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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

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 10-01-2016 , and ending 09-30-2017

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 $ 1,109,804,165

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

Activities & Governance

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

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	12
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	772
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	5,470,341
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-123,212

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	1,802,655	1,302,274
9	Program service revenue (Part VIII, line 2g)	1,003,075,925	1,079,616,815
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,398,662	27,607,923
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	912,919	887,680
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,016,190,161	1,109,414,692
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,670,088	2,437,510
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)	381,155,872	452,900,870
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)	530,128,803	585,835,941
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	913,954,763	1,041,174,321
19	Revenue less expenses Subtract line 18 from line 12	102,235,398	68,240,371

Net Assets or Fund Balances		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,531,834,284	1,682,101,201
21	Total liabilities (Part X, line 26)	988,479,613	1,153,575,540
22	Net assets or fund balances Subtract line 21 from line 20	543,354,671	528,525,661

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

****** | 2018-08-15
Signature of officer | Date

Brian D Steines 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 ▶ PYA P C | Firm's EIN ▶ 62-1517792

Firm's address ▶ 2220 Sutherland Ave Knoxville, TN 37919 | Phone no (865) 673-0844

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2016)

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 $ 1,002,478,454 including grants of $ 2,437,510) (Revenue $ 1,079,826,465)

See Additional Data

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 ▶** 1,002,478,454

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

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

			Yes	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	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 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	Yes	
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**	553			
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	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 12			
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 VP FinanceCONTROLLER 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) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
See Additional Data Table										

		(D)	(E)	(F)
1b Sub-Total	▶			
c Total from continuation sheets to Part VII, Section A	▶			
d Total (add lines 1b and 1c)	▶	90,010	9,393,975	2,184,458

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 ▶ 357

			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
Epic Systems Corporation PO Box 88314 Milwaukee, WI 53288	Software Support & Training	8,149,186
Medifis Inc PO Box 5068 New York, NY 10087	Staffing Services	6,809,045
Anesthesia Associates of Gainesville PO Box 1076 Gainesville, GA 30503	Anesthesia Services	4,012,423
McKesson Technologies 22423 Network Place Chicago, IL 60673	Software/Equip Maintenance & Support	3,752,364
CSI Companies Inc PO Box 890841 Charlotte, NC 28289	IT Contract O/S	3,198,964

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 ▶ 414

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	1,302,274				
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 . . . . ▶			1,302,274			

Program Service Revenue	Business Code				
2a net patient svc rev	621400	1,060,527,651	1,055,231,547	5,296,104	
b Pharmacy	446110	13,406,441			13,406,441
c Cafeteria Revenue	722210	5,508,486			5,508,486
d management revenue	900099	174,237		174,237	
e					
f All other program service revenue					
g **Total.** Add lines 2a–2f . . . . ▶		1,079,616,815			

Other Revenue			(A)	(B)	(C)	(D)
3 Investment income (including dividends, interest, and other similar amounts) . . . . . . ▶			27,019,952			27,019,952
4 Income from investment of tax-exempt bond proceeds ▶						
5 Royalties . . . . ▶						
	(i) Real	(ii) Personal				
6a Gross rents	804,378					
b Less rental expenses	126,348					
c Rental income or (loss)	678,030					
d Net rental income or (loss) . . . . ▶			678,030			678,030
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	803,072	48,024				
b Less cost or other basis and sales expenses	0	263,125				
c Gain or (loss)	803,072	-215,101				
d Net gain or (loss) . . . . . ▶			587,971			587,971
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		209,650	209,650		
b						
c						
d All other revenue						
e **Total.** Add lines 11a–11d . . . . ▶			209,650			
12 **Total revenue.** See Instructions . . . . . ▶			1,109,414,692	1,055,441,197	5,470,341	47,200,880

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,437,510	2,437,510		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,954,305	1,867,592	86,713	
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	366,828,656	350,552,469	16,276,187	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	15,856,863	15,153,294	703,569	
9 Other employee benefits	52,535,905	50,204,887	2,331,018	
10 Payroll taxes	15,725,141	15,027,416	697,725	
11 Fees for services (non-employees)				
a Management	43,989,970	42,038,135	1,951,835	
b Legal	1,311,313	1,253,130	58,183	
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	2,084,130	1,991,657	92,473	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	49,565,184	47,365,977	2,199,207	
12 Advertising and promotion	644,252	615,667	28,585	
13 Office expenses				
14 Information technology				
15 Royalties . .				
16 Occupancy	10,048,297	9,602,454	445,843	
17 Travel	552,693	528,170	24,523	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings				
20 Interest	37,832,373	36,153,751	1,678,622	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	68,336,891	65,304,783	3,032,108	
23 Insurance . . .				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a supplies	133,220,476	127,309,483	5,910,993	
b BAD DEBT EXPENSE	83,592,320	83,592,320		
c Medical Supplies	52,301,129	52,301,129		
d NOE - Loss-early ext db	45,413,740	43,398,732	2,015,008	
e All other expenses	56,943,173	55,779,898	1,163,275	
25 **Total functional expenses.** Add lines 1 through 24e	1,041,174,321	1,002,478,454	38,695,867	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 IX . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		10,830,552	1	21,701,733
	2	Savings and temporary cash investments		111,919	2	77,902
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		100,452,558	4	106,229,994
	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	38,626
	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		460,316	7	417,579
	8	Inventories for sale or use		7,983,603	8	9,133,007
	9	Prepaid expenses and deferred charges		1,594,196	9	3,559,243
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,310,620,732			
	b	Less accumulated depreciation	10b 646,710,339	617,047,638	10c	663,910,393
	11	Investments—publicly traded securities		780,850,910	11	850,832,231
	12	Investments—other securities See Part IV, line 11		70,972	12	70,972
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		600,484	14	1,177,739
	15	Other assets See Part IV, line 11		11,831,136	15	24,951,782
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,531,834,284	16	1,682,101,201
Liabilities	17	Accounts payable and accrued expenses		86,137,806	17	95,908,790
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		859,300,144	20	1,017,605,287
	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			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		43,041,663	25	40,061,463
	26	**Total liabilities.** Add lines 17 through 25		988,479,613	26	1,153,575,540
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		543,354,671	27	528,525,661
	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		543,354,671	33	528,525,661
	34	Total liabilities and net assets/fund balances		1,531,834,284	34	1,682,101,201

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	1,109,414,692
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,041,174,321
3	Revenue less expenses Subtract line 2 from line 1	3	68,240,371
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	543,354,671
5	Net unrealized gains (losses) on investments	5	28,418,460
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	-111,487,841
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	528,525,661

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 (2016)

Form 990, Part III, Line 4a:

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**

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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Alex Wayne Member	1 00	X						0	0	0
Craig Brown MD Member, Vice Chief of Medical Staff - NGMC	40 00	X						68,010	0	0
Deborah Mack Member	1 00	X						0	0	0
Jack Keener Member	1 00	X						0	0	0
Jackie Wallace Vice Chair	1 00	X						0	0	0
Jeff Terry MD Member, Chair of Practice Review	5 00	X						22,000	0	0
John Nix Chair	1 00 1 00	X						0	0	0
Kaye Ann Herth Member	1 00	X						0	0	0
Larry Dent Member	1 00	X						0	0	0
Lua Blankenship Member	1 00	X						0	0	0

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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Phillippa Lewis-Moss Member	1 00	X						0	0	0
Preston Bowen Member	1 00 1 00	X						0	0	0
Rodney Smith MD Member	1 00	X						0	0	0
Steve Blair Member	1 00	X						0	0	0
Tim Scully MD Member, THC Physician	1 00 40 00	X						0	375,407	34,506
Anthony Herdener VP, CFO, Executive Consultant - NGHS	1 00 40 00			X				0	664,003	111,316
Brenda Simpson Chief Nursing Officer - NGMC	40 00 1 00			X				0	257,319	20,896
Brian D Steines CFO - NGHS	1 00 40 00			X				0	0	0
Carol Burrell President & CEO	1 00 40 00			X				0	1,219,656	908,865
Chad Hatfield President - NGMC Barrow	1 00 40 00			X				0	0	0

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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Christopher Paravate Chief Information Officer - NGHS	1 00 40 00			X				0	371,893	77,881
Daniel Tuffy President of Physician Services	1 00 40 00			X				0	0	0
Deborah Weber CHRO & VP Human Resources - NGHS	1 00 40 00			X				0	333,710	65,836
Elyse Gates VP Revenue Cycle - NGHS	1 00 40 00			X				0	248,042	7,726
Howard Walpole VP Clinical Effectiveness - NGMC	40 00 1 00			X				0	405,704	60,778
John Delzell Jr VP Medical Education - NGMC	40 00 1 00			X				0	0	0
John Turner VP Post Acute Care - NGMC	40 00 1 00			X				0	122,411	6,836
John Williamson President - NGMC Braselton	40 00 1 00			X				0	418,557	95,785
Linda Nicholson VP Finance/Controller - NGHS	1 00 40 00			X				0	279,977	96,069
Louis Smith Jr President - NGMC Gainesville	40 00 1 00			X				0	640,171	105,979

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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Melissa Tymchuk Chief of Staff	1 00 40 00			X				0	148,692	30,635
Penny Vigneau VP Heart & Vascular Services - NGMC	40 00 1 00			X				0	110,143	3,308
Roy Griffin Jr VP Financial Planning & Decision Support - NGHS	1 00 40 00			X				0	177,312	21,310
Samuel Johnson MD VP Medical Affairs & CMO - NGHS	1 00 40 00			X				0	534,596	87,507
Sonja McLendon VP Chief of Oper Excellence - NGHS	1 00 40 00			X				0	400,655	75,183
Stephen Kelly Chief Compliance Officer - NGHS	1 00 40 00			X				0	193,180	23,635
Tad Gomez VP Professional Support Services - NGMC	40 00 1 00			X				0	0	0
Tracy Vardeman VP Chief Strategy Executive - NGHS	1 00 40 00			X				0	382,228	103,449
Alan Wills Exec Director - HealtheConnections	40 00					X		0	235,885	27,449
Harold Law Jr Chief Technology Officer	40 00					X		0	248,946	26,629

