORTHEAST GEORGIA PHYSICIANS GROUP, THE MEDICAL CENTER FOUNDATION, AND NORTHEAST GEORGIA HEALTH PARTNERS THE MISSION OF NORTHEAST GEORGIA MEDICAL CENTER AND ALL RELATED AFFILIATES IS "TO IMPROVE THE HEALTH OF THE COMMUNITY IN ALL WE DO " AS A NOT-FOR-PROFIT HOSPITAL, NGMC TREATS PATIENTS REGARDLESS OF THEIR ABILITY TO PAY AND IS ACCOUNTABLE TO THE HOSPITAL AUTHORITY OF HALL COUNTY AND THE CITY OF GAINESVILLE FOR THE PROVISION OF CHARITABLE SERVICES TO THE COMMUNITY NORTHEAST GEORGIA MEDICAL CENTER PROVIDES ACUTE AND SPECIALTY INPATIENT AND OUTPATIENT SERVICES FOR A 13-COUNTY REGIONAL COMMUNITY AND RECEIVES NO LOCAL TAX SUPPORT FROM ANY OF THOSE COUNTIES FOR OPERATIONS OR INDIGENT CARE THE MEDICAL CENTER FOUNDATION HELPS SUPPORT THE MISSION OF NORTHEAST GEORGIA HEALTH SYSTEM THROUGH FUNDRAISING INITIATIVES THAT IMPROVE SERVICES OFFERED AT NGMC, AS WELL AS HEALTH-FOCUSED SERVICES IN THE COMMUNITY NORTHEAST GEORGIA HEALTH PARTNERS WORKS TO BUILD COLLABORATIVE RELATIONSHIPS BETWEEN HOSPITALS, PHYSICIANS AND OTHER HEALTHCARE PROVIDERS, EMPLOYERS AND THE EMPLOYEES THEY REPRESENT THROUGH INSURANCE PRODUCTS THAT HELP SUPPORT PATIENT ACCESS TO HEALTHCARE SERVICES THROUGHOUT THE REGION NORTHEAST GEORGIA PHYSICIANS GROUP IS A MULTI-SPECIALTY GROUP WITH MORE THAN 250 PHYSICIANS, PHYSICIAN ASSISTANTS, NURSE PRACTITIONERS AND OTHER CLINICAL STAFF PROVIDING HEALTHCARE SERVICES AT 40 LOCATIONS THROUGHOUT NORTHEAST GEORGIA, WHICH FURTHER IMPROVES THE 13-COUNTY REGIONAL COMMUNITY'S ACCESS TO CARE

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	GA

Additional Data

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

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
NORTHEAST GEORGIA MEDICAL CENTER, INC	
NORTHEAST GEORGIA MEDICAL CENTER, INC	PART V, SECTION B, LINE 11 NORTH GEORGIA MEDICAL CENTER ADDRESSES THE SIGNIFICANT COMMUNI TY HEALTH NEEDS IN THE ATTACHED CHNA PRIORITIES AND IMPLEMENTATION PLAN THIS DOCUMENT ALS O PROVIDES INFORMATION ABOUT THE NEEDS THAT NGMC IS UNABLE TO ADDRESS AND DISCUSSES THE OT HER ORGANIZATIONS THAT ARE ABLE TO FULFILL THOSE NEEDS IN THE COMMUNITY
PART V, SECTION B, LINE 16	FINANCIAL ASSISTANCE POLICY WEBSITE AVAILABILITY
NORTHEAST GEORGIA MEDICAL CENTER, INC PART V, SECTION B, LINE 16A WEBSITE	WWW NGHS COM
NORTHEAST GEORGIA MEDICAL CENTER, INC PART V, SECTION B, LINE 16B WEBSITE	WWW NGHS COM
NORTHEAST GEORGIA MEDICAL CENTER, INC PART V, SECTION B, LINE 16C WEBSITE	WWW NGHS COM

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
IMAGING CENTER - GAINESVILLE 1315 JESSE JEWELL PKWY GAINESVILLE,GA 30501	IMAGING / RADIOLOGY CENTER
IMAGING CENTER - BRASELTON 1515 RIVER PLACE BRASELTON,GA 30517	IMAGING / RADIOLOGY CENTER
LAURELWOOD 200 WISTERIA DRIVE GAINESVILLE,GA 30501	IMAGING / RADIOLOGY CENTER
TOCCOA CANCER CENTER 1656 FALLS ROAD TOCCOA,GA 30577	IMAGING / RADIOLOGY CENTER
CUMMING OP DIAGNOSTIC CARDIOLOGY 900 SANDERS ROAD CUMMING,GA 30041	IMAGING / RADIOLOGY CENTER
REHABILITATION INSTITUTE 597 SOUTH ENOTA DRIVE NE GAINESVILLE,GA 30501	IMAGING / RADIOLOGY CENTER
NEW HORIZONS LIMESTONE NORTH 600 BEVERLY ROAD NE GAINESVILLE,GA 30501	IMAGING / RADIOLOGY CENTER
WOUND OSTOMY CONTINENCEHYPERBARIC THER 675 WHITE SULPHUR ROAD GAINESVILLE,GA 30501	IMAGING / RADIOLOGY CENTER
NEW HORIZONS LANIER PARK WEST 675 WHITE SULPHUR ROAD GAINESVILLE,GA 30501	IMAGING / RADIOLOGY CENTER
SLEEP LAB 1466 JESSE JEWELL PKWY GAINESVILLE,GA 30501	IMAGING / RADIOLOGY CENTER
IMAGING CENTER - DAWSONVILLE 108 PROMINENCE COURT DAWSONVILLE,GA 30534	IMAGING / RADIOLOGY CENTER
HEALTHLINK LAB AT RIVERPLACE 1515 RIVER PLACE BRASELTON,GA 30517	IMAGING / RADIOLOGY CENTER
REHAB - BRASELTON 1515 RIVER PLACE BRASELTON,GA 30517	IMAGING / RADIOLOGY CENTER
GYN ONCOLOGY INFUSION SERVICES 1498 JESSE JEWELL PARKWAY SUITE C HALL,GA 30501	IMAGING / RADIOLOGY CENTER
BRASELTON OP DIAGNOSTIC CARDIOLOGY 1404 RIVER PLACE BRASELTON,GA 30517	IMAGING / RADIOLOGY CENTER

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
REHAB - CLEVELAND 640-A HELEN HWY CLEVELAND,GA 30528	IMAGING / RADIOLOGY CENTER
REHAB - FRIENDSHIP (BUFORD) 4889 GOLDEN PKWY SUITE 150 BUFORD,GA 30518	IMAGING / RADIOLOGY CENTER
REHAB - DAWSONVILLE 5959 HIGHWAY 53E SUITE 200 DAWSONVILLE,GA 30534	IMAGING / RADIOLOGY CENTER
REHAB - DAHLONEGA 95 MORRISON MOORE PKWY DAHLONEGA,GA 30533	IMAGING / RADIOLOGY CENTER
HEALTHLINK LAB AT DAWSONVILLE 108 PROMINENCE COURT DAWSONVILLE,GA 30534	IMAGING / RADIOLOGY CENTER
DIABETES ED 675 WHITE SULPHUR ROAD GAINESVILLE,GA 30501	IMAGING / RADIOLOGY CENTER
BARIATRIC SERVICES 675 WHITE SULPHUR ROAD GAINESVILLE,GA 30501	IMAGING / RADIOLOGY CENTER
ESSENTIALLY FOR WOMEN - LACTATION 825 JESSE JEWELL PKWY GAINESVILLE,GA 30501	IMAGING / RADIOLOGY CENTER

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
NORTHEAST GEORGIA MEDICAL CENTER INC