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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Jeffery Stephens Exec Director - Supply Chain Mgmt	40 00					X		0	237,636	13,682
Randall Miller Manager - Radiation Physics	40 00					X		0	257,373	45,449
Richard Mattheus Chief Information Officer - NGPG	40 00					X		0	228,744	37,609
James Bailey Former VP-CMIO/CQO, Current NGPG Physician	0 00 40 00						X	0	518,323	27,141
Randy Smith Former Interim CNO	1 00 40 00						X	0	190,152	7,892
Debra Duke Former Director of Diagnostic Imaging	40 00						X	0	193,260	61,107

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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

2016

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 12, check only one box)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

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

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

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

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

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

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

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

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

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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

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

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

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

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

f Enter the number of supported organizations

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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, 8, or 9 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 2016 (line 6, column (f) divided by line 11, column (f)) | 14 |

15 Public support percentage for 2015 Schedule A, Part II, line 14 | 15 |

16a **33 1/3% support test—2016.** 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—2015.** 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—2016.** 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—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2015** Schedule A, Part III, line 17	18	

19a **331/3% support tests—2016.** 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—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	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 I of Schedule L (Form 990 or 990-EZ)*	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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b 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		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described 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**		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**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)

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

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

2016

Open to Public Inspection

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

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

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

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

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

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

Name of 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-
2				
3				
4				
5				
6				

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		

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

	(a)	(b)
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2013	**(b)** 2014	**(c)** 2015	**(d)** 2016	**(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 on 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		38,977
j	Total Add lines 1c through 1i			38,977
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 THE FOLLOWING ORGANIZATIONS -AMERICAN COLLEGE OF HEALTHCARE -AMERICAN HEALTH INFORMATION MANAGEMENT Association -AMERICAN ACADEMY OF SLEEP -SOCIETY FOR HUMAN RESOURCE MANAGEMENT -AMERICAN COLLEGE OF SURGEONS -AMERICAN SOCIETY OF RADIOLOGIC TECHNOLOGISTS -AMERICAN ASSOCIATION OF NURSE PRACTITIONERS -AMERICAN SOCIETY OF ECHOCARDIOGRAPHY -SOCIETY FOR VASCULAR ULTRASOUND -NATIONAL HOSPICE AND PALLIATIVE CARE ORGANIZATION -SOCIETY OF DIAGNOSTIC MEDICAL SONOGRAPHY -AMERICAN ASSOCIATION OF NEUROSCIENCE NURSES -GREATER HALL CHAMBER OF COMMERCE -340B HEALTH -COLLEGE OF HEALTHCARE INFORMATION MANAGEMENT EXECUTIVES -AMERICAN ORGANIZATION OF NURSING EXECUTIVES -ASSOCIATION FOR PROFESSIONALS IN INFECTION CONTROL AND EPIDEMIOLOGY -SOCIETY OF TRAUMA NURSES -SOCIETY OF THORACIC SURGEONS -COLLEGE OF AMERICAN PATHOLOGISTS -AMERICAN SOCIETY FOR HEALTHCARE HUMAN RESOURCES ADMINISTRATION -GEORGIA HOSPITAL ASSOCIATION -AMERICAN MEDICAL ASSOCIATION -AMERICAN MEDICAL REHABILITATION PROVIDERS ASSOCIATION -AMERICAN SOCIETY OF ELECTRONEURODIAGNOSTIC TECHNOLOGISTS -GEORGIA HEALTH CARE ASSOCIATION -AMERICAN COLLEGE OF HEALTHCARE EXECUTIVES -GEORGIA ASSOCIATION OF PHYSICIAN ASSISTANTS A PORTION OF THESE DUES IS DESIGNATED FOR LOBBYING ACTIVITIES BY THESE ORGANIZATIONS

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2016

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" on Form 990, Part IV, line 6.

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ 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" on Form 990, Part IV, line 7.

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

☐ Preservation of land for public use (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, handling of violations, and enforcing conservation easements during the year ▶ ____________

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ 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" on 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 on Form 990, Part VIII, line 1 ▶ $ ____________

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on 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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	18,583,043	18,118,047	16,101,021	16,849,889	15,041,133
b Contributions	3,314,674	3,540,926	3,145,604	3,570,704	4,067,156
c Net investment earnings, gains, and losses	150,450	196,428	-73,802	138,946	139,010
d Grants or scholarships					
e Other expenditures for facilities and programs	2,291,945	3,336,244	1,137,475	4,410,931	2,329,610
f Administrative expenses	-9,178	-63,886	-82,699	47,587	67,800
g End of year balance	19,765,400	18,583,043	18,118,047	16,101,021	16,849,889

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 ▶ 26 710 %

c Temporarily restricted endowment ▶ 73 290 %

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

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)	Yes	
b If "Yes" on 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' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		9,170,006		9,170,006
b Buildings		588,189,776	185,982,548	402,207,228
c Leasehold improvements		11,948,635	9,298,604	2,650,031
d Equipment		597,618,118	437,763,604	159,854,514
e Other		103,694,197	13,665,583	90,028,614
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				663,910,393

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

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

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

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

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
Estimated Third Party Payer Settlements	10,174,503
Capitalized Leases	10,694,209
Deferred Compensation	15,868,907
Estimated Fair Value of Interest Rate Swaps	3,323,844
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	40,061,463

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' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	987,225,593
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	10,460,952		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	126,348		
e	Add lines **2a** through **2d**			2e	10,587,300
3	Subtract line **2e** from line **1**			3	976,638,293
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	2,084,130		
b	Other (Describe in Part XIII)	4b	130,692,269		
c	Add lines **4a** and **4b**			4c	132,776,399
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	1,109,414,692

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

1	Total expenses and losses per audited financial statements			1	907,110,766
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	126,348		
e	Add lines **2a** through **2d**			2e	126,348
3	Subtract line **2e** from line **1**			3	906,984,418
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	2,084,130		
b	Other (Describe in Part XIII)	4b	132,105,773		
c	Add lines **4a** and **4b**			4c	134,189,903
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	1,041,174,321

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
See Additional Data Table	

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

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
Part X, Line 2	Northeast Georgia Medical Center, Inc (NGMC) 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, 2017, management does not believe NGMC holds any uncertain tax positions that would requir e financial statement recognition or disclosure under generally accepted accounting princi ples It is NGMC's policy to recognize interest and/or penalties related to income tax mat ters as an operating expense where applicable

Supplemental Information

Return Reference	Explanation
Part XI, Line 2d - Other Adjustments	RENTAL EXPENSES 126,348

Supplemental Information

Return Reference	Explanation
Part XI, Line 4b - Other Adjustments	PARTNERSHIP Income NOT ON BOOKS 209,698 Net Assets Released from Restrictions 229,942 NON-OPERATING EXPENSES 1,246,569 Estimated Provision for Bad Debts 83,592,320 Loss on Bond Refunding 45,413,740

Supplemental Information

Return Reference	Explanation
Part XII, Line 2d - Other Adjustments	RENTAL EXPENSES 126,348

Supplemental Information

Return Reference	Explanation
Part XII, Line 4b - Other Adjustments	Non-Operating Expenses 1,246,569 Estimated Provision for Bad Debts 83,592,320 Partnership Expenses not on books 428 Contributions in Net Assets 1,852,716 Loss on Bond Refunding 45,413,740

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SCHEDULE H (Form 990)

Hospitals

▶ Complete if the organization answered "Yes" on 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*.

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2016

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 — **3a** Yes

☐ 100% ☑ 150% ☐ 200% ☐ Other ________ %

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 — **3b** Yes

☐ 200% ☐ 250% ☑ 300% ☐ 350% ☐ 400% ☐ Other ________ %

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

			Yes	No
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)			38,571,601	0	38,571,601	4 030 %
b Medicaid (from Worksheet 3, column a)			110,417,767	90,576,764	19,841,003	2 070 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			4,663,386	2,139,020	2,524,366	0 260 %
d **Total** Financial Assistance and Means-Tested Government Programs			153,652,754	92,715,784	60,936,970	6 360 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		164,305	2,955,826	1,855	2,953,971	0 310 %
f Health professions education (from Worksheet 5)			3,298,527	1,731,272	1,567,255	0 160 %
g Subsidized health services (from Worksheet 6)			207,485,713	179,925,370	27,560,343	2 880 %
h Research (from Worksheet 7)			806,033	136,782	669,251	0 070 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			712,759		712,759	0 070 %
j **Total.** Other Benefits		164,305	215,258,858	181,795,279	33,463,579	3 490 %
k **Total.** Add lines 7d and 7j		164,305	368,911,612	274,511,063	94,400,549	9 850 %

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	1	5	12,221		12,221	0 %
2 Economic development			0			
3 Community support	10	25,000	352,865	146,823	206,042	0 020 %
4 Environmental improvements	1	0	2,500	250	2,250	0 %
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development	4	101	613,285	250	613,035	0 060 %
9 Other						
10 Total	16	25,106	980,871	147,323	833,548	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	83,592,319		
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	211,340,852
6	Enter Medicare allowable costs of care relating to payments on line 5	6	254,604,117
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-43,263,265

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

			Yes	No
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)		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	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 16			
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	
6 a	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 20 16			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) See statement for Line 11			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group Northeast Georgia Medical Center Inc

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	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	Was widely publicized 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 ☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
	h ☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
	i ☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
	j ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group Northeast Georgia Medical Center Inc

			Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon 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 ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
	d ☐ Actions that require a legal or judicial process			
	e ☐ Other similar actions (describe in Section C)			
	f ☑ None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**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 ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
	d ☐ Actions that require a legal or judicial process			
	e ☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
	a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
	b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
	c ☑ Processed incomplete and complete FAP applications			
	d ☑ Made presumptive eligibility determinations			
	e ☐ Other (describe in Section C)			
	f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

			Yes	No
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)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group Northeast Georgia Medical Center Inc

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

Part V Facility Information *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

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? **25**

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 3c	Patients who are determined to be indigent, determined by criteria-based methods, such as propensity to pay or health scores, participation in low income government assistance programs, etc may be presumptively eligible for assistance, providing they cooperate with screening for other financial assistance resources (e g Medicaid or disability), as applicable
Part I, Line 6a	The Community Benefit report is published by Northeast Georgia Health System and includes programs for Northeast Georgia Medical Center and its affiliates The report is available on the organization's website (www nghs com) as well as in its Annual Communicare Magazine

990 Schedule H, Supplemental Information

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
Part I, Line 7g	Subsidized health services were for inpatient rehabilitation, inpatient medicine, Laurelwood (mental health), and Neonatal Intensive Care Unit (NICU) No costs were attributable to physician clinics