Employer identification number
58-1694098

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) AMERICAN CANCER SOCIETY PO BOX 102454 ATLANTA,GA 30368	13-1788491	501(C)(3)	11,470				RELAY FOR LIFE SPONSORSHIP
(2) AMERICAN HEART ASSOCIATION PO BOX 4002900 DES MOINES,IA 50340	13-5613797	501(C)(3)	15,000				HEARTWALK
(3) ITN LANIER PO BOX 1183 GAINESVILLE,GA 30503	99-9999999	501(C)(3)	15,000				DONATION TO SUPPORT SENIOR TRANSPORTATION FOR HEALTHCARE VISITS
(4) BOY SCOUTS OF AMERICA PO BOX 399 JEFFERSON,GA 30549	58-0566207	501(C)(3)	7,500				SPONSORSHIP
(5) INTERACTIVE NEIGHBORHOOD 999 CHESTNUT STREET GAINESVILLE,GA 30501	75-3077646	501(C)(3)	5,600				SPONSORSHIP
(6) THE MEDICAL CENTER FOUNDATION 743 SPRING STREET GAINESVILLE,GA 30501	58-1694820	501(C)(3)	1,789,957				OPERATING SUPPORT
(7) GOOD NEWS COMMUNITY HEALTH CENTER PO BOX 1577 GAINESVILLE,GA 30503	58-2058853	501(C)(3)	501,688				DONATION FOR OPERATING COSTS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 6

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLARSHIPS	9	40,009			SCHOLARSHIPS

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

Return Reference	Explanation
PART I, LINE 2	THE MAJORITY OF GRANTS ARE TO 501(C)(3) ORGANIZATIONS BOARD APPROVAL IS OBTAINED PRIOR TO DISBURSEMENT

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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, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
NORTHEAST GEORGIA MEDICAL CENTER INC

Employer identification number
58-1694098

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If 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**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
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), 501(c)(4), and 501(c)(29) organizations 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 in column(B) 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

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

Return Reference	Explanation
PART I, LINES 4A-B	BRADLEY NURKIN WAS EMPLOYED BY NORTHEAST GEORGIA MEDICAL CENTER, INC FROM AUGUST 2012 UNTIL JANUARY 2014 MR NURKIN WAS HIRED TO SERVE AS PRESIDENT OF THE MEDICAL CENTER DURING 2014, MR NURKIN WAS PAID SEVERANCE OF $295,000 BASED ON THE TERMS OF HIS EMPLOYMENT CONTRACT JAMES WALKER WAS EMPLOYED BY NORTHEAST GEORGIA HEALTH SYSTEM, INC FROM MAY 2010 UNTIL SEPTEMBER 2013 MR WALKER WAS HIRED TO SERVE AS VICE PRESIDENT OF HUMAN RESOURCES DURING 2014, MR WALKER WAS PAID SEVERANCE OF $190,344 BASED ON THE TERMS OF HIS EMPLOYMENT CONTRACT PART I, LINE 4B - EMPLOYER CONTRIBUTION TO 457(F) EXECUTIVE RETIREMENT BENEFIT PLAN ANTHONY M HERDENER $ 46,695 TRACY M VARDEMAN $ 25,611 LINDA NICHOLSON $ 20,457 CAROL H BURRELL $ 851,311 SAMUEL O JOHNSON $ 43,368 JOHN A WILLIAMSON $ 31,614 MARY M STRAND $ 24,868 SONJA MCLENDON $ 27,194 KAREN WATTS $ 32,136 SHERRY DORSEY $ 34,802 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 2014 ($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) TRACY M VARDEMAN $26,648 JOHN A WILLIAMSON $32,199 LINDA NICHOLSON $22,421 ALLANA CUMMINGS $40,975 SAMUEL O JOHNSON $43,221

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
JAY HORTENSTINE MD, MEMBER, NGPG PHYSICIAN	(I)	0	0	0	0	0	0	0
	(II)	400,635	0	20,871	9,100	24,780	455,386	0
TIM SCULLY MD, MEMBER, THC PHYSICIAN	(I)	0	0	0	0	0	0	0
	(II)	320,397	30,000	20,139	6,112	12,990	389,638	0
JOHN A WILLIAMSON, PRESIDENT - NGMC BRASELTON	(I)	0	0	0	0	0	0	0
	(II)	240,946	114,712	19,537	54,607	22,506	452,308	30,656
CAROL H BURRELL, PRESIDENT & CEO	(I)	0	0	0	0	0	0	0
	(II)	646,694	360,812	36,562	891,717	16,607	1,952,392	0
ANTHONY M HERDENER, VP & CFO - NGHS	(I)	0	0	0	0	0	0	0
	(II)	361,274	161,576	43,075	92,212	20,159	678,296	0
KAREN S WATTS, VP & CNO - NGMC	(I)	0	0	0	0	0	0	0
	(II)	266,072	68,878	3,881	41,138	8,540	388,509	0
SONJA F MCLENDON, VP CHIEF OF OPERATIONAL EXCELLENCE -	(I)	0	0	0	0	0	0	0
	(II)	220,495	67,804	754	36,294	24,758	350,105	0
TRACY M VARDEMAN, VP STRATEGIC PLANNING/MARKETING	(I)	0	0	0	0	0	0	0
	(II)	190,922	103,982	19,124	57,158	15,204	386,390	25,371
MARY M STRAND, VP REVENUE CYCLE - NGHS	(I)	0	0	0	0	0	0	0
	(II)	202,254	96,355	1,565	32,321	17,245	349,740	0
SAMUEL O JOHNSON MD, VP MEDICAL AFFAIRS & CMO - NGHS	(I)	0	0	0	0	0	0	0
	(II)	338,371	161,471	22,402	52,468	23,584	598,296	41,150
ALLANA L CUMMINGS, VP & CIO - NGHS	(I)	0	0	0	0	0	0	0
	(II)	320,661	145,515	57,837	9,100	8,239	541,352	39,012
LINDA NICHOLSON, VP OF FINANCE/CONTROLLER - NGHS	(I)	0	0	0	0	0	0	0
	(II)	163,762	97,008	18,770	55,545	23,725	358,810	21,347
SHERRY DORSEY, VP SENIOR PHYS SERVICES - NGHS	(I)	0	0	0	0	0	0	0
	(II)	267,863	83,301	21,736	38,316	12,400	423,616	0
DEBRA DUKE, DIRECTOR - DIAGNOSTIC IMAG	(I)	0	0	0	0	0	0	0
	(II)	147,600	20,468	4,227	26,012	23,019	221,326	0
RANDALL P MILLER, MANAGER - RADIATION PHYSICS	(I)	0	0	0	0	0	0	0
	(II)	248,405	0	5,727	30,522	10,221	294,875	0
DAVID E PATTERSON, RADIATION III PHYSICIST	(I)	0	0	0	0	0	0	0
	(II)	204,182	0	23,049	7,286	9,149	243,666	0
HAROLD V LAW JR, OFFICER - CHIEF UTILIZATION	(I)	0	0	0	0	0	0	0
	(II)	186,509	32,772	9,825	7,793	14,881	251,780	0
RICHARD D MATTHEUS, CIO - NGPG	(I)	0	0	0	0	0	0	0
	(II)	195,504	33,027	450	7,194	24,868	261,043	0
ALAN WILLS, EXEC DIR - HEALTHECONNECTIONS	(I)	0	0	0	0	0	0	0
	(II)	183,636	23,986	450	6,622	22,368	237,062	0
BRADLEY K NURKIN, VP - GAINESVILLE PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	24,579	0	297,147	886	11,557	334,169	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JAMES WALKER, FORMER VP HR - NGHS	(I)	0	0	0	0	0	0	0
	(II)	0	0	190,344	0	12,836	203,180	0
STEPHEN A CARLSON, FORMER PHARMACY DIRECTOR - NGMC	(I)	0	0	0	0	0	0	0
	(II)	106,879	0	15,052	20,580	6,108	148,619	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
NORTHEAST GEORGIA MEDICAL CENTER INC

Employer identification number
58-1694098

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	THE HOSPITAL AUTHORITY OF HALL COUNTY AND THE CITY OF GAINESVILLE (2010A)	58-6002388	362762KB1	02-18-2010	311,522,031	REFUND PRINCIPAL AND INTEREST OF SERIES 2007G AND SERIES 2008B-H BONDS		X		X		X
B	THE HOSPITAL AUTHORITY OF HALL COUNTY AND THE CITY OF GAINESVILLE (2010B)	58-6002388	362762KS4	02-18-2010	246,724,247	REFUND PRINCIPAL AND INTEREST OF SERIES 2007G AND SERIES 2008B-H BONDS		X		X		X
C	THE HOSPITAL AUTHORITY OF HALL COUNTY AND THE CITY OF GAINESVILLE (2011A)	58-6002388	NONEAVAIL	08-26-2011	46,625,000	REFUND PRINCIPAL AND INTEREST OF SERIES 2008A		X		X		X
D	THE HOSPITAL AUTHORITY OF HALL COUNTY AND THE CITY OF GAINESVILLE (2014A)	58-6002388	362762LE4	12-11-2014	227,171,226	PAY THE COST OF ISSUING 2014A, REFUND PORTION OF 2010B AND ALL OF 2012 BONDS		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased	62,685,000	27,175,000		
3	Total proceeds of issue	312,397,796	247,420,175	46,625,000	227,180,389
4	Gross proceeds in reserve funds	27,065,954	21,696,106		
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows			46,625,000	
7	Issuance costs from proceeds	7,297,582	703	200,000	783,066
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	57,074,032			75,849,682
11	Other spent proceeds				
12	Other unspent proceeds				12,830,987
13	Year of substantial completion	2013	2013	2011	

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X			X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 200 %		0 200 %		0 200 %		0 200 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 030 %		0 030 %		0 030 %		0 030 %
6	Total of lines 4 and 5		0 230 %		0 230 %		0 230 %		0 230 %
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	X		X			X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?					X		X	
b	Exception to rebate?						X		X
c	No rebate due?						X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X	X			X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X		X			X
b	Name of provider	JP MORGAN		JP MORGAN		CITIBANK NA			
c	Term of hedge	18 000000000000		18 000000000000		13 000000000000			
d	Was the hedge superintegrated?		X		X		X		
e	Was the hedge terminated?		X		X		X		

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			X

Part V Procedures To Undertake Corrective Action

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

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

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
NORTHEAST GEORGIA MEDICAL CENTER INC

Employer identification number
58-1694098

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	THE HOSPITAL AUTHORITY OF HALL COUNTY AND THE CITY OF GAINESVILLE (2014B)	58-6002388	362762LB0	12-11-2014	135,500,000	PAY THE COST OF ISSUING 2014B, REFUND PORTION OF 2010A AND ALL OF 2012 BONDS		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	135,503,015			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	462,303			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	69,503,250			
11	Other spent proceeds				
12	Other unspent proceeds	1,502,730			
13	Year of substantial completion				

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?	X							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 200 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 030 %						
6	Total of lines 4 and 5		0 230 %						
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?		X						
c	No rebate due?		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V Procedures To Undertake Corrective Action

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

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

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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.**

▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
NORTHEAST GEORGIA MEDICAL CENTER INC

Employer identification number
58-1694098

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

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

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

2 Enter the amount of tax incurred by 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 Benefiting Interested Persons.

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

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

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) AUNDREA STEVENS	AUNDREA STEVENS IS SISTER TO JACK KEENER, BOARD MEMBER	82,015	AUNDREA STEVENS IS EMPLOYED BY NORTHEAST GEORGIA MEDICAL CENTER, INC		No
(2) BRADEE ADERHOLT	CAROL BURRELL, PRESIDENT & CEO, IS A FAMILY MEMBER OF BRADEE ADERHOLT	49,927	BRADEE ADERHOLT IS EMPLOYED BY NORTHEAST GEORGIA MEDICAL CENTER, INC		No
(3) STACEY CUMMINGS	ALLANA CUMMINGS, VP & CIO, IS SISTER TO STACEY CUMMINGS	121,085	STACEY CUMMINGS WAS EMPLOYED BY NORTHEAST GEORGIA MEDICAL CENTER, INC DURRING THE TAX YEAR		No
(4) SHARON HORTENSTINE	JAY HORTENSTINE, MD, BOARD MEMBER, IS MARRIED TO SHARON HORTENSTINE	60,222	SHARON HORTENSTINE IS EMPLOYED BY NORTHEAST GEORGIA MEDICAL CENTER, INC		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
NORTHEAST GEORGIA MEDICAL CENTER INC

Employer identification number
58-1694098

Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS	NORTHEAST GEORGIA MEDICAL CENTER (NGMC) PROVIDES A COMPREHENSIVE RANGE OF ACUTE CARE AND SPECIALTY SERVICES THROUGH TWO CAMPUSES A 100-BED HOSPITAL IN BRASELTON AND A 557-BED REGIONAL REFERRAL HOSPITAL IN GAINESVILLE NGMC SERVES THE AREA'S LOW-INCOME, UNINSURED, UNDERINSURED AND OTHER VULNERABLE POPULATIONS NGMC GAINESVILLE SERVES AS THE REGIONAL SAFETY NET HOSPITAL, WITH APPROXIMATELY HALF OF ITS PATIENTS FROM HALL COUNTY AND APPROXIMATELY HALF FROM SURROUNDING COUNTIES AS A NOT-FOR-PROFIT HOSPITAL, NGMC REINVESTS ALL FUNDS IN EXCESS OF OPERATING EXPENSES INTO HEALTHCARE SERVICES FOR THE COMMUNITY THE MEDICAL CENTER RECEIVES NO TAX REVENUE FROM HALL OR OTHER COUNTIES SERVED, AND SERVICES ARE FUNDED BY REVENUE GENERATED FROM OPERATIONS LOCATED IN GEORGIA'S FASTEST GROWING REGION, THE 65-YEAR-OLD HOSPITAL HAS EXPANDED CONSIDERABLY IN RECENT YEARS TO MEET DEMAND, INVESTING A QUARTER OF A BILLION DOLLARS TO UPDATE ITS AGING PLANT IN GAINESVILLE AND ANOTHER $200 MILLION-PLUS TO BUILD THE NEW NGMC BRASELTON CAMPUS AND EXPANDING ITS SERVICES TO INCLUDE OBSTETRICS AND RADIATION THERAPY NGMC'S QUALITY OF CARE CONSISTENTLY RANKS AMONG THE TOP IN THE NATION FOR 11 YEARS IN A ROW, NGMC'S CARDIAC SERVICES HAVE BEEN BEST IN STATE, AND NGMC HAS BEEN NAMED GEORGIA'S #1 HOSPITAL FOR THREE YEARS IN A ROW AND AMONG THE TOP 10 IN THE NATION NGMC PROVIDED CHARITY CARE TO HALL COUNTY RESIDENTS AT A COST OF $19 8 MILLION IN 2015 WITH ANOTHER $15 4 MILLION PROVIDED TO REGIONAL RESIDENTS OUTSIDE HALL COUNTY THE MEDICAL CENTER'S CHARITY CARE POLICY PROVIDES FINANCIAL ASSISTANCE UP TO 300 PERCENT OF THE POVERTY LEVEL - DOUBLE THE AMOUNT GENERALLY PROVIDED BY OTHER HOSPITALS ACROSS THE STATE THE HOSPITAL IS A KEY PARTICIPANT AND FISCAL SPONSOR IN PROGRAMS AIMED AT TREATING LOW-INCOME AND UNINSURED PATIENTS, INCLUDING THE GOOD NEWS CLINICS (GNC), THE LARGEST FREE HEALTH CARE CLINIC IN GEORGIA, AND HEALTH ACCESS INITIATIVE (HAI), A LOCAL SERVICE THAT MATCHES FINANCIALLY ELIGIBLE PATIENTS TO SPECIALTY PHYSICIANS AND PROVIDES ACCESS TO CARE, AMONG OTHER SERVICES ADDITIONALLY - SINCE 2000, NGMC HAS PROVIDED NEARLY THREE TIMES THE AMOUNT OF INDIGENT AND CHARITY CARE SET FORTH IN REQUIREMENTS BY THE GEORGIA DEPARTMENT OF COMMUNITY HEALTH FOR SUCCESSFUL PASSAGE OF A CERTIFICATE OF NEED FOR NEW SERVICES, AND, UNLIKE MANY GEORGIA NOT-FOR PROFIT HOSPITALS HELD TO THE SAME REQUIREMENTS, NGMC DOES NOT RECEIVE TAX FUNDING FROM ITS LOCAL COUNTY TO HELP FUND INDIGENT CARE TO AREA RESIDENTS - NGMC IS THE PRIMARY HOSPITAL FOR LOW-INCOME PATIENTS IN GAINESVILLE-HALL COUNTY AND THROUGHOUT THE REGION IN COUNTIES SUCH AS BANKS, DAWSON, AND WHITE, WHERE MANY KEY MEDICAL SPECIALTIES ARE NOT AVAILABLE