990 Schedule H, Supplemental Information

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 $83,592,320
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 Project SEARCH Project SEARCH provides employment and education opportunities for individuals with mild to moderate disabilities The program is dedicated to workforce development that benefits the individual, community and workplace In FY17, 13 students, two job coaches and an instructor participated The students work 20 hours per week in each assigned department Mentors are assigned in each department Mentors also attend a monthly meeting to discuss progress and needs of students Sponsorship of Junior Achievement NGMC provides financial support to Junior Achievement, an organization that educates youth about free enterprise while encouraging youth to stay in school Sponsorship of Eagle Ranch NGMC provides financial support to Eagle Ranch Eagle Ranch provides a Christ-centered home for 54 boys and girls aged 6-18 who are in need of a stronger family support system Their goal is the spiritual, intellectual, emotional, social and physical development of children and the eventual reunification with their natural families whenever possible

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 2	PATIENT ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR DOUBTFUL ACCOUNTS IN EVALUATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE, NGMC ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYER SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS AND PROVISION FOR BAD DEBTS MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYER SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS NGMC'S ESTIMATED ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS WAS APPROXIMATELY 22% OF GROSS PATIENT ACCOUNTS RECEIVABLE AT SEPTEMBER 30, 2017 AND 2016 NGMC'S BAD DEBT WRITE-OFFS WERE APPROXIMATELY $106,999,000 AND $113,602,000 FOR THE YEARS ENDED SEPTEMBER 30, 2017 AND 2016, RESPECTIVELY
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 contain a footnote regarding Bad Debts on page 13-14

990 Schedule H, Supplemental Information

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
Part III, Line 9b	Patients who are determined to be indigent, determined by criteria-based methods, such as propensity to pay or health scores, participation in low income government assistance programs, etc may be presumptively eligible for assistance, providing they cooperate with screening for other financial assistance resources (e g Medicaid or disability), as applicable

990 Schedule H, Supplemental Information

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 on health inequities in the communities it serves A listing of the resources is listed below - As part of the Hall County Family Connection, we review information from Kids Count, which provides key indicators of child well-being - NGMC is actively involved in Vision 2030 (www Vision2030 org) This community-wide program is sponsored by the Greater Hall Chamber of Commerce and participation is open to everyone in the community A NGMC employee currently chairs the board of Vision 2030 which focuses on the creation of a culture of community wellness, the support and maintenance of lifelong learning, the building of an economy around emerging life sciences, the encouragement of innovative growth/infrastructure development, and the promotion of cultural integration - NGMC has partnered with other healthcare providers in the community to form the Healthcare Initiative Consortium This group has worked 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 group has collected data on both adults, as well as pediatric patients - The Hall County Health Department also shares its Health Risk Snapshots for counties in the service area, which focuses on population trends, youth risk, infant risk, general risk, student substance abuse, top causes of death and WIC nutrition program information - We also monitor the County Health Rankings published by the Robert Wood Johnson Foundation (http //www countyhealthrankings org/about-project)
Part VI, Line 3	Each billing cycle, statement contains contact information for financial assistance information A plain language summary is provided at day 90 During the 240 days prior to placement with a collection agency, regular phone calls are made that include oral notification of financial assistance policy and how to obtain assistance with the application process Applications will be accepted up to day 240 With aggregated multiple episode patient accounts, for purposes of measuring 120 and 240 days, the first post-charge billing statement will be used

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 4	Population From 2010 to 2016, the Health System's Total Service Area (TSA) population grew 1 6% per year on average compared to the State of Georgia at 0 9% and the U S at 0 8% Population for the TSA in 2016 is estimated to be 881,876 representing a total growth rate of 9 7% since 2010, compared to the State of Georgia's growth (5 7%) and the U S (4 8%) over the same time period The TSA's population growth rate is projected to outpace Georgia and the U S through at least 2021, thus continuing to drive above average demand for health care services Source U S Census Bureau, ESRI, Inc Household Income and Home Values Median Household Income for the TSA is currently $55,943 compared to the State of Georgia at $50,384 The Median Home Value for the TSA is currently $197,128 compared to the State of Georgia at $161,440 The NGHS Service Area has been consistently higher than the State of Georgia on these metrics Source U S Census Bureau, ESRI, Inc Employment The unemployment rate for the NGHS Total Service Area was 5 2% in 2016 compared with the State of Georgia at 6 3% and the U S at 5 9% For at least the last 10 years, the TSA has consistently experienced an annual unemployment rate below those of Georgia and the U S Source U S Bureau of Labor Statistics, ESRI, Inc
Part VI, Line 5	Northeast Georgia Medical Center's Board of Directors is comprised of 15 members and represents the communities served by the organization 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 policy on financial assistance (formerly known as the Charity Care Policy) helps ensure access to hospital services to low income patients, i e patients with a family income of up to and including/equal to 150% 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

990 Schedule H, Supplemental Information

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, Northeast Georgia Health Partners, River Place Medical Office Plaza I, The Heart Center, LLC, and NGMC Barrow 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 regional community of over 18 counties 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 health-focused services in the community Northeast Georgia Health Partners works to build collaborative relationships between hospitals, physicians and other healthcare providers, employers and the employees they represent through insurance products that help support patient access to healthcare services throughout the region River Place Medical Office Plaza 1 is a medical office building that is home to an urgent care center, imaging center, outpatient rehabilitation center, full service lab and many private physician practices representing more than 20 medical specialties, improving access to care in the southern region served by Northeast Georgia Health System Northeast Georgia Physicians Group is a multi-specialty group with more than 350 physicians, physician assistants, nurse practitioners and other clinical staff providing healthcare services at 65 locations throughout northeast Georgia, which further improves the community's access to care for the region of over 18 counties Northeast Georgia Health System volunteers and Auxilians are people of all ages who give of themselves to make a difference in the lives of others The Medical Center Auxiliary is committed to involving dedicated volunteers to improve the services of the Health system Volunteers contribute time and compassionate service assisting with non-medical duties as they provide comfort and support to patients, family members and visitors The affiliation between Northeast Georgia Medical Center's Heart and Vascular Services and The Heart Center of Northeast Georgia Medical Center ensures patients have access to the latest cardiovascular technology and receive top quality care from top physicians This group has several offices throughout the northeastern part of Georgia and provides all cardiovascular subspecialty care, including general, invasive and interventional cardiology, congestive heart failure, electrophysiology, peripheral vascular interventions and women's cardiovascular health programs Northeast Georgia Medical Center Barrow (NGMC Barrow), founded in 1951 and originally known as Barrow Regional Medical Center, joined Northeast Georgia Health System in 2017 Since 2009, NGMC Barrow has been recognized by the Georgia Hospital Association as one of only twelve hospitals throughout the state to earn the Chairman's Honor Roll With 56 beds and a medical staff of more than 200 physicians, NGMC Barrow brings services modeled around the programs of excellence at NGMC Gainesville to Barrow County These include emergency services, surgery and procedures, intensive care, outpatient surgery, respiratory therapy, wound care and imaging services
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 Schedule H, Part V Section A. Hospital Facilities

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		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**
1	Northeast Georgia Medical Center Inc 743 Spring Street Gainesville, GA 30501 www nghs com 069-074	X	X					X			

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

Form and Line Reference	Explanation
Northeast Georgia Medical Center, Inc	Part V, Section B, Line 5 The hospital considered input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health via focus groups and key stakeholder interviews Four focus groups (one for each NGMC service area), collectively comprised of forty-six (46) participants and twenty-eight (28) key informant interviews, were conducted in March and April 2016 Additional input from over 200 low income, Latino, and uninsured residents was also gathered by a bilingual interview team who fielded a short questionnaire in Hall County at one of three locations the Hall County Health Department, mostly at the prenatal clinic - a service for low-income expectant women, the Good News Clinics, which provides medical and dental care to low-income, uninsured county residents, and at public housing operated by Gainesville Housing Authority NGHS Senior Leaders were also significantly involved in feedback A complete listing of interview and focus group participants and the communities and populations served is located in Appendix F of the CHNA
Northeast Georgia Medical Center, Inc	Part V, Section B, Line 11 How NGMC is addressing significant needs identified in the 2016 CHNA is outlined in the CHNA implementation plan The reason why all of the health needs identified are not being addressed is because NGMC had to take into consideration the staffing, funding and other resources needed to make an impact on identified health needs, and NGMC knew if it did not focus in on 3 - 5 specific health needs, it would not be able to truly make an impact over the next three years There are also other health and human service organizations working on issues such as child abuse and neglect The full text of the implementation strategy is posted at the following url https //www nghs com/fullpanel/uploads/files/chna-outcome-measures-with-links-on-title-page pdf

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)
1 - Imaging Center - Gainesville 1315 Jesse Jewell Pkwy Gainesville, GA 30501	imaging / Radiology Center
2 - Braselton NICD 1404 River Place Suite 200 Braselton, GA 30517	Cardiology Services
3 - Imaging Center - Braselton 1515 River Place Braselton, GA 30517	imaging / Radiology Center
4 - Laurelwood 200 Wisteria Drive gainesville, GA 30501	Mental Health Services
5 - Braselton Radiation TherapyPhysics 1515 River Place Braselton, GA 30517	Radiation Therapy
6 - Toccoa Cancer Center 1656 Falls Road Toccoa, GA 30577	Cancer Services
7 - Rehabilitation Institute 597 South Enota Drive NE gainesville, GA 30501	rehabilitation Services
8 - Imaging Center - Dawsonville 108 Prominence Court DawSONVILLE, GA 30534	Imaging / Radiology Center
9 - New Horizons Limestone North 600 Beverly Road NE gainesville, GA 30501	Long Term Care
10 - Cumming OP Diagnostic Cardiology 900 Sanders Road Cumming, GA 30041	Diagnostic Cardiology
11 - New Horizons Lanier Park West 675 White Sulphur Road gainesville, GA 30501	Long Term Care
12 - Wound Ostomy ContinenceHyperbaric Ther 675 White Sulphur Road gainesville, GA 30501	Wound Healing Center
13 - Healthlink Lab at Riverplace 1515 River Place Braselton, GA 30517	Clinical Laboratory
14 - Sleep Lab 1466 Jesse Jewell Pkwy gainesville, GA 30501	sleep disorder center
15 - Buford Outpatient Imaging 3425 Buford Drive Suite 100 Buford, GA 30519	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)
16 - Rehab - Braselton 1515 River Place Braselton, GA 30517	rehabilitation Services
17 - GYN Oncology Infusion SErvices 1498 Jesse jewell Parkway Suite C Hall, GA 30501	gynecologic oncology
18 - Rehab - Cleveland 640-A Helen Hwy Cleveland, GA 30528	rehabilitation Services
19 - Rehab - Dawsonville 5959 Highway 53E Suite 200 DAWSONVILLE, GA 30534	rehabilitation Services
20 - Rehab - Friendship (Buford) 4889 Golden Pkwy Suite 150 Buford, GA 30518	rehabilitation Services
21 - Rehab - Dahlonega 95 Morrison Moore Pkwy Dahlonega, GA 30533	rehabilitation Services
22 - Neurophysiology 1404 River Place Suite 403 Braselton, GA 30517	Neurophysiology
23 - Healthlink Lab at Dawsonville 108 Prominence Court DawSONVILLE, GA 30534	Clinical Laboratory
24 - Diabetes ED 675 White Sulphur Road gainesville, GA 30501	Diabetes Services
25 - Bariatric Services 675 White Sulphur Road gainesville, GA 30501	Bariatric Weight Loss Services