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	- NGMC IS NUMBER 11 IN TOP HOSPITALS FOR NET UNCOMPENSATED CARE ($42 3M) PROVIDED IN GEORG IA BASED ON STATE FISCAL YEAR (SFY) 2016 INDIGENT CARE TRUST FUND (ICTF) TOTAL HOSPITAL SP ECIFIC DISPROPORTIONATE SHARE HOSPITAL (DSH) LIMITS, MANY OF THE HOSPITALS ON THE LIST REC EIVED LOCAL TAX DOLLARS NGMC SERVES AS A FINANCIAL ENGINE FOR THE LOCAL ECONOMY IN 2014 (LATEST NUMBERS AVAILABLE), THE HOSPITAL SURPASSED THE $1 BILLION MARK IN LOCAL AND STATE ECONOMIC IMPACT FOR THE FIFTH CONSECUTIVE YEAR, ACCORDING TO A REPORT BY THE GEORGIA HOSPI TAL ASSOCIATION, WHICH APPLIED AN ECONOMIC MULTIPLIER TO THE HOSPITAL'S DIRECT EXPENDITURE S TO ACCOUNT FOR THE "RIPPLE" EFFECT THE HOSPITAL'S SPENDING HAS ON OTHER SECTORS OF THE L OCAL AND STATE ECONOMIES THE REPORT FOUND THAT THROUGH ITS ECONOMIC IMPACT, THE HOSPITAL SUSTAINED NEARLY 8,000 FULL-TIME JOBS THROUGHOUT THE REGION AND THE STATE IN 2014 IN ADDIT ION TO THE MORE THAN 6,000 EMPLOYED DIRECTLY BY NORTHEAST GEORGIA HEALTH SYSTEM (NGHS) UN DER THE INTERNAL REVENUE CODE, A TAX-EXEMPT ORGANIZATION, CLASSIFIED AS A 501(C)(3) CHARIT Y, IS REQUIRED TO HAVE A MISSION THAT WILL BENEFIT ITS COMMUNITY, REINVEST ALL SURPLUS FU NDS IN THE ORGANIZATION IN A WAY THAT BENEFITS THE COMMUNITY, COMPENSATE EXECUTIVES, CONTR ACTORS AND OTHER EMPLOYEES IN ACCORDANCE WITH FAIR MARKET VALUE, REMAIN ACCOUNTABLE TO THE COMMUNITY, REFRAIN FROM PARTICIPATING IN POLITICAL CAMPAIGNS FOR OR AGAINST CANDIDATES AN D/OR LOBBY AS A SUBSTANTIAL PART OF ITS ACTIVITIES, AND, REMAIN FINANCIALLY ACCOUNTABLE TO THE COMMUNITY BY NOT ALLOWING ANY PORTION OF ITS NET EARNINGS TO BENEFIT ANY PRIVATE SHAR EHOLDER OR INDIVIDUAL AS A NOT-FOR-PROFIT HOSPITAL, NGMC CARRIES ADDITIONAL RESPONSIBILIT IES, AS ESTABLISHED BY THE IRS IN 1965 - OPERATE A FULL-TIME EMERGENCY ROOM (ER) THAT IS AVAILABLE TO ALL PEOPLE, REGARDLESS OF THEIR ABILITY TO PAY, - NGMC OPERATES THE 4TH BUSIE ST ER IN GEORGIA IN 2015, MORE THAN 20% OF ALL NGMC'S ER VISITS WERE MADE BY SELF-PAY PAT IENTS - PROVIDE NON-EMERGENCY SERVICES TO ANYONE ABLE TO PAY, - NGHS PROVIDES HIGH QUALIT Y, ADVANCED SPECIALTY AND PRIMARY HEALTHCARE SERVICES TO THE NORTHEAST GEORGIA COMMUNITY, SERVING ALMOST 700,000 PEOPLE IN MORE THAN 13 COUNTIES IN THE FISCAL YEAR ENDING SEPTEMBE R 30, 2015 (FY15), NGMC'S PAYOR MIX WAS 59% MEDICARE/MEDICAID, 34% COMMERCIAL INSURANCE AN D 7% SELF-PAY - PARTICIPATE IN MEDICAID AND MEDICARE PROGRAMS, - 59% OF PATIENTS SERVED B Y NGMC IN FY15 WERE MEDICAID AND MEDICARE PATIENTS - CREATE A GOVERNING BOARD THAT IS REP RESENTATIVE OF THE COMMUNITY IT SERVES, - MORE THAN 80 COMMUNITY MEMBERS ARE ACTIVELY INVO LVED IN GOVERNANCE THROUGH NGHS, NGMC AND OTHER SUBSIDIARY BOARDS AND COMMITTEES - ALLOW MEDICAL STAFF PRIVILEGES TO ANY PROFESSIONAL WHO IS QUALIFIED AND APPLIES, - NGMC HAS A ME DICAL STAFF OF MORE THAN 600 PHYSICIANS REPRESENTING NUMEROUS ADVANCED SPECIALTIES SUCH AS GYNECOLOGIC ONCOLOGY, ELECTROPHYSIOLOGY, CARDIAC SURGERY, CRITICAL CARE MEDICINE, SURGICA L TRAUMA, NEONATOLOGY AND PERINATOLOGY - REINVEST SURPLUS FUNDS IN OPERATIONS - AS NOT-F OR-PROFIT ORGANIZATIONS, THE REVENUE GENERATED BY NGMC AND ITS PARENT ORGANIZATION, NGHS, ABOVE OPERATING EXPENSES IS REINVESTED INTO THE COMMUNITY EXAMPLES INCLUDE CONSTRUCTION O F NEW MEDICAL FACILITIES, SUCH AS THE NEW HOSPITAL IN BRASELTON OFFERING 24/7 EMERGENCY RO OM SERVICES NOT PREVIOUSLY AVAILABLE TO LOCAL RESIDENTS, INVESTMENTS IN ADVANCED MEDICAL T ECHNOLOGY SUCH AS ROBOTIC SURGICAL SYSTEMS AND STATE OF THE ART RADIATION THERAPY EQUIPMEN T, AND DEVELOPMENT OF THE ONLY LEVEL 2 TRAUMA CENTER IN NORTHEAST GEORGIA - NGMC PARTICIP ATES IN THE INDIGENT CARE TRUST FUND, A 20-YEAR OLD PROGRAM THAT EXPANDS MEDICAID ELIGIBIL ITY AND SERVICES, SUPPORTS RURAL HEALTH CARE FACILITIES THAT SERVE THE MEDICALLY INDIGENT AND FUNDS PRIMARY HEALTH CARE PROGRAMS FOR MEDICALLY INDIGENT GEORGIANS GEORGIA'S DISPROP ORTIONATE SHARE HOSPITAL PROGRAM IS FUNDED THROUGH THE ICTF AND ASSISTS HOSPITALS AND OTHE R HEALTH PROVIDERS THAT CARE FOR HIGH PROPORTIONS OF MEDICAID, UNINSURED AND/OR LOW-INCOME PATIENTS IN 2015, NGMC RECEIVED $10 6 MILLION IN NET FUNDS ALLOCATED THROUGH THE ICTF AN D UPPER PAYMENT LIMIT (UPL) PROGRAM TO PARTIALLY OFFSET A FINANCIAL LOSS OF $35 2 MILLION IN COST THE MEDICAL CENTER INCURRED TREATING UNINSURED AND MEDICAID PATIENTS NGMC VALUES COOPERATIVE EFFORTS WITH COMMUNITY ORGANIZATIONS AND OTHER HEALTHCARE PROVIDERS TO IMPROVE THE HEALTH STATUS OF AREA CITIZENS NGMC DEMONSTRATES THIS THROUGH MANY PARTNERSHIPS RANG ING FROM SERVING AS LEAD AGENCY OF THE SAFE KIDS COALITION OF GAINESVILLE-HALL COUNTY, TO PARTNERING WITH OTHER ORGANIZATIONS SUCH AS GOOD NEWS CLINICS AND THE PUBLIC HEALTH DEPART MENT TO REACH AT-RISK POPULATIONS IN NEED OF HEALTHCARE. IN FY15, OVER $6 MILLION WAS PROV IDED IN COMMUNITY BENEFIT PROGRAMS/OUTREACH COMMUNITY EDUCATION WAS PROVIDED THROUGH FREE COMMUNITY LECTURES, VARIOUS SUPPORT GROUPS AND THE SEMI-ANNUAL HEALTH MAGAZINE, COMMUNICA RE. NGMC ALSO OFFERED SEVERAL COMMUNITY EDUCATION

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	SEMINARS IN 2015 ON TOPICS RANGING FROM HEALTH AND NUTRITION TO WOMEN'S HEALTH EDUCATION A ND MORE. WHAT DRIVES NGMC'S COMMUNITY HEALTH IMPROVEMENT ACTIVITIES? NGMC, WITH INPUT FROM THE COMMUNITY, COMPLETED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN 2013. THE STUDY CU LMINATED IN THE IDENTIFICATION OF 10 PRIORITY HEALTH NEEDS AND INCLUDED A SECONDARY DATA S CAN AND A COMMUNITY HEALTH PROFILE FOR HALL COUNTY. THE ASSESSMENT FOCUSED MAINLY ON THE N EEDS OF THE COMMUNITY'S MOST VULNERABLE POPULATIONS, PARTICULARLY THOSE WITH LOW-INCOMES W HO ARE UNINSURED. SIX FOCUS GROUPS WERE HELD AND NEARLY 25 ONE-ON-ONE INTERVIEWS WERE COND UCTED WITH STAKEHOLDERS. GO TO WWW.NGHS.COM TO SEE A SPREADSHEET OF INITIATIVES AND ACTIVI TIES NGMC IS INVOLVED WITH WHICH ADDRESS THOSE NEEDS. MANY ACTIVITIES OVERLAP DIFFERENT PR IORITIES, AND NGMC'S INVOLVEMENT RANGES FROM PROVIDING THE ACTIVITY ITSELF TO CONTRIBUTING IN SOME WAY. THE SPREADSHEET IS NOT AN EXHAUSTIVE LIST, BUT HIGHLIGHTS MANY OF THE ORGANI ZATION'S EFFORTS TO ADDRESS IDENTIFIED COMMUNITY HEALTH NEEDS. THE FULL CHNA IS ALSO AVAIL ABLE ON THE WEBSITE.

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	THE FOLLOWING CONTAINS HIGHLIGHTS OF COMMUNITY BENEFIT ACTIVITIES PROVIDED BY NGMC IN FY15 , OFTEN PARTNERING WITH OTHER ORGANIZATIONS AND INDIVIDUALS IN THE COMMUNITY PARTNERING T O REACH THE UNINSURED NGMC WORKS COOPERATIVELY WITH OTHER AREA HEALTHCARE PROVIDERS TO CA RE FOR ALL AREA CITIZENS, PARTICULARLY THE INDIGENT POPULATION PARTNERS INCLUDE, BUT ARE NOT LIMITED TO, NGMC, THE NORTHEAST GEORGIA PHYSICIANS GROUP (NGPG) PRIMARY CARE CLINIC AT HALL COUNTY HEALTH DEPARTMENT, THE NORTHEAST GEORGIA DIAGNOSTIC CLINIC, THE LONGSTREET CL INIC, GOOD NEWS CLINICS (INDIGENT CLINIC), MEDLINK (FEDERALLY QUALIFIED HEALTH CENTER), AS WELL AS PHYSICIANS GOOD NEWS CLINICS NGMC PROVIDES FUNDING TO GNC THAT HELPS PROVIDE ME DICATIONS, MEDICAL SUPPLIES AND OTHER SUPPORT FOR GNC - THE LARGEST FREE CLINIC IN GEORGIA FOUNDED IN 1992, GNC IS A CHRISTIAN MINISTRY THAT PROVIDES MEDICAL CARE TO THE INDIGENT AND UNINSURED POPULATION AT NO CHARGE FORTY-THREE PHYSICIANS, MID-LEVEL PROVIDERS AND 39 DENTISTS VOLUNTEER TO TREAT PATIENTS AT GNC IN ADDITION, OVER 300 SPECIALIST PHYSICIANS V OLUNTEER TO TREAT PATIENTS IN THEIR OFFICES THROUGH REFERRALS FROM GNC, NGPG PRIMARY CARE CLINIC AT THE HALL COUNTY HEALTH DEPARTMENT AND PHYSICIANS IN HALL COUNTY IN FY15, NEARLY $500,000 WAS DONATED TO HELP GNC PROVIDE CARE TO INDIGENT PATIENTS WHO WERE AT OR BELOW 1 50% OF THE FEDERAL POVERTY GUIDELINES AND DID NOT QUALIFY FOR OTHER PROGRAMS CLINICAL PRO FESSIONALS FROM NGMC STAFF A CONGESTIVE HEART FAILURE (CHF) CLINIC AT GNC, AS WELL AS A CA RDIOLOGY CLINIC THIS PROJECT HAS BEEN EXTREMELY SUCCESSFUL WITH ONLY 10 READMISSIONS OF G NC CHF PATIENTS IN NINE YEARS, ZERO READMISSIONS IN FY15 ADDITIONAL HEALTH SCREENINGS ARE PROVIDED TO VULNERABLE POPULATIONS AT GNC SUCH AS PROSTATE SCREENINGS NGPG PRIMARY CARE CLINIC AT THE HALL COUNTY HEALTH DEPARTMENT NGMC FUNDS AND STAFFS A PRIMARY CARE CLINIC A T THE HALL COUNTY HEALTH DEPARTMENT TO IMPROVE ACCESS TO PRIMARY HEALTHCARE SERVICES FOR L OW-INCOME PEOPLE IN OUR COMMUNITY IN FY15, NGMC CONTRIBUTED OVER $1,000,000 TO THE PRIMAR Y CARE CLINIC PRENATAL CARE PROGRAM AT THE HEALTH DEPARTMENT NGMC PARTNERS WITH THE LONG STREET CLINIC TO IMPROVE BIRTH OUTCOMES BY INCREASING EARLY PRENATAL CARE FOR LOW-INCOME, UNINSURED AND UNDER-INSURED PREGNANT WOMEN VIA THE HEALTH DEPARTMENT'S PRIMARY CARE CENTER YEARLY COST TO NGMC IS APPROXIMATELY $200,000 INDIGENT PATIENT FUND AT NGMC, FINANCIAL ASSISTANCE IS PROVIDED FOR INDIGENT PATIENTS TO OBTAIN URGENTLY NEEDED DISCHARGE MEDICATI ONS AND TRANSPORTATION INDIVIDUALS ELIGIBLE FOR THESE FUNDS ARE PATIENTS WHOSE NEEDS CANN OT BE MET THROUGH PRIMARY INSURANCE, THEIR OWN PERSONAL FUNDS, GOVERNMENT PROGRAMS OR OTHE R CHARITABLE SERVICES THIS HELPS TO ENSURE MEDICATION COMPLIANCE AND MAXIMIZE CONDITIONS FOR RECOVERY AND RECUPERATION THE MEDICAL CENTER FOUNDATION PROVIDES FUNDING FOR THIS CH ARITY CARE NGMC'S CHARITY CARE POLICY REMOVES BARRIERS FOR LOW-INCOME POPULATIONS BEGINNI NG WITH FREE CARE FOR PATIENTS UP TO 150% OF THE POVERTY LEVEL FURTHER, SELF-PAY PATIENTS UP TO 300% OF THE POVERTY LEVEL QUALIFY FOR AN ADJUSTMENT EQUIVALENT TO THE HOSPITAL'S ME DICARE REIMBURSEMENT RATE PLUS AN ADDITIONAL 40% DISCOUNT TOTAL CHARITY CARE COST FOR FY1 5 $35 2 MILLION - $19 8 MILLION FOR HALL COUNTY AND $15 4 MILLION FOR REGIONAL RESIDENTS NGMC VOLUNTEERS IN FY15, 621 NGMC VOLUNTEERS CONTRIBUTED 55,000 VOLUNTEER HOURS, EQUIVALE NT TO 32 FULL TIME EMPLOYEES AND A VALUE OF $1 2 MILLION TO THE ORGANIZATION WHILE THESE FIGURES ARE NOT INCLUDED IN THE QUANTITATIVE PORTION OF THE COMMUNITY BENEFIT REPORT, THEY SHOW THE DEPTH OF SUPPORT THE COMMUNITY GIVES NGMC THE TEEN VOLUNTEER PROGRAM HAD 120 TE ENS PARTICIPATE IN 2015 THE TEENS CAME FROM EIGHT COUNTIES AND REPRESENTED 23 DIFFERENT S CHOOLS WITHIN THE AREA ENCOURAGING MEDICAL VOLUNTEERING NGMC PROVIDES INFORMATION AT PHY SICIAN ORIENTATION TO ENCOURAGE PHYSICIANS TO STEP UP TO VOLUNTEER OPPORTUNITIES THROUGH L OCAL FREE CLINICS (GNC IN GAINESVILLE AND HELPING HAND CLINIC IN CLEVELAND) AS WELL AS HEA LTH ACCESS INITIATIVE. NGPG ALSO ENCOURAGES PHYSICIANS TO GIVE THEIR TIME VOLUNTEERING AT THESE LOCATIONS THE CANCER CENTER AT NGMC HAS DEVELOPED A MEMBERSHIP MODEL FOR PHYSICIANS THAT CONTAINS CONDITIONS OF PARTICIPATION WHICH INCLUDES ACTIVE PARTICIPATION IN A SPEAKE R PROGRAM, SCREENING ACTIVITY, CANCER PREVENTION ACTIVITY OR OUTREACH THE PURPOSE OF THIS MEMBERSHIP MODEL IS TO IMPROVE PATIENT CARE QUALITY, ACCESS AND PROGRAMMATIC EXCELLENCE FINANCIAL NAVIGATORS NGMC HAS FINANCIAL ASSISTANCE COUNSELORS WHO HELP PATIENTS BECOME IN SURED, BE IT THROUGH MEDICAID, PEACHCARE OR OTHER PROGRAMS NGMC HAS TURNED FINANCIAL COUN SELORS INTO "FINANCIAL NAVIGATORS " THIS TEAM FOCUSES ON BEING ADVOCATES FOR UNINSURED AND UNDER-INSURED PATIENTS, AIDING THEM IN FINDING VIABLE MEANS TO ACCESS CARE THEY FIND THE BEST SOLUTIONS FOR HELPING PATIENTS APPLY FOR MEDICAID OR DISABILITY, ACCESSING THE NEW H EALTHCARE EXCHANGES OR PROCESSING CHARITY APPLICAT