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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," on 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

2016

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" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(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) Good News Community Health Center PO Box 1577 Gainesville, GA 30503	58-2058853	501(c)(3)	584,367				Donation for Operating Cost
(2) The Medical Center Foundation 743 Spring Street Gainesville, GA 30501	58-1694820	501(c)(3)	1,852,716				Operating Support

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

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

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

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of non-cash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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" on 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

2015

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 on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ 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 on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	**4c**		No
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization? If "Yes," on line 5a or 5b, describe in Part III	**5b**		No
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization? If "Yes," on line 6a or 6b, describe in Part III	**6b**		No
7	For persons listed on 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 on 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" on 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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that 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 on 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, Line 4b	Part I, Line 4b - Employer Contribution to 457(f) executive retirement benefit plan Anthony M Herdener $ 54,803 Tracy M Vardeman $ 34,966 Linda Nicholson $ 25,052 Carol H Burrell $ 851,311 Samuel O Johnson $ 49,226 John A Williamson $ 39,115 Sonja McLendon $ 33,440 Christopher Paravate $ 36,947 Deborah Weber $ 33,109 Howard T Walpole $ 39,276 Louis Smith, Jr $ 63,576 Carol H Burrell, President and CEO of Northeast Georgia Health System, Inc , 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 2016 ($851,311) was computed based on her age, length of employment, and current position with Northeast Georgia Health System, Inc In addition, beginning in December 2016, Northeast Georgia Health System, Inc invested in a jointly-owned split dollar life insurance plan for Ms Burrell The asset value as of September 30, 2017 is $3,231,604 and is reported on Form 990, Part X, Line 15, Other Assets Employer Payment from 457(f) Plan (Including vested earnings on previously reported compensation) Anthony Herdener $ 54,803 Tracy M Vardeman $ 25,227 John A Williamson $ 31,436 Linda Nicholson $ 20,738 Samuel O Johnson $ 43,124 Sonja MClendon $ 18,377

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 on prior Form 990
1 Tim Scully MD Member, THC Physician	(i)	0	0	0	0	0	0	0
	(ii)	357,407	0	18,000	9,275	25,231	409,913	0
1 Anthony Herdener VP, CFO, Executive Consultant - NGHS	(i)	0	0	0	0	0	0	0
	(ii)	454,779	150,026	59,198	89,779	21,537	775,319	0
2 Brenda Simpson Chief Nursing Officer - NGMC	(i)	0	0	0	0	0	0	0
	(ii)	201,698	48,428	7,193	6,591	14,305	278,215	0
3 Carol Burrell President & CEO	(i)	0	0	0	0	0	0	0
	(ii)	885,401	275,956	58,299	897,040	11,825	2,128,521	0
4 Christopher Paravate Chief Information Officer - NGHS	(i)	0	0	0	0	0	0	0
	(ii)	311,390	58,873	1,630	44,456	33,425	449,774	0
5 Deborah Weber CHRO & VP Human Resources - NGHS	(i)	0	0	0	0	0	0	0
	(ii)	277,138	34,433	22,139	41,461	24,375	399,546	0
6 Elyse Gates VP Revenue Cycle - NGHS	(i)	0	0	0	0	0	0	0
	(ii)	188,792	58,737	513	6,199	1,527	255,768	0
7 Howard Walpole VP Clinical Effectiveness - NGMC	(i)	0	0	0	0	0	0	0
	(ii)	327,122	19,839	58,743	48,552	12,226	466,482	0
8 John Williamson President - NGMC Braselton	(i)	0	0	0	0	0	0	0
	(ii)	323,821	74,146	20,590	66,415	29,370	514,342	30,107
9 Linda Nicholson VP Finance/Controller - NGHS	(i)	0	0	0	0	0	0	0
	(ii)	204,246	62,522	13,209	65,364	30,705	376,046	19,861
10 Louis Smith Jr President - NGMC Gainesville	(i)	0	0	0	0	0	0	0
	(ii)	541,273	90,750	8,148	72,851	33,128	746,150	0
11 Melissa Tymchuk Chief of Staff	(i)	0	0	0	0	0	0	0
	(ii)	113,005	17,415	18,272	8,647	21,988	179,327	0
12 Roy Griffin Jr VP Financial Planning & Decision Sup	(i)	0	0	0	0	0	0	0
	(ii)	133,744	40,619	2,949	2,823	18,487	198,622	0
13 Samuel Johnson MD VP Medical Affairs & CMO - NGHS	(i)	0	0	0	0	0	0	0
	(ii)	407,664	101,408	25,524	58,502	29,005	622,103	41,301
14 Sonja McLendon VP Chief of Oper Excellence - NGHS	(i)	0	0	0	0	0	0	0
	(ii)	271,839	127,393	1,423	42,715	32,468	475,838	17,600
15 Stephen Kelly Chief Compliance Officer - NGHS	(i)	0	0	0	0	0	0	0
	(ii)	134,234	55,695	3,251	4,965	18,670	216,815	0
16 Tracy Vardeman VP Chief Strategy Executive - NGHS	(i)	0	0	0	0	0	0	0
	(ii)	292,700	69,192	20,336	73,015	30,434	485,677	24,161
17 Alan Wills Exec Director - HealtheConnections	(i)	0	0	0	0	0	0	0
	(ii)	210,269	25,166	450	7,000	20,449	263,334	0
18 Harold Law Jr Chief Technology Officer	(i)	0	0	0	0	0	0	0
	(ii)	217,899	30,075	972	7,766	18,863	275,575	0
19 Jeffery Stephens Exec Director - Supply Chain Mgmt	(i)	0	0	0	0	0	0	0
	(ii)	193,860	42,386	1,390	4,200	9,482	251,318	0

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

(A) Name and Title		(B)(i) Base Compensation	(B)(ii) Bonus & incentive compensation	(B)(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 on prior Form 990
21 Randall Miller Manager - Radiation Physics	(i)	0	0	0	0	0	0	0
	(ii)	256,033	0	1,340	36,634	8,815	302,822	0
1 Richard Mattheus Chief Information Officer - NGPG	(i)	0	0	0	0	0	0	0
	(ii)	204,632	23,422	690	7,000	30,609	266,353	0
2 James Bailey Former VP-CMIO/CQO, Current NGPG Phy	(i)	0	0	0	0	0	0	0
	(ii)	491,525	0	26,798	9,275	17,866	545,464	0
3 Randy Smith Former Interim CNO	(i)	0	0	0	0	0	0	0
	(ii)	149,471	38,844	1,837	4,723	3,169	198,044	0
4 Debra Duke Former Director of Diagnostic Imagin	(i)	0	0	0	0	0	0	0
	(ii)	169,735	18,842	4,683	31,185	29,922	254,367	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

2016

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	306,081,501	249,569,381	46,625,000	227,214,996
4	Gross proceeds in reserve funds	7,744,640	5,060,433		
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			88,715,198
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2013	2013	2011	2017

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D 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 Yes	A No	B Yes	B No	C Yes	C No	D Yes	D 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 Yes	A No	B Yes	B No	C Yes	C No	D Yes	D 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 ▶		0 020 %		0 020 %		0 020 %		0 020 %
6	Total of lines 4 and 5		0 220 %		0 220 %		0 220 %		0 220 %
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 Yes	A No	B Yes	B No	C Yes	C No	D Yes	D 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		1800 0000000000 %		1800 0000000000 %		1300 0000000000 %		
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)

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*.

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047
2016
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 Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pool financing Yes	(i) Pool financing 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
B	the Hospital Authority of Hall County and the City of Gainesville (2017A)	58-6002388	362762LT1	02-09-2017	185,966,677	Pay the cost of issuing 2017A, advance refund portion of 2010A		X		X		X
C	the Hospital Authority of Hall County and the City of Gainesville (2017B)	58-6002388	362762MM5	02-09-2017	160,203,063	Pay the cost of issuing 2017B, advance refund portion of 2010B		X		X		X
D	the Hospital Authority of Hall County and the City of Gainesville (2017C)	58-6002388	362762NV4	02-09-2017	75,000,000	Pay the cost of issuing 2017C, pay or reimburse for capital projects		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	135,503,243	185,966,974	160,203,280	75,000,115
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	462,303	573,363	475,282	327,853
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	71,006,069			
11	Other spent proceeds				
12	Other unspent proceeds			7	3
13	Year of substantial completion	2017	2017	2017	2017

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D 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 Yes	A No	B Yes	B No	C Yes	C No	D Yes	D 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 ▶		0 020 %		0 020 %		0 020 %		0 020 %
6	Total of lines 4 and 5		0 220 %		0 220 %		0 220 %		0 220 %
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		X		X	
b	Exception to rebate?		X		X		X		X
c	No rebate due?		X		X		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								
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		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).

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

2016

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 Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pool financing Yes	(i) Pool financing No
A	the Hospital Authority of Hall County and the City of Gainesville (2017D)	58-6002388		02-09-2017	75,000,000	Pay the cost of issuing 2017D, pay or reimburse for capital projects		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	75,171,934			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	217,428			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	42,953,556			
11	Other spent proceeds				
12	Other unspent proceeds	32,000,950			
13	Year of substantial completion				

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D 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 Yes	A No	B Yes	B No	C Yes	C No	D Yes	D 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 Yes	A No	B Yes	B No	C Yes	C No	D Yes	D 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 ▶	0 020 %							
6	Total of lines 4 and 5	0 220 %							
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 Yes	A No	B Yes	B No	C Yes	C No	D Yes	D 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).