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	IONS WHEN APPROPRIATE. THE TEAM HAS COMPLETED TRAINING TO BECOME CERTIFIED IN THIS AREA AS "CERTIFIED HEALTHCARE REFORM SPECIALISTS." PATIENT NAVIGATORS. NGMC ALSO HAS A CANCER PAT IENT NAVIGATION PROGRAM. THIS PROGRAM PROVIDES CANCER PATIENTS WITH GUIDANCE THROUGHOUT TH EIR CANCER JOURNEY, AND THEY ARE SEEN AS A "LIVING RESOURCE DIRECTORY" FOR PATIENTS. PARTN ERING IN THE COMMUNITY. VISION 2030. NGMC IS ACTIVELY INVOLVED IN VISION 2030 (WWW.VISION20 30.ORG). THIS COMMUNITY-WIDE PROGRAM IS SPONSORED BY THE GREATER HALL CHAMBER OF COMMERCE AND 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 AR OUND EMERGING LIFE SCIENCES, THE ENCOURAGEMENT OF INNOVATIVE GROWTH/INFRASTRUCTURE DEVELOP MENT, AND THE PROMOTION OF CULTURAL INTEGRATION. NGMC IS ALSO AN ACTIVE PARTNER ON OTHER C HAMBER COMMITTEES SUCH AS THE HEALTHCARE COMMITTEE AND THE HEALTH INITIATIVE CONSORTIUM. N GMC IS ALSO A PARTNER IN HALLMARK, WHICH IS A COMMUNITY INVESTMENT PLAN THAT ADDRESSES ECO NOMIC DEVELOPMENT, EDUCATION, GOVERNMENT AND COMMUNITY DEVELOPMENT THROUGH PARTNERSHIP. ME MBERS OF NGMC'S BARIATRIC SERVICE LINE ALSO SERVE ON HALL COUNTY SCHOOL SY STEM'S WELLNESS COUNCIL.