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

2016

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
(1) John Delzell Jr	VP Medical Education - NGMC	Sign-on Advance pursuant to written promissory note and applicable interest		X	20,000	19,167		No	Yes		Yes	
(2) Tad Gomez	VP Professional Support Services - NGMC	Sign-on/relocation pursuant to written promissory note and appl interest		X	29,187	19,459		No	Yes		Yes	
Total				▶ $		38,626						

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	85,446	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	40,675	Bradee Aderholt is employed by Northeast Georgia Medical Center, Inc		No
(3) James Nicholson	Son of Linda Nicholson, Officer of NGMC	39,849	James Nicholson is employed by Northeast Georgia Medical Cener, Inc		No

Part V **Supplemental Information**
Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493227000098

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 **2016** **Open to Public Inspection**

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a, Program Service Accomplishments	Northeast Georgia Health System, Inc (NGHS) is a Georgia, not-for-profit corporation that provides healthcare services to the residents of Northeast Georgia primarily through the operation of its affiliates including Northeast Georgia Medical Center, Inc (NGMC), which is also a Georgia, not-for-profit corporation NGMC operates a 557-licensed bed inpatient facility in Gainesville and a 100-licensed bed inpatient facility in Braselton In Januar y 2017, NGHS acquired NGMC Barrow, LLC ("Barrow"), a 56-bed hospital located in Winder, Ge orgia Together, NGMC Gainesville, NGMC Braselton and Barrow provide a comprehensive range of acute care and specialty services and serve the area's low-income, uninsured, underins ured 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 NGMC Gainesville, Braselton and Barrow reinvest all funds in excess of operating expenses into healthcare services for the community NGHS receives no tax revenue from Hall or other co unties served, and services are funded by revenue generated from operations Located in Ge orgia's fastest growing region, the 67-year-old hospital, NGMC Gainesville, has expanded c onsiderably in recent years to meet demand, investing a quarter of a billion dollars to up date its aging plant and another $200 million-plus to build the NGMC Braselton campus and expand its services to include obstetrics and radiation therapy NGMC Gainesville & Brasel ton According to the 2017 Hospital Quality Ratings study by CareChex, NGMC is rated as Geo rgia's #1 Heart Hospital (for the twelfth year in a row) and Georgia's #1 hospital for Pul monary Care and Women's Health NGMC Gainesville is also in the top 9% in the Nation for C ancer Care and in the top 10% in the Nation for Pneumonia Care, Stroke Care, and Surgical Care NGMC Gainesville and Braselton campuses have been recognized as "Georgia Safe to Sle ep Hospitals" by the Georgia Department of Public Health In 2017, NGMC Gainesville and Br aselton provided charity care to Hall County residents at a cost of $19 9 million with ano ther $18 8 million to regional residents outside of Hall County Unlike a number of not-fo r-profit hospitals, NGMC receives no local tax revenue from Hall County, or any other coun ties, to support operations or care provided to indigent residents NGMC's charity care po licy provides financial assistance up to 300 percent of the poverty level - double the amo unt generally provided by other hospitals across the state The hospital is a key particip ant and fiscal sponsor in programs aimed at treating low-income and uninsured patients, in cluding the Good News Clinics, the largest free health care clinic in Georgia, and Health Access Initiative (HAI), a local service that matches financially eligible patients to spe cialty physicians and provides access to care, among other services Additionally - Since 2000, NGMC Gainesville has pr

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Form 990, Part III, Line 4a, Program Service Accomplishments	ovided nearly three times the amount of indigent and charity care set forth in requirement s by the Georgia Department of Community Health for successful passage of a certificate of need for new services, and, unlike many Georgia not-for-for profit hospitals held to the same requirements, NGMC does not receive tax funding from its local county to help fund in digent care to area residents - NGMC is the primary hospital for low-income patients in G ainesville-Hall County and throughout the region in counties such as Banks, Rabun, Union a nd White, where many key medical specialties are not available - NGMC Gainesville is numb er 5 in top hospitals for net uncompensated care ($50 8 M) provided in Georgia based on st ate fiscal year (July 1 - June 30) 2017 Indigent Care Trust Fund (ICTF) Total Hospital Spe cific diproportionate share hospital (DSH) Limits, many of the hospitals on the list recei ved local tax dollars while NGMC did not NGMC serves as a financial engine for the local economy In 2016 (latest numbers available), NGMC Gainesville and Braselton campuses surpa ssed the $1 75 billion mark in local and state economic impact, according to a report by t he Georgia Hospital Association which applied an economic multiplier to the hospital's dir ect expenditures to account for the "ripple" effect the hospital's spending has on other s ectors of the local and state economies The report found that through its economic impact , NGMC sustained more than 18,000 full-time jobs throughout the region and the state Unde r IRS law, a tax-exempt organization, classified as a 501(c)(3) charity, is required to h ave a mission that will benefit its community, reinvest all surplus funds in the organizat ion in a way that benefits the community, compensate executives, contractors and other emp loyees in accordance with fair market value, remain accountable to the community, refrain from participating in political campaigns for or against candidates and/or lobby as a subs tantial part of its activities, and remain financially accountable to the community by not allowing any portion of its net earnings to benefit any private shareholder or individual As a not-for-profit hospital, NGMC carries additional responsibilities, as established b y the IRS in 1965 Operate a full-time emergency room (ER) that is available to all people , regardless of their ability to pay, - NGMC Gainesville operates the 2nd busiest ER in Ge orgia (according to the 2016 Annual Hospital Questionnaire Survey) In FY17, 20% of all NG MC Gainesville and Braselton ER visits were made by self-pay patients Provide non-emergen cy services to anyone able to pay and medically necessary services to anyone in the NGHS s ervice area not able to pay, - Northeast Georgia Health System provides high quality, adva nced specialty and primary healthcare services to the Northeast Georgia community, serving 1 million people in more than 18 counties In FY17, NGMC's payor mix at Gainesville and B raselton was 60% Medicare/Medi

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Form 990, Part III, Line 4a, Program Service Accomplishments	caid, 32% commercial insurance and 8% self-pay Participate in Medicaid and Medicare, - 60 % of patients served by NGMC Gainesville and Braselton in FY17 were Medicaid and Medicare patients Create a governing board that is representative of the community it serves, - Mo re than 80 community members are actively involved in governance through Northeast Georgia Health System, NGMC and other subsidiary boards and committees Allow medical staff privi leges to any professional who is qualified and applies, - NGMC has a medical staff of more than 760 physicians representing numerous advanced specialties such as gynecologic oncolo gy, electrophysiology, cardiac surgery, critical care medicine, surgical trauma, neonatolo gy, perinatology and telemedicine Reinvest surplus funds in operations - As not-for-prof it organizations, the revenue generated by NGMC and its parent organization, Northeast Geo rgia Health System, above operating expenses is reinvested into the community Examples in clude construction of new medical facilities, such as the hospital in Braselton offering 2 4/7 emergency room services not previously available to local residents, investments in ad vanced medical technology such as robotic surgical systems and state of the art radiation therapy equipment, and development of the only Level 2 Trauma Center in Northeast Georgia NGMC participates in the Indigent Care Trust Fund (ICTF), a program established in 1990, which expands Medicaid eligibility and services, supports rural health care facilities tha t serve the medically indigent and funds primary health care programs for medically indige nt Georgians Georgia's Disproportionate Share Hospital (DSH) program is funded through th e ICTF and assists hospitals and other health providers that care for high proportions of Medicaid, uninsured and/or low-income patients In 2017, NGMC received $6 3 million in net funds allocated through the Medicaid DSH (ICTF) program to partially offset a financial l oss of $50 8 million in cost the Medical Center incurred treating uninsured and Medicaid p atients In addition, NGMC received $3 5 million in net funds allocated through the Medica id upper payment limit (UPL) program to adjust Medicaid payments upward to match Medicare payment levels NGMC Gainesville and Braselton value cooperative efforts with community or ganizations and other healthcare providers to improve the health status of area residents The organizations demonstrate this through many partnerships ranging from serving as lead agency of Safe Kids Gainesville/Hall County, to partnering with other organizations such as Good News Clinics and the Public Health Department to reach at-risk populations in need of health care

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Form 990, Part III, Line 4a	In FY17, NGMC Gainesville and Braselton provided over $6 7 million in community benefit pr ograms/outreach Health education was provided through free community lectures, screenings , various support groups and the semi-annual health magazine, Communicare NGMC also offer ed many community education seminars on topics ranging from health and nutrition to women' s health education and more, as well as seminars for health professionals in the community , region and state In addition, NGMC provided support to other local non-profit organizat ions that serve the community What Drives NGMC's Community Health Improvement Activities? NGMC, with input from the community, completed a Community Health Needs Assessment (CHNA) in 2016 The assessment focused mainly on the needs of the community's most vulnerable po pulations, particularly those with low-incomes who are uninsured Input from the community was gathered through focus groups and interviews Focus group participants and interviewe es included community leaders, public health experts and those representing the needs of m inority, underserved and indigent populations Input was also received from an internal NG MC board level workgroup and senior leadership who validated, refined and expanded the lis t of health needs NGMC would address The study culminated in the identification of the fo llowing 5 priority health needs across the region Septicemia, Access to Care, Diabetes, C ancer and Injury The 5 health priorities fit hand-in-glove with our strategic direction a s an organization Working together, from senior management to board level, to the bedside and community partners, NGMC has implemented a plan to improve the outcomes of these heal th needs over a 3 year period The actions and outcomes of this plan are being tracked to monitor improvements and identify opportunities with each priority health need Go to http s //www nghs com/community-benefit-resources for updates and full reports The following c ontains highlights of community benefit activities provided by NGMC in FY17, often partner ing with other organizations and individuals in the community Partnering to Reach the Uni nsured NGMC works cooperatively with other area healthcare providers to care for area res idents, particularly the indigent population Partners include, but are not limited to, NG MC, the Northeast Georgia Physicians Group (NGPG) Primary Care Clinic at Hall County Healt h Department, the Northeast Georgia Diagnostic Clinic, The Longstreet Clinic, Medlink (fed erally qualified health center), area physicians and indigent clinics such as Good News Cl inics in Gainesville and Good Shepherd Clinic of Dawson County Good News Clinics (GNC) N GMC provides funding to GNC (the largest free clinic in Georgia) that helps provide medica tions, medical supplies and other support Founded in 1992, GNC is a Christian ministry th at provides medical and dental care to the indigent and uninsured population at no charge Forty-six physicians, 9 mid-l

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Form 990, Part III, Line 4a	evel providers and 43 dentists volunteer to treat patients at GNC In addition, 332 specia list physicians volunteer to treat patients in their offices through referrals from GNC, N GPG Primary Care Clinic at the Hall County Health Department and physicians in Hall County In FY17, nearly $500,000 was donated to help GNC provide care to indigent patients who w ere at or below 150% of the federal poverty guidelines and did not qualify for other progr ams To provide integration between GNC, NGHS, and other providers in the community, NGMC through its foundation is working to help support the implementation of a high-level elect ronic medical record system to improve coordination of care and outcomes for this vulnerab le patient population Eva Johnson, NGMC Nurse Practitioner and Heart Failure Disease Mana ger, helped establish and now runs the Heart Failure Clinic at GNC Eva was awarded the Sa m Poole Community Volunteer of the Year Award for her tireless work with the clinic This project has been extremely successful, holding the 30-day hospital readmissions to one pat ient in 2017 NGPG Primary Care Clinic at the Hall County Health Department NGMC funds an d staffs a primary care clinic at the Hall County Health Department to improve access to p rimary healthcare services for low-income people in our community In FY17, NGMC contribut ed $1,070,096 to this clinic Prenatal Care Program at the Health Department NGMC, The Lo ngstreet Clinic, and Hall County Health Department partner to improve birth outcomes by in creasing early prenatal care for low-income, uninsured and under-insured pregnant women vi a the Health Department's primary care clinic Yearly cost to NGMC is approximately $200,0 00 Indigent Patient Fund At NGMC, financial assistance is provided for indigent patients to obtain urgently needed discharge medications and transportation Individuals eligible for these funds are patients whose needs cannot be met through primary insurance, their ow n personal funds, government programs or other charitable services This helps to ensure m edication compliance and maximize conditions for recovery and recuperation The Medical Ce nter Foundation provides funding for this Charity Care NGMC's charity care policy remove s barriers for low-income populations within our service area beginning with free, medical ly necessary care for patients whose gross family income is 0 to 150% of the Federal Pover ty Level (FPL) adjusted for family size Further, patients from our service area, whose FP L is from 151 to 300%, may qualify for an adjustment equivalent to the hospital's Medicare reimbursement rate plus an additional 40% discount to the Medicare reimbursement rate To tal Charity Care Cost for FY17 $19 9 million for Hall County with another $18 8 million f or regional residents outside of Hall County NGMC Volunteers In FY17, 748 NGMC volunteer s contributed 68,961 volunteer hours, equivalent to 41 full time employees and a value of over $1 6 million to the organ

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Form 990, Part III, Line 4a	ization 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 130 teens partic ipated in the Teen Volunteer Program in 2017 The teens represented 28 different schools w ithin the area Encouraging Medical Volunteering NGMC provides information at physician o rientation to encourage physicians to step up to volunteer opportunities through local fre e clinics (GNC in Gainesville and Helping Hand Clinic in Cleveland) as well as Health Acce ss NGPG also encourages physicians to give of their time volunteering at these locations Through various physician leadership councils, NGMC's Cancer Services Program encourages its physicians to actively participate in community outreach, including educational semina rs, screenings, cancer prevention opportunities and other outreach with the purpose of imp roving patient care, quality, access and programmatic excellence of cancer services within the community Financial Navigators NGMC has financial assistance counselors who help pa tients become insured, be it through Medicaid, PeachCare or other programs This team focu ses on being advocates for uninsured and under-insured patients, aiding them in finding vi able means to access care They find the best solutions for helping patients apply for Med icaid or disability, accessing healthcare exchanges or processing charity applications whe n appropriate Patient Navigators NGMC also has a cancer patient navigation program This program provides cancer patients with guidance throughout their cancer journey, and they are seen as a "living resource directory" for patients Clinical Research In FY17, all on going clinical trial research programs at NGHS were reorganized under the oversight of the new NGMC Office of Research NGMC's Oncology Research program, through the Georgia NCORP (National Cancer Institute Community Oncology Research Program), received recognition as a high performing research site member Georgia NCORP provides Georgians with access to sta te-of-the-art cancer prevention, screening, control, treatment and post treatment trials i n 41 locations throughout the state NGMC was recognized for results in meeting or exceedi ng our goals for providing patients access to cancer research trials NGMC's Cardiology Re search program was recognized by major sponsors as a top enrolling site through participat ion in pharmaceutical and device clinical trials in cardiology with outcomes that have the potential to improve the standard of care for patients throughout the U S and around the world

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Form 990, Part III, Line 4a	Partnering in the Community Partnership for a Drug Free Hall (DFH) As part of the behavio ral health issues being addressed in Hall County, much progress has been achieved in FY17 with regard to the opioid epidemic affecting so many counties across the region and our na tion Hall County's response to this epidemic is the collaborative Partnership for a Drug Free Hall Modeled after a partnership formed in Gwinnett County led by Senator Renee Unte rman, she, along with Deb Bailey, Executive Director of Governmental Affairs at NGHS, Dall as Gay, former NGHS Board Member, and Judy Brownell, Director of Prevention at Center Poin t, pulled together a diverse group of agencies in Hall County to form this partnership Ot her NGHS representatives from Community Health Improvement and Laurelwood also actively se rve on this committee DFH is dedicated to providing the people of Hall County with inform ation, resources and actions to address drug abuse Information and resources can be found at http //drugfreehall org The following activities have come from this collaboration an d are available to the community - Not My Family, a series of forums directed at families and individuals was launched to provide awareness, education and local resources In Sept ember 2017, the first forum was held in Gainesville at the Brenau Downtown Center where ov er 450 people attended Attendees ranged from professionals to students to families and fr iends, and this series continues in 2018 - Parent Support Group for parents/guardians who have lost a child due to overdose or drug-related injuries, as well as parents with a chi ld who is struggling with addiction is available to the community - 3 Steps to Save A Lif e, a training program designed to equip the general public with lifesaving information to prevent overdose deaths, was launched In 2018, this tool will be available in a free App, (currently available at www oorescue com) - Engagement in local schools and university s ystems such as with the University of North Georgia was expanded In addition to this, DFH in collaboration with the Hall County Family Connection Network (HCFCN), planned a 2018 Y outh Empowerment Summit to educate up to 100 sixth graders about the dangers of alcohol an d drugs, as well as, leadership skills and refusal strategies Through this summit, a Yout h Advisory Council will be developed - S T A R T (Students Together Achieving Responsibi lity & Tolerance), a Youth Advisory Council, will be an advisory group of youth leaders wh o work in partnership with their peers, local leaders and community organizations in Hall County As part of this council, members will learn about current issues facing youth, dev elop and strengthen leadership skills, provide input about current issues facing youth, in teract with local community leaders, serve as youth advocates and ambassadors for Hall Cou nty, participating in team building activities, volunteer projects and community service - NGMC's emergency departments

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Form 990, Part III, Line 4a	have been chosen by the Georgia Council on Substance Abuse to participate in a two-year, grant-funded pilot project to help patients who experience an opioid-related overdose The ED-CARES program connects people who have been admitted to emergency rooms for an opioid- related overdose with trained peer recovery coaches This peer support plays an important role in helping people avoid another overdose and encouraging them to seek treatment The program was created in response to the increasing number of overdose fatalities and seeks to curtail that trend by better connecting people at high-risk with community support and services NGMC is the only hospital system in Georgia to provide this support, which is pr ovided in all three Emergency Departments (at Gainesville, Braselton and Barrow) - Georgi a continues to benefit from Project DAN (Deaths Avoided by Naloxone), an effort to equip f irst responders with the drug naloxone/Narcan which can quickly reverse overdoses from opi oids or heroin The Medical Center Foundation's 2015 Medical Center Open benefited the Med ical Association of Georgia Foundation's 'Think About It' Campaign that funded Project DAN Until recently, naloxone was only available by prescription, but thanks to a standing or der signed by Governor Deal on December 14, 2016, the Jeffrey Dallas Gay Act, naloxone can now be dispensed over-the-counter by pharmacists across Georgia, making it accessible to parents and other lay citizens who may be the firsthand witnesses to overdoses Through Pr oject DAN, Northeast Georgia Health System has trained more than 5,000 people in 98 agenci es across 53 counties on the use of naloxone Although, there is no official reporting pro cess to capture all lives saved, we do know that 27 lives have been saved in Hall County a nd over 80 in our service area with naloxone kits provided to first responders through Pro ject DAN - In FY17, the Georgia Composite Medical Board proposed required physician educa tion addressing controlled substance prescribing guidelines NGMC has for many years parti cipated in seeking solutions to the tremendous opioid epidemic in our community and our st ate In an effort to better educate physicians on this alarming health crisis, the Georgia Composite Medical Board met and proposed amendments to the Georgia Composite Medical Boar d Rules which add continuing education requirements for physicians to address controlled s ubstance prescribing guidelines and recognizing signs of abuse or misuse The updated ruli ng was set to take effect January 1, 2018 Details can be found at the Medical Association of Georgia's website at www mag org NGMC is actively involved in Vision 2030 (www Vision 2030 org) This community-wide program is sponsored by the Greater Hall Chamber of Commerc e and participation is open to everyone in the community An NGMC employee currently serve s on the board of Vision 2030 which focuses on the creation of a culture of community well ness, the support and maintena