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	AN NGMC REPRESENTATIVE SERVES ON HALL COUNTY FAMILY CONNECTION (HCFC) HCFC ADOPTED TEEN P REGNANCY PREVENTION AND OBESITY PREVENTION AS ITS TWO FOCUS AREAS FOR THE NEXT THREE YEARS HCFC IS A COLLABORATIVE WHICH SERVES AS THE LOCAL DECISION-MAKING BODY, BRINGING COMMUNI TY PARTNERS TOGETHER TO DEVELOP, IMPLEMENT AND EVALUATE PLANS THAT ADDRESS THE SERIOUS CHA LLENGES FACING THE CHILDREN AND FAMILIES IN OUR COUNTY ITS VISION IS THAT EVERY CHILD HAS THE OPPORTUNITY TO REACH HIS OR HER FULL POTENTIAL FOR GOOD HEALTH, BE SECURE FROM ABUSE AND NEGLECT AND BECOME A LITERATE, PRODUCTIVE, ECONOMICALLY SELF-SUFFICIENT MEMBER OF OUR COMMUNITY THE MISSION OF HCFC IS TO IDENTIFY AND MONITOR AREAS OF COMMUNITY CONCERN AND T O MOBILIZE THE COMMUNITY AND ITS RESOURCES IN A COMMON EFFORT TO DEVELOP SOLUTIONS THE ME DICAL CENTER FOUNDATION (MCF) RAISES FUNDS TO BENEFIT THE COMMUNITY THE MCF IS THE FUNDRA ISING ARM OF NGMC AND RAISES FUNDS TO IMPROVE THE HEALTH OF THE COMMUNITY THE FOUNDATION' S OPERATING EXPENSES ARE SUPPORTED BY NGMC SO THAT DONATED FUNDS CAN BE USED TO SUPPORT NG MC PROJECTS AND COMMUNITY HEALTH IMPROVEMENT INITIATIVES FOLLOWING ARE ITEMS OF INTEREST TO NOTE - SINCE 1997, OVER $3 2 MILLION HAS BEEN RAISED FOR COMMUNITY HEALTH IMPROVEMENT PROJECTS THROUGH THE MEDICAL CENTER OPEN - THE 2015 MEDICAL CENTER OPEN GOLF TOURNAMENT R AISED $281,881 FOR THE MEDICAL ASSOCIATION OF GEORGIA FOUNDATION'S 'THINK ABOUT IT' CAMPAI GN, AND 100% OF PROCEEDS WILL BENEFIT THE CAMPAIGN'S PROJECT DAN (DEATHS AVOIDED BY NALOXO NE), WHICH IS DESIGNED TO REDUCE WIDESPREAD DRUG ABUSE AND SPECIFICALLY REDUCE DEATHS FROM OPIOID OVERDOSE - W A T C H (WE ARE TARGETING COMMUNITY HEALTHCARE) MEMBERS HAVE DONATE D MORE THAN $5 MILLION TO SUPPORT THE HEALTHY JOURNEY CAMPAIGN SINCE THE PROGRAM'S INCEPTI ON IN 2000 INVESTING IN OUR YOUTH SAFE KIDS COALITION WORKS TO KEEP KIDS SAFE THE GAINES VILLE-HALL COUNTY SAFE KIDS COALITION, LED BY NGMC, IS PART OF THE NATIONAL SAFE KIDS CAMP AIGN, THE FIRST AND ONLY NATIONAL ORGANIZATION DEDICATED SOLELY TO THE PREVENTION OF UNINT ENTIONAL 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, BIKE HELMETS, AND LIFE JACKETS TO AREA CHILDREN IN NEED WORKING WITH A COALITION MADE UP OF LAW ENFORC EMENT, AREA SCHOOLS, COMMUNITY VOLUNTEERS AND OTHERS, SAFE KIDS PROVIDES EDUCATIONAL MATER IALS AND PROGRAMS THAT TEACH CHILDREN AND THEIR PARENTS HOW TO AVOID ACCIDENTS AND INJURIE S SAFE KIDS CONTINUED THE WORK OF INJURY PREVENTION FOR FAMILIES IN THE HALL COUNTY COMMU NITY IN 2015 THANKS TO THE SUPPORT OF THE MCF AND THE HEALTHY JOURNEY CAMPAIGN IN FY15, M EMBERS OF THE GAINESVILLE-HALL COUNTY SAFE KIDS COALITION PROVIDED OVER 300 PROGRAMS AND E VENTS THAT REACHED AN ESTIMATED 52,000 CHILDREN AND THEIR FAMILY MEMBERS, TEACHERS AND CAR EGIVERS THROUGH THESE PROGRAMS, OVER 5,400 SAFETY DEVICES WERE DISTRIBUTED TO FAMILIES WH O WERE IN NEED OF THEM SAFE KIDS OF GAINESVILLE-HALL COUNTY, LED BY NGMC, PARTNERS WITH O THER COMMUNITY AGENCIES ON "DRUG TAKE BACK DAYS" (OPERATION PILL DROP), WITH VARIOUS COLLE CTION POINTS IN THE COUNTY THIS GIVES COMMUNITY MEMBERS A SAFE WAY TO DISPOSE OF UNWANTED , UNUSED DRUGS DIABETES EDUCATION IN FY15, NGMC CONTINUED ITS PARTNERSHIP WITH GNC, THE PRIMARY CARE CLINIC AT THE HEALTH DEPARTMENT AND NGPG ON THE PILOT DIABETES MONITORING PRO JECT WHEREBY INDIGENT PATIENTS WITH DIABETES RECEIVED TESTING STRIPS AND A METER FOR AT LE AST A YEAR PATIENTS SIGNED A COMPACT WITH THE CLINIC THAT OUTLINED RESPONSIBILITIES SUCH AS KEEPING APPOINTMENTS AND ATTENDING EDUCATIONAL CLASSES AS RECOMMENDED BY THEIR PHYSICIA N FROM MARCH 2014 TO DECEMBER 2015, 373 PATIENTS HAD ENROLLED OF THOSE WHO HAD RETURNED FOR AT LEAST ONE A1C READING, 68 04% SHOWED A DECREASED A1C READING THE DIABETES EDUCATIO N PROGRAM AT NGMC IS RECOGNIZED BY THE AMERICAN DIABETES ASSOCIATION FOR QUALITY SELF-MANA GEMENT EDUCATION A COMPREHENSIVE RANGE OF EDUCATIONAL PROGRAMS IS OFFERED TO PEOPLE WITH DIABETES AND THEIR FAMILIES BY CERTIFIED DIABETES EDUCATORS, REGISTERED NURSES AND REGISTE RED DIETITIANS EDUCATION FOR SENIORS GETTING OLDER AND BETTER WORKSHOP OVER 300 PEOPLE P ARTICIPATED IN THE GETTING OLDER AND BETTER WORKSHOP IN MAY IN GAINESVILLE AND THE SPOUT S PRINGS LIBRARY IN FLOWERY BRANCH THIS EVENT WAS SPONSORED BY THE MEDICAL CENTER AUXILIARY , PROVIDED BY NGMC AND FEATURED THE TOPIC, "ARTHRITIS DO'S AND DONT'S " FEATURED SPEAKERS WERE DR MARK HAZEL, DR TENNENT SLACK, DR JOSEPH POWERS, DR GREGORY JACKSON AND PHYSICA L THERAPIST JIMMY SEASE FLU AND PNEUMONIA PROGRAM AT THE GUEST HOUSE NGMC PROVIDES FLU A ND 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 DIFFIC ULT TIME GETTING TO THEIR PHYSICIAN NGMC HAS PROVIDED A SIGNIFICANT DONATION FOR A NON-PR OFIT, VOLUNTEER-RUN TRANSPORTATION PROGRAM SERVING

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	HALL COUNTY SENIOR ADULTS, CALLED ITNLANIER, WHICH IS BEING SPEARHEADED BY THE WISDOM PRO JECT THE SERVICE PROVIDES PERSONAL, COST-EFFECTIVE TRANSPORTATION SERVICES TO THE ELDERLY ITNLANIER IS A PRE-AFFILIATE OF ITNAMERICA, A NATIONAL ORGANIZATION WITH 27 CHAPTERS PRO VIDING THOUSANDS OF RIDES DAILY TO SENIOR CITIZENS ITNLANIER HAS 24 LOCAL COMMUNITY LEADE RS AS BOARD AND ADVISORY COUNCIL MEMBERS AND DOES NOT RECEIVE STATE OR FEDERAL FUNDING LA CK OF TRANSPORTATION RESOURCES WAS ONE OF THE BARRIERS TO HEALTHCARE ACCESS IDENTIFIED IN OUR MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT SUPPORT OF COMMUNITY EFFORTS TO IMPROVE HEALTH NGMC EMPLOYEES ARE VERY ACTIVE IN THE COMMUNITY, VOLUNTEERING AT GNC, IN THEIR CH URCHES ON MISSION TRIPS AND FOR COMMUNITY AGENCIES SUCH AS THE HUMANE SOCIETY AND HABITAT FOR HUMANITY WHEN IT COMES TO SUPPORTING MCF'S EMPLOYEE GIVING CLUB, W A T C H (WE ARE T ARGETING COMMUNITY HEALTHCARE), OVER 3,300 EMPLOYEES DONATED MORE THAN $500,000 IN FY15 R ELAY FOR LIFE, AMERICAN HEART WALK, MARCH FOR BABIES NGMC EMPLOYEES ALSO TURNED OUT IN FU LL FORCE FOR COMMUNITY EVENTS SUCH AS THE AMERICAN HEART WALK, MARCH OF DIMES' WALKAMERICA AND AMERICAN CANCER SOCIETY'S RELAY FOR LIFE, AVERAGING PARTICIPATION OF 150 EMPLOYEES PE R EVENT BLOOD DRIVES NGMC EMPLOYEES DONATED OVER 457 UNITS OF BLOOD IN FY15 EMPLOYEES L EAD THE WAY - UNITED WAY PACESETTER & MORE NGHS EMPLOYEES CONTRIBUTED OVER $113,000 TO UN ITED WAY AS A PACESETTER COMPANY TWO NGMC EMPLOYEES SERVE ON THE UNITED WAY BOARD TRAINI NG AND EDUCATION FOR HEALTHCARE PROFESSIONALS NGMC CONTINUES TO SERVE AS A "PIPELINE" TO HELP GET MORE QUALIFIED PEOPLE INTERESTED IN HEALTHCARE POSITIONS AND HELP PROVIDE TRAININ G AND EDUCATION TO STUDENTS THIS TRAINING AND EDUCATION IS DONE THROUGH A VARIETY OF AVEN UES, FROM JOB SHADOWING TO THE NURSE EXTERN PROGRAM AND PHARMACY RESIDENCY PROGRAM, AS WEL L AS SIGNIFICANT SUPPORT TO FOOTHILLS AREA HEALTH EDUCATION CENTERS