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Form 990, Part III, Line 4a	nce of lifelong learning, the building of an economy around emerging life sciences, the en couragement of innovative growth/infrastructure development and the promotion of cultural integration NGMC is also an active partner on other chamber committees such as the Health care Committee and the Health Initiative Consortium NGMC is also a partner in HALLmark, w hich is a community investment plan that addresses economic development, education, govern ment and community development through partnership Two NGMC representatives serve on the Hall County Family Connection Network (HCFCN) HCFCN adopted Teen Pregnancy Prevention and community-wide resource mapping in partnership with United Way as its two focus areas in FY17 HCFCN is a collaborative which serves as the local decision-making body, bringing co mmunity partners together to develop, implement and evaluate plans that address the seriou s challenges facing the children and families in our county, in addition to increasing awa reness and knowledge of existing programs and services available to families and children in Hall County Its vision is that every child has the opportunity to reach his or her ful l potential for good health, be secure from abuse and neglect and become a literate, produ ctive, economically self-sufficient member of our community A Member of NGMC's bariatric service line serves on Hall County School System's Wellness Council The Medical Center Fo undation (MCF) Raises Funds to Benefit the Community The MCF is the fundraising arm of NG MC and raises funds to improve the health of the community The Foundation's operating exp enses are supported by NGMC so that donated funds can be used to support NGMC projects and community health improvement initiatives The following are items of interest to note - Since 1997, approximately $3 8 million has been raised for community health improvement pr ojects through The Medical Center Open, a community golf tournament - The 2016 Medical Ce nter Open Golf Tournament, which was held in FY17, raised $282,454 to fund three homes and a neighborhood playground for Habitat for Humanity of Hall County, located in its signatu re subdivision, Copper Glen Over 100 community volunteers, 225 sponsors and 216 players m ade the tournament a success! NGMC senior leadership and employees helped construct the ho mes through three NGMC Build Days that benefitted three deserving families - Through the employee giving club known as W A T C H (We Are Targeting Community Healthcare), members have donated more than $8 8 million to support the Healthy Journey Campaign since the prog ram's inception in 1999

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Return Reference	Explanation
Form 990, Part III, Line 4a	Investing in Our Youth Safe Kids Coalition Works to Keep Kids Safe The Gainesville-Hall C ounty Safe Kids Coalition, led by NGMC, is part of Safe Kids Worldwide, the first and only national organization dedicated solely to the prevention of unintentional childhood injur y, which is the nation's number one killer of children ages 14 and under This program pro vides affordable safety equipment such as car seats, bike helmets, and life jackets to are a children in need Working with a coalition made up of law enforcement, area schools, com munity volunteers and others, Safe Kids provides educational materials and programs that t each children and their parents how to avoid accidents and injuries Safe Kids continued t he work of injury prevention for families in the Hall County community in 2017 thanks to t he support of MCF and The Medical Center Auxiliary proceeds from Marketplace (an annual fu ndraising event of The Medical Center Auxiliary, which benefits healthcare services of NGM C) In FY17, members of the Gainesville-Hall County Safe Kids Coalition provided over 76 p rograms and events that reached an estimated 9,643 children and their family members, teac hers and caregivers Through these programs, over 4,201 safety devices were distributed to families in need of them Education and Support for Seniors Getting Older and Better Work shops Over 220 people participated in the Getting Older and Better Workshops held in Sept ember in Gainesville and Braselton This event was sponsored by The Medical Center Auxilia ry, provided by NGMC and featured the topic "Let's Talk About Stroke Signs, Treatment, an d Lowering your Risk " Featured speakers were Antoine Leflore, MD , Emergency Medicine Phy sician from Northeast Georgia Health System, Shaena Blevins, MD , Stroke Medical Director from Northeast Georgia Medical Center and NGPG Neurology, Jennifer Sweigart, Inpatient Neu rology Physician Assistant from Northeast Georgia Physicians Group Neurology and Heather W ilsey, Physical Therapist and Outpatient Supervisor from The Rehabilitation Institute of N ortheast Georgia Medical Center Support of Community Efforts to Improve Health NGMC emplo yees are very active in the community, volunteering at GNC, in their churches on mission t rips 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 , over 3,500 employees donate d about $745,000 in 2017 American Cancer Society, American Heart Association, and March o f Dimes NGMC employees turned out in full force for community events such as the American Heart Walk, March for Babies and Relay for Life, averaging participation of 300 employees per event Blood Drives In FY17, NGMC hosted 22 drives, resulting in 484 donors and over 404 pints of blood United Way Pacesetter & More NGMC has partnered with United Way to e ngage employees and leaders in the community NGHS employees contributed $76,415 to United Way as a Pacesetter Company

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Return Reference	Explanation
Form 990, Part III, Line 4a	Three NGMC employees serve on the United Way Board, Dr Sam Johnson, Chief Medical Officer at NGHS, serves as Chairman on One Hall United Against Poverty In an effort to improve s chool readiness and literacy for our community's children, NGMC has partnered with the Uni ted Way of Hall County's Read Learn Succeed initiative to produce a children's book Print ed in English and Spanish, "Welcome to the World," provides education about the importance of reading to children every day, for at least 15 minutes, starting at birth The book al so includes keepsake pages for baby's first footprints and handprints Funded by The Medic al Center Auxiliary, this book is given to all babies born at NGMC Gainesville and NGMC Br aselton Training 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 training and education to students This training and education is done through a variety of avenues from job shadowing to the nurse extern program and pharmacy residency p rogram, as well as significant support to Foothills Area Health Education Centers Graduat e Medical Education (GME) Northeast Georgia Medical Center's GME program is designed to t rain residents to be leaders in the medical field as well as in the community Medical stu dents will receive hands-on training in one of six medical specialties internal medicine, family medicine, general surgery, OB/GYN, psychiatry and emergency medicine NGMC expects this program to grow to 170 residents by 2024, which would make this program one of the l argest in the state, and expects its first students in 2019 Dr Antonio Rios, Chief Physi cian Executive for NGPG, was elected Chairman of The Georgia Board for Physician Workforce On this board, Dr Rios will be committed to furthering the board's mission to identify the physician workforce needs of Georgia communities and to meet those needs through the s upport and development of medical education programs Dr Rios also serves on the Good New s Clinics and District 2 Public Health boards Northeast Georgia STEMI (S-T Segment Elevat ion Myocardial Infarction) Summit Hosted each year by NGMC, the Northeast Georgia STEMI S ummit brings together paramedics, EMS staff, and doctors from across the state They meet to discuss the state of the Northeast Georgia Regional STEMI System, a collaborative effor t providing critical care and rapid response in 18 counties across the region to people su ffering a severe heart attack known as STEMI As this year's summit was in progress, the G eorgia House of Representatives voted in favor of adopting Senate Bill 102, which provides for the establishment of emergency cardiac centers and the establishment of the Office of Cardiac Care within the Georgia Department of Public health The bill was spearheaded by Jeffrey Marshall, MD (The Heart Center of NGMC) and Deb Bailey, Executive Director of Gove rnmental Affairs at Northeast

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Return Reference	Explanation
Form 990, Part III, Line 4a	Georgia Health System In addition to championing Senate Bill 102, Deb has made tremendous contributions to our state as a whole, serving on the Georgia Committee on Public Health, Georgia Board of Nursing and the Georgia Hospital Medicaid Financial Program Advisory Com mittee NGMC Provides Health Information & Support The Fraser Resource Center and Health Sciences Library & Braselton Resource Center at NGHS serve the health information needs of the community Consumers, patients and their family members have access to credible resou rces 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 visitor s to make healthy choices and become active, informed partners in their health care In ke eping with guidelines for community benefit reporting, NGMC did not include quantitative d ata on the following programs/projects, but they do meet health needs in the community ide ntified via the 2016 (the most recent) Community Health Needs Assessment and warrant inclu sion in this summary NGMC Employees Lead the Way Carol Burrell, NGHS President and CEO, was named Georgia's Most Respected Business Leader for 2017 by Georgia Trend magazine At the annual Masters in the Art of Nursing Healers Among Us event, Deb Bailey, Executive Di rector of Governmental Affairs at NGHS, and Mary Martin, Chief Nursing Informatics Officer at NGHS, were recognized along with two other nurses in the community for their dedicatio n and excellence SANE program NGMC provides a SANE (Sexual Assault Nurse Examiner) progr am which provides nurses special training in rape crisis, trial time with a District Attor ney 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 specializ ed 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 NGMC Barrow N GMC Barrow provided charity care to Barrow County residents at a cost of $1 2 million in 2 017 with another $308 thousand provided to regional residents outside Barrow County NGMC Barrow receives no local tax revenue from any of the counties it serves to support operati ons or care provided to indigent residents, unlike a number of not-for-profit hospitals T he organization's charity care policy provides financial assistance up to 300% of the pove rty level, double the amount generally provided by other hospitals across the state

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Return Reference	Explanation
Form 990, Part III, Line 4a	In 2017, NGMC expanded its access in cardiac and cancer care to NGMC Barrow NGHS spent ne arly $2 5 million on new equipment for NGMC Barrow, such as a new CT scanner and two new h yperbaric oxygen treatment chambers in the Wound Care Center NGMC serves as a financial e ngine for the local economy In 2016 (latest numbers available), NGMC Barrow had $73 3 mil lion in local and state economic impact, according to a report by the Georgia Hospital Ass ociation, which applied an economic multiplier to the hospital's direct expenditures to ac count for the "ripple" effect the hospital's spending has on other sectors of the local an d state economies The report found that through its economic impact, NGMC Barrow sustaine d more than 500 full-time jobs throughout the region and the state Under IRS law, a tax-e xempt organization, classified as a 501(c)(3) charity, is required to have a mission that will benefit its community, reinvest all surplus funds in the organization in a way that benefits the community, compensate executives, contractors and other employees in accordan ce with fair market value, remain accountable to the community, refrain from participating in political campaigns for or against candidates and/or lobby as a substantial part of it s activities, and, remain financially accountable to the community by not allowing any por tion of its net earnings to benefit any private shareholder or individual As a not-for-pr ofit hospital, NGMC Barrow carries additional responsibilities, as established by the IRS in 1965 Operate a full-time emergency room that is available to all people, regardless of their ability to pay, - NGMC Barrow operates the 77th busiest ER in Georgia (according to the 2016 Annual Hospital Questionnaire Survey) In FY17, 30% of all NGMC Barrow emergency room visits were made by self-pay patients Provide non-emergency services to anyone able to pay and medically necessary services to anyone in the NGHS service area not able to pa y, - Northeast Georgia Health System provides high quality, advanced specialty and primary healthcare services to the Northeast Georgia community, serving 1 million people in more than 18 counties In FY17, NGMC Barrow's payor mix was 55% for Medicare/ Medicaid, 24% for commercial insurance and 21% for self-pay Participate in Medicaid and Medicare, - 55% of patients served by NGMC Barrow were Medicaid and Medicare patients Create a governing bo ard that is representative of the community it serves, - More than 80 community members ar e actively involved in governance through Northeast Georgia Health System, NGMC and other subsidiary boards and committees Allow medical staff privileges to any professional who i s qualified and applies, - NGMC Barrow has a medical staff of 280 physicians representing numerous advanced specialties such as emergency services, surgery and procedures, intensiv e care, outpatient surgery, respiratory therapy, wound care, imaging services and telemedi cine Reinvest surplus funds i

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Return Reference	Explanation
Form 990, Part III, Line 4a	n operatıons, - As not-for-profit organızatıons, the revenue generated by NGMC and ıts par ent organızatıon, Northeast Georgıa Health System, above operatıng expenses ıs reınvested ınto the communıty In 2017, NGMC expanded ıts access ın cardıac and cancer care to NGMC B arrow NGHS spent nearly $2 5 mıllıon on new equıpment for NGMC Barrow, such as a new CT s canner and two new hyperbarıc oxygen treatment chambers ın the Wound Care Center NGMC Bar row values cooperatıve efforts wıth communıty organızatıons and other healthcare provıders to ımprove the health status of area resıdents The organızatıon demonstrates thıs throug h communıty partnershıps rangıng from free health screenıngs at local health faırs to prov ıdıng a meetıng space for other non-profıt organızatıons, such as Unıted Way and Rotary Cl ub of Wınder In FY17, NGMC Barrow provıded over $89,000 ın communıty benefıt programs/out reach NGMC Barrow offered many communıty educatıon semınars on topıcs rangıng from health y cookıng demos to heart health and more In addıtıon, NGMC Barrow provıded support to oth er local non-profıt organızatıons that serve the communıty What Drıves NGMC Barrow's Comm unıty Health Improvement Actıvıtıes? NGMC, wıth ınput from the communıty, completed a regı on-wıde Communıty Health Needs Assessment (CHNA) ın 2016 that ıncluded Barrow County and s urroundıng countıes (before NGMC Barrow was acquıred by Northeast Georgıa Health System) Through the CHNA, cancer was ıdentıfıed as a health prıorıty for Barrow County Accordıng to the Natıonal Cancer Instıtute 2008-2012, Barrow County has a lung cancer ındıcator valu e of 87 9, well above ıts neıghbor Gwınnett County's value of 54 1 and the state benchmark of 68 8 Addıtıonally, accordıng to the Georgıa Department of Publıc Health's Georgıa Tob acco Use Surveıllance Report, ın 2015, approxımately 4% of mıddle school students and 53,0 00 or 13% of hıgh school students ın Georgıa smoke cıgarettes NGMC ıs partnerıng wıth Bar row County Schools to ımplement "Tar Wars", a tobacco-free educatıon program for fourth an d fıfth grade students developed by the Amerıcan Academy of Famıly Physıcıans to teach kıd s about the dangers of tobacco use, the cost assocıated wıth usıng tobacco products, and t he advertısıng technıques used by the tobacco ındustry to market theır products to youth Go to https //www nghs com/communıty-benefıt-resources for updates and full reports The f ollowıng contaıns hıghlıghts of communıty benefıt actıvıtıes provıded by NGMC Barrow ın FY 17 Charıty Care Lıke NGMC Gaınesvılle and Braselton, NGMC Barrow's charıty care polıcy r emoves barrıers for low-ıncome populatıons wıthın our servıce area begınnıng wıth free, me dıcally necessary care for patıents whose gross famıly ıncome ıs 0 to 150% of the Federal Poverty Level (FPL) adjusted for famıly sıze Further, patıents from our servıce area, who se FPL ıs from 151 to 300%, may qualıfy for an adjustment equıvalent to the hospıtal's Med ıcare reımbursement rate plus

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Return Reference	Explanation
Form 990, Part III, Line 4a	an additional 40% discount to the Medicare reimbursement rate Total Charity Care Cost for NGMC Barrow in FY17 $1 2 million with another $308 thousand provided to regional residen ts outside Barrow County Encouraging Medical Volunteering Through various physician lead ership councils, NGMC Barrow's Cancer Services Program encourages its physicians to active ly participate in community outreach, including educational seminars, screenings, cancer p revention opportunities and other outreach with the purpose of improving patient care, qua lity, access and programmatic excellence of cancer services within the community Financia l Navigators NGMC Barrow has financial assistance counselors who help patients become ins ured, be it through Medicaid, PeachCare or other programs This team focuses on being advo cates for uninsured and under-insured patients, aiding them in finding viable means to acc ess care They find the best solutions for helping patients apply for Medicaid or disabili ty, accessing healthcare exchanges or processing charity applications when appropriate Pa rtnering in the Community NGMC Barrow Volunteers In FY17, 24 NGMC volunteers contributed 4,828 volunteer hours, equivalent to almost 3 full time employees and a value of over $11 6,548 to the organization While these figures are not included in the quantitative portio n of the community benefit report, they show the depth of support the community gives NGMC Barrow Like NGMC Gainesville and Braselton, NGMC Barrow's emergency department participa tes in the ED-CARES program, which connects people who have been admitted to emergency roo ms for an opioid-related overdose with trained peer recovery coaches Rotary Club of Winde r Support Sunita Singh, public relations manager for Barrow, serves as President of the R otary Club of Winder, which benefits various community programs such as Peace Place, The T ree House Inc , United Way and Boy Scouts of America, just to name a few Support of Commu nity Efforts to Improve Health American Cancer Society (ACS) NGMC Barrow was the Platinum Sponsor for the ACS Relay for Life in Barrow County The walk benefits cancer research an d community education NGMC employees turned out in full force for Relay for Life, with ov er 360 walkers throughout the region Northeast Georgia Food Bank Support NGMC Barrow pro vided a donation to the Northeast Georgia Food Bank's Food 2 Kids program in Barrow County This program was developed to alleviate hunger on nights and weekends when other food is not available for children in need

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Return Reference	Explanation
Form 990, Part III, Line 4a	Boys & Girls Club NGMC Barrow gave a donation to the Boys & Girls Club which provides pro grams that empower youth to excel in school, become good citizens and lead healthy, produc tive lives Health Screenings NGMC Barrow provided health education and screenings at loc al health fairs, such as free blood pressure checks and diabetes education Community Heal th Education NGMC Barrow offers a variety of free health education classes from Arthritis to healthy cooking demonstrations The Diabetes Education team at NGMC developed partners hips with community professionals, including a dietitian at NGMC Barrow, in order to expan d the access to the Prevent T2 Diabetes program, a proven program to prevent or delay type 2 diabetes This team is currently working to provide classes in NGMC Barrow Organizatio n Overview Northeast Georgia Health System is a not-for-profit community health system ded icated to improving the health and quality of life of the people of Northeast Georgia Nor theast Georgia Medical Center has three hospital campuses (NGMC Gainesville, NGMC Braselto n and NGMC Barrow) with a total of 713 beds and more than 700 medical staff members repres enting more than 50 specialties The Health System offers a full range of healthcare servi ces through NGMC such as gynecologic oncology, electrophysiology, cardiac surgery, critica l care medicine, surgical trauma, neonatology and perinatology CareChex recognizes NGMC a s Georgia's #1 hospital for heart care, women's care and pulmonary care NGMC also provide s long term care through two centers in Gainesville and mental health and substance abuse treatment through a freestanding inpatient center Northeast Georgia Physicians Group brin gs together more than 350 talented physicians, physician assistants, nurse practitioners, midwives and other clinical staff at more than 65 locations across North Georgia As the s tate's sixth-largest physician group, it always has a practice nearby to offer expert care in more than 25 specialties Led by volunteer boards made up of community leaders, the He alth System serves 1 million people in more than 18 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 Med ical Center's Charity Care Policy supports the provision of care for indigent patients, re gardless of their ability to pay Special Notes NGMC uses the precepts outlined in "A Guid e for Planning and Reporting Community Benefit," provided by the Catholic Health Associati on of The United States and Veteran's Health Administration, Inc The guide's purpose is t o help not-for-profit, mission-driven healthcare organizations develop, enhance and report on their community benefit programs Community Benefit Definition Program or activity mu st address a demonstrated community need and seek to address at least one of the following community benefit objectives

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Return Reference	Explanation
Form 990, Part III, Line 4a	- ımprove access - enhance population health - advance generalızable knowledge - relıeve government burden to ımprove health The program or actıvıty must - prımarıly benefit the communıty rather than the organızatıon - result ın measurable expense to the organızatıon If the program or actıvıty ıs provıded prımarıly for marketıng purposes, standard practıce , expected of all hospıtals (such as actıvıtıes requıred for accredıtatıon, lıcensure, or to partıcıpate ın Medıcare) or ıs prımarıly for employees (not ıncludıng ınterns, resıdent s and fellows) and/or affılıated physıcıans, ıt ıs not communıty benefit For more ınforma tıon, contact Chrısty Moore, Manager, Communıty Health Improvement, at (770) 219-8097 or g o to www nghs com

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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

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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

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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

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Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	Information for the Form 990 was provided to an independent certified public accountant for preparation of the return After the return was prepared, it was reviewed by senior financial management The 990 is made available to members of the board prior to filing

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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

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Return Reference	Explanation
Form 990, Part VI, Section B, line 15	The compensation committee of the Northeast Georgia Health System Board (NGHS Board) has developed and installed compensation policies and procedures that seek to further the purpose of NGHS and affiliates and the importance of these policies to attract and retain key employees The compensation committee is composed of voting directors who are not employees of NGHS All decisions of the compensation committee are reviewed and ratified by the NGHS Board The committee's methodology and approach incorporates both qualitative and quantitative considerations, which are reflected in the committee's determinations concerning key employee compensation and the specific components thereof The compensation decisions of the committee are described below as to each of the three categories Base Salary Annual base salaries are set at 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 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

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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

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Return Reference	Explanation
Form 990, Part XI, line 9	INTERCOMPANY DEBT FORGIVENESS -112,350,903 PARTNERSHIP Income NOT ON BOOKS -209,270 Net Assets Released from Restriction 1,072,332

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

2016

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 LLC 743 Spring Street Gainesville, GA 30501 58-1694098	Healthcare	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	No
(1)NORTHEAST GEORGIA HEALTH SYSTEM INC 743 SPRING STREET GAINESVILLE, GA 30501 58-1694090	HEALTHCARE - Parent Org	GA	501(c)(3)	Line 12c, III-FI	N/A	Yes	
(2)THE MEDICAL CENTER FOUNDATION INC 743 SPRING STREET GAINESVILLE, GA 30501 58-1694820	FUNDRAISING and Support	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 12b, II	Northeast Georgia Health System Inc	Yes	
(4) The Medical Center Auxiliary Inc 743 SPRING STREET GAINESVILLE, GA 30501 58-1550576	Fundraising and Support	GA	501(c)(3)	Line 10	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?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) NORTHEAST 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.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or**(iv)** rent from a controlled entity	1a		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)