Return Reference	Explanation
FORM 990, PART III, LINE 4A	NGMC PROVIDES HEALTH INFORMATION & SUPPORT THE FRASER RESOURCE CENTER AND HEALTH SCIENCES LIBRARY AT NGMC SERVES THE HEALTH INFORMATION NEEDS OF THE 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 SYMPTOMS, CONDITIONS AND TREATMENTS BOTH AT THE LIBRARY AND ALSO VIA LINKS ON NGMC'S WEBSITE (WWW NGHS COM/LIBRARY) THE RESOURCE CENTER ENCOURAGES VISITORS TO MAKE HEALTHY CHOICES AND BECOME ACTIVE, INFORMED PARTNERS IN THEIR HEALTH CARE. 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 (THE MOST RECENT) COMMUNITY HEALTH NEEDS ASSESSMENT AND WARRANT INCLUSION IN THIS SUMMARY PATIENT-CENTERED MEDICAL NEIGHBORHOOD NORTHEAST GEORGIA HEALTH SYSTEM HAS BEEN SELECTED AS ONE OF FIFTEEN 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 PCMN BUILDS ON THE CONCEPT OF A PATIENT-CENTERED MEDICAL HOME 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 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 NGPG'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 DISEASE MANAGEMENT IS A SET OF INTERVENTIONS DESIGNED TO IMPROVE THE HEALTH OF INDIVIDUALS WITH CHRONIC DISEASES DISEASE MANAGEMENT PROGRAMS ARE DESIGNED TO IMPROVE THE HEALTH OF PERSONS WITH SPECIFIC CHRONIC CONDITIONS AND TO REDUCE HEALTHCARE SERVICE USE AND COSTS ASSOCIATED WITH AVOIDABLE COMPLICATIONS, SUCH AS EMERGENCY ROOM VISITS AND HOSPITALIZATIONS PEOPLE WITH CHRONIC CONDITIONS GENERALLY USE MORE HEALTHCARE SERVICES, INCLUDING PHYSICIAN VISITS, HOSPITAL CARE, AND PRESCRIPTION DRUGS 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 ADHERENCE TO EVIDENCE BASED PREVENTION AND TREATMENT GUIDELINES, WORKING WITH PROVIDERS AND/OR WITH PATIENTS TO IMPROVE CARE. 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) WHICH PROVIDES NURSES SPECIAL TRAINING IN RAPE CRISIS, TRIAL TIME WITH A DISTRICT ATTORNEY AND TRAINING WITH LAW ENFORCEMENT AND A 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 IN FY15, NGMC HAD 253 SUBSCRIBERS

Return Reference	Explanation
FORM 990, PART III, LINE 4A	ORGANIZATION OVERVIEW NORTHEAST GEORGIA HEALTH SYSTEM (NGHS) IS A NOT-FOR-PROFIT COMMUNITY HEALTH SYSTEM DEDICATED TO IMPROVING THE HEALTH AND QUALITY OF LIFE OF THE PEOPLE OF NORTHEAST GEORGIA THROUGH THE SERVICES OF A MEDICAL STAFF OF MORE THAN 600 PHYSICIANS, THE RESIDENTS OF NORTHEAST GEORGIA ENJOY ACCESS TO THE STATE'S FINEST AND MOST COMPREHENSIVE MEDICAL SERVICES THE HEALTH SYSTEM OFFERS A FULL RANGE OF HEALTHCARE SERVICES THROUGH NGMC WITH TWO HOSPITAL CAMPUSES, ONE IN BRASELTON AND ONE IN GAINESVILLE NGMC IS RATED GEORGIA'S #1 HOSPITAL, AND AMONG THE TOP 10 IN THE NATION, BY CARECHEX CARECHEX ALSO RECOGNIZES NGMC AS BEST IN STATE FOR HEART CARE, WOMEN'S CARE AND STROKE CARE NGMC ALSO PROVIDES LONG TERM CARE THROUGH TWO CENTERS IN GAINESVILLE AND MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT THROUGH A FREESTANDING INPATIENT CENTER THE HEALTH SYSTEM'S SERVICES EXTEND THROUGHOUT THE NORTHEAST GEORGIA REGION THROUGH URGENT CARE CENTERS, OUTPATIENT REHABILITATION CENTERS OFFERING PHYSICAL, SPEECH AND OCCUPATIONAL THERAPY, A SATELLITE CANCER TREATMENT CENTER AND SEVERAL MULTI-SPECIALTY MEDICAL OFFICE BUILDINGS THROUGH NGPG, RESIDENTS IN NORTHEAST GEORGIA HAVE CLOSE ACCESS TO PRIMARY CARE AS WELL AS A HOST OF MEDICAL SPECIALTIES THROUGH MORE THAN 250 PROVIDERS AT MORE THAN 80 LOCATIONS LED BY VOLUNTEER BOARDS MADE UP OF COMMUNITY LEADERS, THE HEALTH SYSTEM SERVES ALMOST 1 MILLION PEOPLE IN 19 COUNTIES ACROSS NORTHEAST GEORGIA AS A NOT-FOR-PROFIT HEALTH SYSTEM, ALL REVENUE GENERATED ABOVE OPERATING EXPENSES IS RETURNED TO THE COMMUNITY THROUGH IMPROVED SERVICES AND INNOVATIVE PROGRAMS NORTHEAST GEORGIA MEDICAL CENTER'S CHARITY CARE POLICY SUPPORTS THE PROVISION OF CARE FOR INDIGENT PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY 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

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	NORTHEAST GEORGIA HEALTH SYSTEM, INC IS THE SOLE MEMBER OF NORTHEAST GEORGIA MEDICAL CENTER, INC

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE BOARD OF DIRECTORS OF NORTHEAST GEORGIA MEDICAL CENTER IS APPOINTED BY THE BOARD OF NORTHEAST GEORGIA HEALTH SYSTEM, INC - A RELATED 501(C)(3) ORGANIZATION

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE BOARD OF DIRECTORS OF NORTHEAST GEORGIA MEDICAL CENTER IS APPOINTED BY THE BOARD OF NORTHEAST GEORGIA HEALTH SYSTEM, INC - A RELATED 501(C)(3) ORGANIZATION

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 THE 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

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

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 INCORPORATE BOTH QUALITATIVE AND QUANTITATIVE CONSIDERATIONS, WHICH ARE REFLECTED IN THE COMMITTEE'S DETERMINATIONS CONCERNING KEY EMPLOYEE COMPENSATION AND THE SPECIFIC COMPONENTS THEREOF THE COMPENSATION DECISIONS OF THE COMMITTEE ARE DESCRIBED BELOW AS TO EACH OF THE THREE CATEGORIES BASE SALARY ANNUAL BASE SALARIES ARE SET AT MARKET COMPETITIVE LEVELS WITH HEALTHCARE SYSTEMS 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 NGHS 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' MISSION

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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	INTERCOMPANY DEBT FORGIVENESS -82,997,912 PARTNERSHIP INCOME NOT ON BOOKS -186,776 OTHER CHANGES -1,904

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
NORTHEAST GEORGIA MEDICAL CENTER INC

Employer identification number
58-1694098

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) NORTHEAST GEORGIA HEALTH SYSTEM INC 743 SPRING STREET GAINESVILLE, GA 30501 58-1694090	HEALTHCARE - PARENT ORG	GA	501(C)(3)	LINE 11C, III-FI	N/A	Yes	
(2) THE MEDICAL CENTER FOUNDATION INC 743 SPRING STREET GAINESVILLE, GA 30501 58-1694820	FUNDRAISING	GA	501(C)(3)	LINE 7	NORTHEAST GEORGIA HEALTH SYSTEM INC	Yes	
(3) 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	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) NORTHEAST GEORGIA HEALTH PARTNERS LLC 743 SPRING STREET GAINESVILLE, GA 30501 58-2131807	PPO DEVELOPMENT	GA	N/A	C					No

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the 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		No
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	Yes	
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		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
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		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r	Yes	
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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

(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 sections 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	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation