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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 10-01-2018 , and ending 09-30-2019

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

THE MEDICAL CENTER FOUNDATION INC DBA

THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN

Doing business as

Number and street (or P O box if mail is not delivered to street address)

743 SPRING STREET

Room/suite

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

GAINESVILLE, GA 305013899

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

IMPROVING THE HEALTH OF THE COMMUNITY IN ALL WE DO

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

17

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 2018 (Part V, line 2a)

5

0

6 Total number of volunteers (estimate if necessary)

6

0

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a

0

7b Net unrelated business taxable income from Form 990-T, line 34

7b

0

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d )

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Prior Year

6,595,912

0

-832,861

-50,119

5,712,932

Current Year

5,365,182

0

2,353,336

-49,406

7,669,112

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 )

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

16b Total fundraising expenses (Part IX, column (D), line 25) ▶1,542,493

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Prior Year

3,690,737

0

1,121,214

124,799

510,298

5,447,048

265,884

Current Year

4,635,580

0

1,146,897

46,690

497,204

6,326,371

1,342,741

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Beginning of Current Year

37,900,053

3,031,097

34,868,956

End of Year

34,953,776

141,523

34,812,253

Part II

Signature Block

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

\*\*\*\*\*

Signature of officer

2020-08-17

Date

BRIAN D STEINES CFO

Type or print name and title

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P00364912

Firm's name ▶ PYA P C

Firm's EIN ▶ 62-1517792

Firm's address ▶ 2220 SUTHERLAND AVE

KNOXVILLE, TN 37919

Phone no (865) 673-0844

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

**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 MEDICAL CENTER FOUNDATION, INC , ALSO KNOWN AS THE NORTHEAST GEORGIA HEALTH SYSTEM FOUNDATION (NGHS FOUNDATION), IS AN AFFILIATE OF NORTHEAST GEORGIA HEALTH SYSTEM (NGHS) AND IS ON A MISSION OF IMPROVING THE HEALTH OF THE COMMUNITY IN ALL WE DO. NGHS IS A NOT-FOR-PROFIT ORGANIZATION SUPPORTED BY THE NGHS FOUNDATION'S FUNDRAISING ACTIVITIES AND IS THE PARENT COMPANY FOR THE FOLLOWING AFFILIATES - NORTHEAST GEORGIA MEDICAL CENTER, INC (GAINESVILLE AND BRASELTON CAMPUSES)- NORTHEAST GEORGIA MEDICAL CENTER BARROW- NORTHEAST GEORGIA MEDICAL CENTER LUMPKIN- THE MEDICAL CENTER FOUNDATION, INC (NGHS FOUNDATION)- NORTHEAST GEORGIA PHYSICIANS GROUP- THE HEART CENTER OF NORTHEAST GEORGIA MEDICAL CENTER- THE MEDICAL CENTER AUXILIARY

**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 \$ 4,640,348 including grants of \$ 4,635,580 ) (Revenue \$ )  
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 ▶ 4,640,348

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b> Yes	
<b>3</b> 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	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> 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	<b>4</b> Yes	
<b>5</b> 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	<b>5</b>	No
<b>6</b> 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	<b>6</b>	No
<b>7</b> 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	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<b>9</b> 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	<b>9</b>	No
<b>10</b> 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	<b>10</b> Yes	
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>11a</b> Yes	
<b>b</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	<b>11b</b>	No
<b>c</b> 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	<b>11c</b> Yes	
<b>d</b> 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	<b>11d</b> Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b> Yes	
<b>f</b> 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	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b> Yes	
<b>b</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	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</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	<b>14b</b>	No
<b>15</b> 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	<b>15</b>	No
<b>16</b> 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	<b>16</b>	No
<b>17</b> 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)	<b>17</b> Yes	
<b>18</b> 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	<b>18</b> Yes	
<b>19</b> 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	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b>	No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> 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	<b>21</b> Yes	
<b>22</b> 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	<b>22</b> Yes	

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

		Yes	No	
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	24a		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
<b>c</b>	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		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
<b>26</b>	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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
<b>27</b>	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? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
<b>28</b>	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)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
<b>c</b>	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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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	
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a	0	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c		

<b>2a</b> 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 . . . . .		<b>2a</b>	0		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				<b>2b</b>	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . .				<b>3a</b>	No
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . .				<b>3b</b>	
<b>4a</b> 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)? . . . .				<b>4a</b>	No
<b>b</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)					
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . .				<b>5a</b>	No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				<b>5b</b>	No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .				<b>5c</b>	
<b>6a</b> 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? . . . .				<b>6a</b>	No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .				<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b> 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? . . . . .				<b>7a</b>	Yes
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .				<b>7b</b>	Yes
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .				<b>7c</b>	No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .				<b>7d</b>	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				<b>7e</b>	No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . .				<b>7f</b>	No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .				<b>7g</b>	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .				<b>7h</b>	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .				<b>8</b>	
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . .				<b>9a</b>	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . .				<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter					
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .				<b>10a</b>	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				<b>10b</b>	
<b>11 Section 501(c)(12) organizations.</b> Enter					
<b>a</b> Gross income from members or shareholders . . . . .				<b>11a</b>	
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .				<b>11b</b>	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?				<b>12a</b>	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year				<b>12b</b>	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O				<b>13a</b>	
<b>b</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 . . . . .				<b>13b</b>	
<b>c</b> Enter the amount of reserves on hand . . . . .				<b>13c</b>	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .				<b>14a</b>	No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . .				<b>14b</b>	
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .				<b>15</b>	No
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .				<b>16</b>	No

**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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 17		
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>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 12		
<b>2</b> 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?	<b>2</b>	Yes	
<b>3</b> 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?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	Yes	
<b>7a</b> 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?	<b>7a</b>	Yes	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	Yes	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<b>9</b> 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	<b>9</b>		No

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	No
<b>b</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?	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	Yes
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	Yes
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	Yes
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>	Yes
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	Yes
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	Yes
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	Yes
<b>b</b> Other officers or key employees of the organization	<b>15b</b>	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	No
<b>b</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?	<b>16b</b>	

## 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-A 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:  
**JIMENA A VILLAMOR EXECUTIVE DIRECTOR/CONTROLLER 743 SPRING STREET GAINESVILLE, GA 305013899 (770) 219-6659**

## 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 ☐

1

● 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

[illegible]

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

<b>1b Sub-Total</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>			
<b>d Total (add lines 1b and 1c)</b>	0	9,292,046	764,940

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 ▶ 0

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	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? <i>If "Yes," complete Schedule J for such person</i> . . . . .	5	No

## Section B. Independent Contractors

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
WILLIS INVESTMENT COUNCIL  710 GREEN STREET GAINESVILLE, GA 30501	INVESTMENT SERVICES	169,240

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 ▶ 1



**Part VIII Statement of Revenue**

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

Contributions, Gifts, Grants  
and Other Similar Amounts

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>1a</b>	Federated campaigns . . .	<b>1a</b>				
<b>b</b>	Membership dues . . .	<b>1b</b>				
<b>c</b>	Fundraising events . . .	<b>1c</b>	389,406			
<b>d</b>	Related organizations	<b>1d</b>	2,411,395			
<b>e</b>	Government grants (contributions)	<b>1e</b>				
<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	2,564,381			
<b>g</b>	Noncash contributions included in lines 1a - 1f \$ 17,675					
<b>h Total.</b>	Add lines 1a-1f . . . ▶		5,365,182			

Program Service Revenue

			Business Code				
<b>2a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b>	All other program service revenue						
<b>9Total.</b>	Add lines 2a-2f . . . ▶						

Other Revenue

<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . ▶		2,359,276			2,359,276
<b>4</b>	Income from investment of tax-exempt bond proceeds ▶					
<b>5</b>	Royalties . . . ▶					
<b>6a</b>	Gross rents	(i) Real (ii) Personal				
<b>b</b>	Less rental expenses					
<b>c</b>	Rental income or (loss)					
<b>d</b>	Net rental income or (loss) . . . ▶					
<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
<b>b</b>	Less cost or other basis and sales expenses	5,940				
<b>c</b>	Gain or (loss)	-5,940				
<b>d</b>	Net gain or (loss) . . . ▶		-5,940			-5,940
<b>8a</b>	Gross income from fundraising events (not including \$ 389,406 of contributions reported on line 1c) See Part IV, line 18 . . .	<b>a</b> 26,423				
<b>b</b>	Less direct expenses . . .	<b>b</b> 75,829				
<b>c</b>	Net income or (loss) from fundraising events . . . ▶		-49,406			-49,406
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . .	<b>a</b>				
<b>b</b>	Less direct expenses . . .	<b>b</b>				
<b>c</b>	Net income or (loss) from gaming activities . . . ▶					
<b>10a</b>	Gross sales of inventory, less returns and allowances . . .	<b>a</b>				
<b>b</b>	Less cost of goods sold . . .	<b>b</b>				
<b>c</b>	Net income or (loss) from sales of inventory . . . ▶					
Miscellaneous Revenue		Business Code				
<b>11a</b>						
<b>b</b>						
<b>c</b>						
<b>d</b>	All other revenue . . .					
<b>e Total.</b>	Add lines 11a-11d . . . ▶					
<b>12 Total revenue.</b>	See Instructions . . . ▶		7,669,112	0	0	2,303,930

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	4,624,440	4,624,440		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	11,140	11,140		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	169,594	492	14,806	154,296
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	772,786	2,241	67,464	703,081
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	136,318	395	11,901	124,022
<b>9</b> Other employee benefits.				
<b>10</b> Payroll taxes.	68,199	198	5,954	62,047
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.				
<b>b</b> Legal.	505	1	44	460
<b>c</b> Accounting.				
<b>d</b> Lobbying.				
<b>e</b> Professional fundraising services. See Part IV, line 17.	46,690			46,690
<b>f</b> Investment management fees.	151,832	440	13,255	138,137
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	70,233	203	6,130	63,900
<b>12</b> Advertising and promotion.				
<b>13</b> Office expenses.				
<b>14</b> Information technology.				
<b>15</b> Royalties.				
<b>16</b> Occupancy.	10,891	32	951	9,908
<b>17</b> Travel.	23,044	67	2,012	20,965
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.				
<b>20</b> Interest.				
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	32,104	93	2,803	29,208
<b>23</b> Insurance.				
<b>24</b> 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):				
<b>a</b> SUPPLIES	72,992	212	6,372	66,408
<b>b</b> PRINTING	40,234	117	3,512	36,605
<b>c</b> DONOR RECOGNITION	37,294	108	3,256	33,930
<b>d</b> SALES TAX	8,175	24	714	7,437
<b>e</b> All other expenses	49,900	145	4,356	45,399
<b>25</b> Total functional expenses. Add lines 1 through 24e.	6,326,371	4,640,348	143,530	1,542,493
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**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	
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .			<b>1</b>		
	<b>2</b>	Savings and temporary cash investments . . . . .		3,939,249	<b>2</b>	1,568,085	
	<b>3</b>	Pledges and grants receivable, net . . . . .		3,437,033	<b>3</b>	1,918,480	
	<b>4</b>	Accounts receivable, net . . . . .			<b>4</b>		
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			<b>5</b>		
	<b>6</b>	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 . . . . .			<b>6</b>		
	<b>7</b>	Notes and loans receivable, net . . . . .		99,065	<b>7</b>	137,188	
	<b>8</b>	Inventories for sale or use . . . . .			<b>8</b>		
	<b>9</b>	Prepaid expenses and deferred charges . . . . .			<b>9</b>		
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	<b>10a</b>	3,733,262			
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	279,833	3,488,431	<b>10c</b>	3,453,429
	<b>11</b>	Investments—publicly traded securities . . . . .			<b>11</b>		
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .			<b>12</b>		
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		24,335,361	<b>13</b>	23,129,336	
	<b>14</b>	Intangible assets . . . . .			<b>14</b>		
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		2,600,914	<b>15</b>	4,747,258	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		37,900,053	<b>16</b>	34,953,776		
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		77,528	<b>17</b>	94,624	
	<b>18</b>	Grants payable . . . . .			<b>18</b>		
	<b>19</b>	Deferred revenue . . . . .			<b>19</b>		
	<b>20</b>	Tax-exempt bond liabilities . . . . .			<b>20</b>		
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			<b>21</b>		
	<b>22</b>	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 . . . . .			<b>22</b>		
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .			<b>23</b>		
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>		
	<b>25</b>	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 . . . . .		2,953,569	<b>25</b>	46,899	
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		3,031,097	<b>26</b>	141,523	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>						
	<b>27</b>	Unrestricted net assets . . . . .		14,084,377	<b>27</b>	13,155,412	
	<b>28</b>	Temporarily restricted net assets . . . . .		15,319,339	<b>28</b>	16,158,774	
	<b>29</b>	Permanently restricted net assets . . . . .		5,465,240	<b>29</b>	5,498,067	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>						
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>		
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>		
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>32</b>		
<b>33</b>	<b>Total net assets or fund balances</b> . . . . .		34,868,956	<b>33</b>	34,812,253		
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		37,900,053	<b>34</b>	34,953,776		

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	7,669,112
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	6,326,371
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	1,342,741
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	34,868,956
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	73,225
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-1,472,669
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	34,812,253

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

- 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?  
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?  
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?  
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?
- 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

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 58-1694820

**Name:** THE MEDICAL CENTER FOUNDATION INC DBA  
THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN

Form 990 (2018)

**Form 990, Part III, Line 4a:**

AS A PART OF NORTHEAST GEORGIA HEALTH SYSTEM, THE NGHS FOUNDATION SERVES MORE THAN A MILLION PEOPLE ACROSS 19 COUNTIES IN OUR REGION SEE  
SCHEDULE O FOR PROGRAM SERVICE ACCOMPLISHMENTS CONTINUATION \*\*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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CARYN MCGARITY ..... MEMBER	1 00 .....	X						0	0	0
CHRISTOPHER BRAY ..... PRES & CHIEF DEVELOPMENT OFFICER	40 00 .....	X						0	169,594	19,265
CRYSTAL SCHLIEMAN ..... MEMBER	1 00 .....	X						0	0	0
ELLEN TOMS ..... MEMBER	1 00 .....	X						0	0	0
HEATH GURR ..... MEMBER, PHARMACIST - NGMC	1 00 ..... 35 00	X						0	143,245	44,140
IVAN MOORE ..... MEMBER, RN-EVOR - NGMC	1 00 ..... 40 00	X						0	147,337	36,631
JENNIFER BAGWELL ..... MEMBER	1 00 .....	X						0	0	0
JENNIFER STOECKIG ..... MEMBER, NGMC DON, LTC	1 00 ..... 40 00	X						0	90,428	35,523
JON HORN MD ..... MEMBER	1 00 .....	X						0	0	0
JOSH SCHLIEMAN ..... 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LETRELL SIMPSON CHAIR	1 00 .....	X						0	0	0
PHILIP WILHEIT MEMBER	1 00 .....	X						0	0	0
PIERPONT BROWN MD MEMBER, PHYSICIAN - NGPG	1 00 ..... 40 00	X						0	439,005	39,658
RAFAEL PASCUAL MD MEMBER	1 00 .....	X						0	0	0
RICKY PUGH MEMBER	1 00 .....	X						0	0	0
RON LEWIS MD MEMBER, PHYSICIAN - NGPG	1 00 ..... 40 00	X						0	527,323	44,978
SCOTT MCGARITY VICE CHAIR	1 00 .....	X						0	0	0
TONY FUNARI MEMBER	1 00 .....	X						0	0	0
WILLIAM BUDDY LANGSTON MD MEMBER	1 00 .....	X						0	0	0
WILLIAM BAGWELL 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BRIAN D STEINES ..... CHIEF FINANCIAL OFFICER - NGHS	1 00 ..... 40 00			X				0	791,746	110,406
CAROL BURRELL ..... PRESIDENT & CEO	1 00 ..... 40 00			X				0	5,078,841	67,760
STEPHEN KELLY ..... CHIEF COMPLIANCE OFFICER - NGHS	1 00 ..... 40 00			X				0	276,440	50,921
DEBORAH WEBER ..... CHIEF HUMAN RESOURCES OFFICER - NGHS	1 00 ..... 40 00				X			0	417,402	67,493
LINDA NICHOLSON ..... VP CORPORATE FINANCIAL REPORTING/CONTROLLER - NGHS	1 00 ..... 40 00				X			0	316,107	121,044
TRACY VARDEMAN ..... CHIEF STRATEGY EXECUTIVE - NGHS	1 00 ..... 40 00				X			0	450,033	104,946
JAMES BAILEY ..... FMR VP-CMIO/CQO, CUR NGPG PHYS	0 00 ..... 40 00						X	0	444,545	22,175



**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public Inspection**

**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		
<b>Total</b>						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	5,007,683	5,730,704	5,153,133	6,595,912	5,365,182	27,852,614
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	<b>Total.</b> Add lines 1 through 3	5,007,683	5,730,704	5,153,133	6,595,912	5,365,182	27,852,614
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	<b>Public support.</b> Subtract line 5 from line 4						27,852,614

Section B. Total Support								
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total	
7	Amounts from line 4	5,007,683	5,730,704	5,153,133	6,595,912	5,365,182	27,852,614	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	826,612	630,813	955,380	-832,861	2,359,276	3,939,220	
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	<b>Total support.</b> Add lines 7 through 10						31,791,834	
12	Gross receipts from related activities, etc (see instructions)						12	108,682
13	<b>First five years.</b> 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 <b>stop here</b> . . . . . ► <input type="checkbox"/>							

Section C. Computation of Public Support Percentage		
<b>14</b>	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b> 87.610 %
<b>15</b>	Public support percentage for 2017 Schedule A, Part II, line 14	<b>15</b> 92.180 %
<b>16a 33 1/3% support test—2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ► <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ► <input type="checkbox"/>		

**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** 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—2017.** 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	<b>1</b>	
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<b>2</b>	
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	<b>3a</b>	
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>	<b>3b</b>	
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>	<b>3c</b>	
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	<b>4a</b>	
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	<b>4b</b>	
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	<b>4c</b>	
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	<b>5a</b>	
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<b>5b</b>	
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<b>5c</b>	
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>6</b>	
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>7</b>	
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>8</b>	
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9a</b>	
<b>b</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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9b</b>	
<b>c</b> 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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9c</b>	
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	<b>10a</b>	
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	<b>10b</b>	

Part IV

Supporting Organizations (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
<b>1</b> 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

<b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>			
<div>1</div> <div><input type="checkbox"/></div> <div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div>			
<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><input type="checkbox"/></div> 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013. . . . .			
b From 2014. . . . .			
c From 2015. . . . .			
d From 2016. . . . .			
e From 2017. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014. . . . .			
b Excess from 2015. . . . .			
c Excess from 2016. . . . .			
d Excess from 2017. . . . .			
e Excess from 2018. . . . .			

Additional Data

Software ID:  
Software Version:  
EIN: 58-1694820  
Name: THE MEDICAL CENTER FOUNDATION INC DBA  
THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN

**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.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2018**

**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 THE MEDICAL CENTER FOUNDATION INC DBA THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN	Employer identification number 58-1694820
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**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 (see instructions for definition of "political campaign activities")
- 2** Political campaign activity expenditures (see instructions) ▶ \$
- 3** Volunteer hours for political campaign activities (see instructions) ▶

**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-
1				
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

**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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)		(b)
		Yes	No	Amount
<b>1</b>	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			
<b>a</b>	Volunteers?		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b>	Media advertisements?		No	
<b>d</b>	Mailings to members, legislators, or the public?		No	
<b>e</b>	Publications, or published or broadcast statements?		No	
<b>f</b>	Grants to other organizations for lobbying purposes?		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b>	Other activities?	Yes		230
<b>j</b>	Total. Add lines 1c through 1i			230
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	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
<b>1</b>	Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b>	Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**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."**

<b>1</b>	Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b>	Current year	<b>2a</b>	
<b>b</b>	Carryover from last year	<b>2b</b>	
<b>c</b>	Total	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b>	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?	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**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	THE MEDICAL CENTER FOUNDATION, INC. PAYS MEMBERSHIP DUES TO THE ASSOCIATION FOR HEALTHCARE PHILANTHROPY, GEORGIA HOSPITAL ASSOCIATION, AND THE GREATER HALL CHAMBER OF COMMERCE. A PORTION OF THESE DUES IS DESIGNATED FOR LOBBYING ACTIVITIES BY THESE ORGANIZATIONS.

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
THE MEDICAL CENTER FOUNDATION INC DBA  
THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN

Employer identification number  
58-1694820

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 7/25/06, 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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 . . . . .	20,784,579	19,765,400	18,583,043	18,118,047	16,101,021
b	Contributions . . . . .	3,238,108	4,000,666	3,314,674	3,540,926	3,145,604
c	Net investment earnings, gains, and losses	98,280	113,308	150,450	196,428	-73,802
d	Grants or scholarships . . . . .					
e	Other expenditures for facilities and programs . . . . .	2,665,485	3,737,972	2,291,945	3,336,244	1,137,475
f	Administrative expenses . . . . .	-201,359	-643,177	-9,178	-63,886	-82,699
g	End of year balance . . . . .	21,656,841	20,784,579	19,765,400	18,583,043	18,118,047

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 ▶ 25 390 %

c

Temporarily restricted endowment ▶ 74 610 %

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

	Yes	No
3a(i)		No
3a(ii)		No
3b		

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value	
1a	Land . . . . .	3,304,750		3,304,750	
b	Buildings . . . . .		341,490	203,769	137,721
c	Leasehold improvements		5,635	5,635	0
d	Equipment . . . . .		81,387	70,429	10,958
e	Other . . . . .				
Total.	Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				3,453,429

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) INVESTMENT IN LIMITED PARTNERSHIP	23,129,336	C
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 ) ▶	23,129,336	

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) OTHER ASSETS	4,747,258
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) . . . . . ▶	4,747,258

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	
DUE TO AFFILIATES	46,899
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	46,899

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	6,193,665
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	73,225
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	75,829
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	149,054
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	6,044,611
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	151,832
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	1,472,669
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	1,624,501
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	7,669,112

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	6,250,368
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	75,829
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	75,829
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	6,174,539
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	151,832
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	151,832
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	6,326,371

**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:** 58-1694820  
**Name:** THE MEDICAL CENTER FOUNDATION INC DBA  
THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN

**Supplemental Information**

Return Reference	Explanation
PART V, LINE 4	ENDOWMENT FUNDS ARE TO BE USED TO SUPPORT NORTHEAST GEORGIA MEDICAL CENTER, INC (NGMC), A RELATED TAX-EXEMPT ENTITY SPECIFICALLY, ENDOWMENT FUNDS ARE TO BE USED FOR SCHOLARSHIPS, NGMC EXPENSES AND INDIGENT CARE

## Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE FOUNDATION IS ORGANIZED AS A GEORGIA NOT-FOR-PROFIT CORPORATION AND IS EXEMPT FROM FEDERAL 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, 2019, MANAGEMENT DOES NOT BELIEVE THE FOUNDATION HOLDS ANY UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSE 75,829

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	PARTNERSHIP INCOME NOT ON RETURN 1,334,414 OTHER CHANGES 138,255

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSE 75,829

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
THE MEDICAL CENTER FOUNDATION INC DBA  
THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN

Employer identification number  
58-1694820

Part I Fundraising Activities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☒ Mail solicitations

e ☒ Solicitation of non-government grants

b ☒ Internet and email solicitations

f ☒ Solicitation of government grants

c ☐ Phone solicitations

g ☒ Special fundraising events

d ☒ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
PENTERA 8650 COMMERCE PARK PLACE SUITE G  INDIANAPOLIS, IN 46268	ASSISTED WITH PLANNED GIFT MARKETING		No	0	19,690	0
ADVISORY BOARD 743 SPRING STREET  GAINESVILLE, GA 305013899	ASSISTED WITH ALL ASPECTS OF FUNDRAISING		No	0	27,000	0
Total ▶					46,690	

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

GA

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 50083H Schedule G (Form 990 or 990-EZ) 2018

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d)
		<b>GOLF TOURNAMENT</b> (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
Revenue	<b>1</b> Gross receipts . . . . .	415,829			415,829
	<b>2</b> Less Contributions . . . . .	389,406			389,406
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	26,423			26,423
Direct Expenses	<b>4</b> Cash prizes . . . . .	2,500			2,500
	<b>5</b> Noncash prizes . . . . .	3,180			3,180
	<b>6</b> Rent/facility costs . . . . .	12,689			12,689
	<b>7</b> Food and beverages . . . . .	8,289			8,289
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	49,171			49,171
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				75,829
	<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				-49,406

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶				

**9** Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

**b** If "No," explain \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

**b** If "Yes," explain \_\_\_\_\_

<b>11</b> Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>12</b> Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>13</b> Indicate the percentage of gaming activity conducted in					
<b>a</b> The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;"><b>13a</b></td><td style="width: 100px; text-align: center;">%</td></tr><tr><td style="text-align: center;"><b>13b</b></td><td style="text-align: center;">%</td></tr></table>	<b>13a</b>	%	<b>13b</b>	%
<b>13a</b>	%				
<b>13b</b>	%				
<b>b</b> An outside facility					

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► .....

Address ► .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party

Name ► .....

Address ► .....

**16** Gaming manager information

Name ► .....

Gaming manager compensation ► \$ .....

Description of services provided ► .....

☐ Director/officer

☐ Employee

☐ Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference

Explanation



Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I  
(Form 990)

Department of the  
Treasury  
Internal Revenue Service

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

OMB No 1545-0047

2018

Open to Public  
Inspection

Name of the organization

THE MEDICAL CENTER FOUNDATION INC DBA  
THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN

Employer identification number

58-1694820

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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 4
- 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	1	11,140			
(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

Additional Data

Software ID:  
Software Version:  
EIN: 58-1694820  
Name: THE MEDICAL CENTER FOUNDATION INC DBA  
THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
AMERICAN CANCER SOCIETY PO BOX 102454 ATLANTA, GA 30368	13-1788491	501(C)(3)	13,000				RELAY FOR LIFE
MARCH OF DIMES 311 GREEN STREET SUITE 101 GAINESVILLE, GA 30501	13-1846366	501(C)(3)	6,500				MARCH FOR BABIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
NORTHEAST GEORGIA MEDICAL CENTER INC 743 SPRING STREET GAINESVILLE, GA 30501	58-1694098	501(C)(3)	1,996,461				SUPPORT
AMERICAN HEART ASSOCIATION 1353 JENNINGS MILL RD SUITE A BOGART, GA 30622	13-5613797	501(C)(3)	35,000				HEARTWALK AND GO RED FOR WOMEN SPONSORSHIPS

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization  
THE MEDICAL CENTER FOUNDATION INC DBA  
THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN

Employer identification number  
58-1694820

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> 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

**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?

**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

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

**a** Receive a severance payment or change-of-control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**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

**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?

**b** Any related organization?

If "Yes," on line 5a or 5b, describe in Part III

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

**a** The organization?

**b** Any related organization?

If "Yes," on line 6a or 6b, describe in Part III

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

**1b**

**2**

**4a**

No

**4b**

Yes

**4c**

No

**5a**

No

**5b**

No

**6a**

No

**6b**

No

**7**

No

**8**

No

**9**

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.

See Additional Data Table

**Schedule J (Form 990) 2018**

**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	EMPLOYER CONTRIBUTION TO 457(F) EXECUTIVE RETIREMENT BENEFIT PLAN BRIAN D STEINES \$ 72,002 DEBORAH WEBER \$ 38,049 LINDA NICHOLSON \$ 27,327 STEPHEN KELLY \$ 26,489 TRACY M VARDEMAN \$ 39,045 CAROL H BURRELL, PRESIDENT AND CEO NORTHEAST GEORGIA HEALTH SYSTEM SPONSORED A NON-QUALIFIED DEFERRED COMPENSATION PLAN FOR MS BURRELL DURING THE YEARS 2010 TO 2018. CONTRIBUTIONS WERE MADE OVER THAT TIME PERIOD IN CONSIDERATION OF MS BURRELL'S SERVICE, AND \$3.6 MILLION VESTED AND WAS DISTRIBUTED IN JULY 2018. THIS AMOUNT IS REPORTED IN PART II, COLUMN (B)(III) AND WAS INCLUDED IN HER 2018 TAXABLE WAGES. IN ADDITION, BEGINNING IN DECEMBER 2017, NGHS INVESTED IN A JOINTLY-OWNED SPLIT DOLLAR LIFE INSURANCE PLAN FOR MS BURRELL. THE ASSET VALUE AS OF SEPTEMBER 30, 2019 WAS \$5,874,642 AND IS REPORTED ON FORM 990, PART X, LINE 5. EMPLOYER PAYMENT FROM 457(F) PLAN (INCLUDING VESTED EARNINGS ON PREVIOUSLY REPORTED COMPENSATION) DEBORAH WEBER \$ 31,833 TRACY M VARDEMAN \$ 33,959 LINDA NICHOLSON \$ 25,344.





Additional Data

Software ID:  
Software Version:  
EIN: 58-1694820  
Name: THE MEDICAL CENTER FOUNDATION INC DBA  
THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CHRISTOPHER BRAY PRES & CHIEF DEVELOPMENT OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	123,871	45,000	723	3,942	15,323	188,859	0
HEATH GURR MEMBER, PHARMACIST - NGMC	(i)	0	0	0	0	0	0	0
	(ii)	142,679	0	566	13,548	30,592	187,385	0
IVAN MOORE MEMBER, RN-EVOR - NGMC	(i)	0	0	0	0	0	0	0
	(ii)	121,354	13,039	12,944	6,274	30,357	183,968	0
PIERPONT BROWN MD MEMBER, PHYSICIAN - NGPG	(i)	0	0	0	0	0	0	0
	(ii)	412,956	0	26,049	9,625	30,033	478,663	0
RON LEWIS MD MEMBER, PHYSICIAN - NGPG	(i)	0	0	0	0	0	0	0
	(ii)	506,176	0	21,147	9,625	35,353	572,301	0
BRIAN D STEINES CHIEF FINANCIAL OFFICER - NGHS	(i)	0	0	0	0	0	0	0
	(ii)	574,183	195,666	21,897	81,627	28,779	902,152	0
CAROL BURRELL PRESIDENT & CEO	(i)	0	0	0	0	0	0	0
	(ii)	972,032	463,840	3,642,969	56,590	11,170	5,146,601	0
STEPHEN KELLY CHIEF COMPLIANCE OFFICER - NGHS	(i)	0	0	0	0	0	0	0
	(ii)	209,612	55,264	11,564	34,345	16,576	327,361	0
DEBORAH WEBER CHIEF HUMAN RESOURCES OFFICER - NGHS	(i)	0	0	0	0	0	0	0
	(ii)	294,611	96,987	25,804	46,765	20,728	484,895	30,147
LINDA NICHOLSON VP CORPORATE FINANCIAL REPORTING/CON	(i)	0	0	0	0	0	0	0
	(ii)	220,537	79,424	16,146	90,941	30,103	437,151	24,002
TRACY VARDEMAN CHIEF STRATEGY EXECUTIVE - NGHS	(i)	0	0	0	0	0	0	0
	(ii)	303,876	113,281	32,876	76,825	28,121	554,979	32,161
JAMES BAILEY FMR VP-CMIO/CQO, CUR NGPG PHYS	(i)	0	0	0	0	0	0	0
	(ii)	417,050	0	27,495	9,625	12,550	466,720	0

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493230024930
<b>SCHEDULE O</b> (Form 990 or 990-EZ)	<b>Supplemental Information to Form 990 or 990-EZ</b> 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. ▶ Go to <u><a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a></u> for the latest information.		OMB No 1545-0047
			<b>2018</b>
Department of the Treasury			<b>Open to Public Inspection</b>
Name of the organization THE MEDICAL CENTER FOUNDATION INC DBA THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN		Employer identification number  58-1694820	

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>NORTHEAST GEORGIA HEALTH SYSTEM, INC , (NGHS) IS A GEORGIA, NOT-FOR-PROFIT CORPORATION, TH AT ALONG WITH ITS AFFILIATES, PROVIDES HEALTHCARE SERVICES TO THE RESIDENTS OF NORTHEAST G EORGIA NGHS OPERATES A 56-BED LICENSED HOSPITAL LOCATED IN WINDER (NGMC BARROW, LLC) AND IN JULY 2018, NGHS ACQUIRED NGMC LUMPKIN, LLC (FORMERLY CHESTATEE REGIONAL HOSPITAL), TO I NCLUDE EMERGENCY SERVICES, 10 INPATIENT BEDS AND OTHER SUPPORT SERVICES IN DAHLONEGA AND S URROUNDING COMMUNITIES NGHS AFFILIATE, NORTHEAST GEORGIA MEDICAL CENTER, INC (NGMC), OPE RATES A 557-LICENSED BED INPATIENT FACILITY IN GAINESVILLE, AND A 100-LICENSED BED INPATIE NT FACILITY IN BRASELTON TOGETHER, NGMC GAINESVILLE, BRASELTON, BARROW AND LUMPKIN PROVID E A COMPREHENSIVE RANGE OF ACUTE CARE AND SPECIALTY SERVICES AND SERVE THE AREA'S LOW-INCO ME, UNINSURED, UNDERINSURED AND OTHER VULNERABLE POPULATIONS NGMC GAINESVILLE SERVES AS T HE REGIONAL SAFETY NET HOSPITAL, WITH APPROXIMATELY HALF OF ITS PATIENTS COMING FROM OUTSI DE OF HALL COUNTY NGMC GAINESVILLE, BRASELTON, BARROW AND LUMPKIN REINVEST ALL FUNDS IN E XCESS OF OPERATING EXPENSES INTO HEALTHCARE SERVICES FOR THE COMMUNITY NGHS RECEIVES NO T AX REVENUE FROM HALL OR OTHER COUNTIES SERVED, AND SERVICES ARE FUNDED BY REVENUE GENERATE D FROM OPERATIONS LOCATED IN GEORGIA'S FASTEST GROWING REGION, THE 69-YEAR-OLD HOSPITAL N GMC GAINESVILLE HAS EXPANDED CONSIDERABLY IN RECENT YEARS TO MEET DEMAND, INVESTING A QUAR TER OF A BILLION DOLLARS TO UPDATE ITS AGING PLANT IN GAINESVILLE A TOTAL OF \$32 5M WAS I NVESTED IN NGMC BRASELTON IN FY19 TO INCLUDE EXPANSION PROJECTS AND EMERGENCY DEPARTMENT &amp; NICU PROJECT PLANNING, TO NAME A FEW NGMC HAS ALSO INVESTED OVER \$7 MILLION IN BARROW, A DDING A VARIETY OF STATE-OF-THE-ART EQUIPMENT, INCLUDING THE ADDITION OF 3D MAMMOGRAPHY W HILE NGMC LUMPKIN IS OPERATING SERVICES SUCH AS 24-HOUR EMERGENCY CARE, INPATIENT CARE AND SUPPORTING IMAGING, AND LAB AND PHARMACY SERVICES, A FUTURE CAMPUS IS BEING DEVELOPED IN LUMPKIN COUNTY ON 57 ACRES TENTATIVELY SCHEDULED TO OPEN IN FALL 2021 NGMC SERVES AS A FI NANCIAL ENGINE FOR THE LOCAL ECONOMY IN 2018 (LATEST NUMBERS AVAILABLE), NGMC SURPASSED T HE \$2 BILLION MARK IN LOCAL AND STATE ECONOMIC IMPACT, ACCORDING TO A REPORT BY THE GEORGI A HOSPITAL ASSOCIATION (GHA), WHICH APPLIED AN ECONOMIC MULTIPLIER TO THE HOSPITAL'S DIREC T EXPENDITURES TO ACCOUNT FOR THE "RIPPLE" EFFECT THE HOSPITAL'S SPENDING HAS ON OTHER SEC TORS OF THE LOCAL AND STATE ECONOMIES THE REPORT FOUND THAT THROUGH ITS ECONOMIC IMPACT, NGMC SUSTAINED MORE THAN 13,000 FULL-TIME JOBS THROUGHOUT THE REGION AND THE STATE IN ADDI TION TO THE MORE THAN 9,000 EMPLOYEES DIRECTLY EMPLOYED BY NGHS IN 2019, NGMC WAS RECOGNI ZED IN THE TOP 10% NATIONALLY FOR CARDIAC AND ORTHOPEDIC CARE BY HEALTHGRADES, THE NATION' S LARGEST HEALTHCARE RATINGS ORGANIZATION NGMC HAS ALSO BEEN RECOGNIZED IN RECENT YEARS A S GEORGIA'S #1 HOSPITAL FOR OVERALL HOSPITAL CARE, OVERALL SURGICAL CARE, HEART CARE, ORTH OPEDIC SURGERY, WOMEN'S CARE A</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>ND MORE IN 2019, NGMC PROVIDED CHARITY CARE IN THE COMMUNITY AT A COST OF AN ESTIMATED \$5.9 MILLION. NGMC RECEIVES NO LOCAL TAX REVENUE FROM HALL COUNTY, OR ANY OTHER COUNTIES, TO SUPPORT OPERATIONS OR CARE PROVIDED TO INDIGENT RESIDENTS. NGMC'S CHARITY CARE POLICY PROVIDES FINANCIAL ASSISTANCE UP TO 300 PERCENT OF THE POVERTY LEVEL - MANY HOSPITALS PROVIDE CHARITY ADJUSTMENTS ONLY TO THE LEVEL THAT MATCHES THE STATE DEFINITION OF MEDICALLY INDIGENT BUT NOT AT THE LEVEL THAT NGMC OFFERS. THE HOSPITAL IS A KEY PARTICIPANT AND FISCAL SPONSOR IN PROGRAMS AIMED AT TREATING LOW-INCOME AND UNINSURED PATIENTS, INCLUDING THE GOOD NEWS CLINICS, THE LARGEST FREE HEALTHCARE CLINIC IN GEORGIA, AND HEALTH ACCESS, A LOCAL SERVICE THAT MATCHES FINANCIALLY ELIGIBLE PATIENTS TO SPECIALTY PHYSICIANS AND PROVIDES ACCESS TO CARE, AMONG OTHER SERVICES. ADDITIONALLY - SINCE 2000, NGMC GAINESVILLE HAS PROVIDED NEARLY THREE TIMES THE AMOUNT OF INDIGENT AND CHARITY CARE SET FORTH IN REQUIREMENTS BY THE GEORGIA DEPARTMENT OF COMMUNITY HEALTH FOR SUCCESSFUL PASSAGE OF A CERTIFICATE OF NEED FOR NEW SERVICES, AND, UNLIKE MANY GEORGIA NOT-FOR-PROFIT HOSPITALS HELD TO THE SAME REQUIREMENTS, NGMC DOES NOT RECEIVE TAX FUNDING FROM ITS LOCAL COUNTY TO HELP FUND INDIGENT CARE TO AREA RESIDENTS - NGMC IS THE PRIMARY HOSPITAL FOR LOW-INCOME PATIENTS IN GAINESVILLE-HALL COUNTY AND THROUGHOUT THE REGION IN COUNTIES SUCH AS BANKS, LUMPKIN, RABUN, UNION AND WHITE, WHERE MANY KEY MEDICAL SPECIALTIES ARE NOT AVAILABLE - NGMC GAINESVILLE IS NUMBER 5 IN TOP HOSPITALS FOR NET UNCOMPENSATED CARE (\$64.5 M) PROVIDED IN GEORGIA BASED ON STATE FISCAL YEAR (SFY) 2019 INDIGENT CARE TRUST FUND (ICTF) TOTAL HOSPITAL SPECIFIC DISPROPORTIONATE SHARE HOSPITAL (DSH) LIMITS, MANY OF THE HOSPITALS ON THE LIST RECEIVED LOCAL TAX DOLLARS, WHILE NGMC DID NOT, (SFY RUNS FROM JULY 1- JUNE 30) UNDER IRS LAW, A TAX-EXEMPT ORGANIZATION, CLASSIFIED AS A 501(C)(3) CHARITY, IS REQUIRED TO HAVE A MISSION THAT WILL BENEFIT ITS COMMUNITY, REINVEST SURPLUS FUNDS IN THE ORGANIZATION IN A WAY THAT BENEFITS THE COMMUNITY, COMPENSATE EXECUTIVES, CONTRACTORS AND OTHER EMPLOYEES IN ACCORDANCE WITH FAIR MARKET VALUE, REMAIN ACCOUNTABLE TO THE COMMUNITY, REFRAIN FROM PARTICIPATING IN POLITICAL CAMPAIGNS FOR OR AGAINST CANDIDATES AND/OR LOBBY AS A SUBSTANTIAL PART OF ITS ACTIVITIES, AND, REMAIN FINANCIALLY ACCOUNTABLE TO THE COMMUNITY BY NOT ALLOWING ANY PORTION OF ITS NET EARNINGS TO BENEFIT ANY PRIVATE SHAREHOLDER OR INDIVIDUAL. AS A NOT-FOR-PROFIT HOSPITAL, NGMC CARRIES ADDITIONAL RESPONSIBILITIES, AS ESTABLISHED BY THE IRS IN 1965, OPERATE A FULL-TIME EMERGENCY ROOM THAT IS AVAILABLE TO ALL PEOPLE, REGARDLESS OF THEIR ABILITY TO PAY, - NGMC GAINESVILLE AND BRASELTON HAD 151,533 ER VISITS, OPERATING THE #1 BUSIEST EMERGENCY DEPARTMENT IN GEORGIA, ACCORDING TO GHSA, NGMC BARROW AND LUMPKIN ALSO OPERATE A 24-HOUR ER, - IN FY19, 20% OF ALL NGMC GAINESVILLE AND BRASELTON EMERGENCY ROOM VISITS WERE MADE BY SELF-PAY PATIENTS, 26</p>

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<p>FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>% FOR BARROW, AND 17% FOR LUMPKIN, PROVIDE NON-EMERGENCY SERVICES TO ANYONE UNABLE TO PAY, AND MEDICALLY NECESSARY SERVICES TO ANYONE IN THE NGHS SERVICE AREA NOT ABLE TO PAY, - NO RTHEAST GEORGIA HEALTH SYSTEM PROVIDES HIGH QUALITY, ADVANCED SPECIALTY AND PRIMARY HEALTH CARE SERVICES TO THE NORTHEAST GEORGIA COMMUNITY, SERVING 1 MILLION PEOPLE IN MORE THAN 18 COUNTIES IN FY19, NGMC'S PAYOR MIX AT GAINESVILLE AND BRASELTON WAS 61% MEDICARE/MEDICAL D, 31% COMMERCIAL INSURANCE AND 8% SELF-PAY, - IN FY19, NGMC'S PAYOR MIX AT BARROW WAS 57% FOR MEDICARE/ MEDICAID, 26% FOR COMMERCIAL INSURANCE AND 17% FOR SELF-PAY, - IN FY19, NGM C'S PAYOR MIX AT LUMPKIN WAS 51% FOR MEDICARE/ MEDICAID, 31% FOR COMMERCIAL INSURANCE AND 18% FOR SELF-PAY PARTICIPATE IN MEDICAID AND MEDICARE, - 61% OF PATIENTS SERVED BY NGMC G AINESVILLE AND BRASELTON IN FY19 WERE MEDICAID AND MEDICARE PATIENTS, 57% FOR BARROW AND 5 1% FOR LUMPKIN, CREATE A GOVERNING BOARD THAT IS REPRESENTATIVE OF THE COMMUNITY IT SERVES , - MORE THAN 90 COMMUNITY MEMBERS ARE ACTIVELY INVOLVED IN GOVERNANCE THROUGH NORTHEAST G EORGIA HEALTH SYSTEM, NGMC AND OTHER SUBSIDIARY BOARDS AND COMMITTEES ALLOW MEDICAL STAFF PRIVILEGES TO ANY PROFESSIONAL WHO IS QUALIFIED AND APPLIES, AND, - NGMC HAS A MEDICAL ST AFF OF OVER 800 PHYSICIANS REPRESENTING NUMEROUS ADVANCED SPECIALTIES SUCH AS GYNECOLOGIC ONCOLOGY, ELECTROPHYSIOLOGY, CARDIAC SURGERY, CRITICAL CARE MEDICINE, SURGICAL TRAUMA, NEO NATOLOGY, PERINATOLOGY AND TELEMEDICINE REINVEST SURPLUS FUNDS IN OPERATIONS - AS NOT-FO R-PROFIT ORGANIZATIONS, THE REVENUE GENERATED BY NGMC AND ITS PARENT ORGANIZATION, NGHS, A BOVE OPERATING EXPENSES IS REINVESTED INTO THE COMMUNITY EXAMPLES INCLUDE INVESTMENTS IN ADVANCED MEDICAL TECHNOLOGY SUCH AS ROBOTIC SURGICAL SYSTEMS AND STATE OF THE ART RADIATIO N THERAPY EQUIPMENT, THE DEVELOPMENT OF A LEVEL 2 TRAUMA CENTER, AND IN BARROW, THE ONLY F ACILITY TO OFFER 3D MAMMOGRAPHY IN THAT COUNTY NGMC PARTICIPATES IN THE INDIGENT CARE TRU ST FUND (ICTF), A PROGRAM ESTABLISHED IN 1990, WHICH EXPANDS MEDICAID ELIGIBILITY AND SERV ICES, SUPPORTS RURAL HEALTH CARE FACILITIES THAT SERVE THE MEDICALLY INDIGENT AND FUNDS PR IMARY HEALTH CARE PROGRAMS FOR MEDICALLY INDIGENT GEORGIANS GEORGIA'S DISPROPORTIONATE SH ARE HOSPITAL (DSH) PROGRAM IS FUNDED THROUGH THE ICTF, AND ASSISTS HOSPITALS AND OTHER HEA LTH PROVIDERS THAT CARE FOR HIGH PROPORTIONS OF MEDICAID, UNINSURED AND/OR LOW-INCOME PATI ENTS IN 2019, NGMC RECEIVED \$7 4 MILLION IN NET FUNDS ALLOCATED THROUGH THE MEDICAID DSH (ICTF) PROGRAM TO PARTIALLY OFFSET A FINANCIAL LOSS OF \$64 5 MILLION IN COST THE MEDICAL C ENTER INCURRED TREATING UNINSURED AND MEDICAID PATIENTS IN ADDITION, NGMC RECEIVED \$4 2 M ILLION IN NET FUNDS ALLOCATED THROUGH THE MEDICAID UPPER PAYMENT LIMIT PROGRAM TO ADJUST M EDICAID PAYMENTS UPWARD TO MATCH MEDICARE PAYMENT LEVELS</p>

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FORM 990, PART III, LINE 4A	<p>NGMC GAINESVILLE &amp; BRASELTON NGMC GAINESVILLE AND BRASELTON VALUE COOPERATIVE EFFORTS WITH COMMUNITY ORGANIZATIONS AND OTHER HEALTHCARE PROVIDERS TO IMPROVE THE HEALTH STATUS OF AREA RESIDENTS. THIS IS DEMONSTRATED THROUGH MANY PARTNERSHIPS RANGING FROM SERVING AS LEAD AGENCY OF SAFE KIDS NORTHEAST GEORGIA, 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. IN FY19, NGMC GAINESVILLE AND BRASELTON PROVIDED OVER \$10.9 MILLION IN COMMUNITY BENEFIT PROGRAMS/OUTREACH. HEALTH EDUCATION WAS PROVIDED THROUGH FREE COMMUNITY LECTURES, HEALTH SCREENINGS, AND VARIOUS SUPPORT GROUPS. NGMC ALSO OFFERED MANY EDUCATION SEMINARS FOR HEALTH PROFESSIONALS IN THE COMMUNITY, REGION AND STATE, AS WELL AS FOR STUDENTS PURSUING CAREERS IN HEALTH. IN ADDITION, NGMC PROVIDED SUPPORT TO OTHER LOCAL NON-PROFIT ORGANIZATIONS THAT SERVE THE COMMUNITY. WHAT DRIVES NGMC'S COMMUNITY HEALTH IMPROVEMENT ACTIVITIES? NORTHEAST GEORGIA HEALTH SYSTEM, WITH INPUT FROM THE COMMUNITY, COMPLETED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN 2019. THE ASSESSMENT FOCUSED MAINLY ON THE NEEDS OF THE COMMUNITY'S MOST VULNERABLE POPULATIONS, PARTICULARLY THOSE WITH LOW-INCOMES WHO ARE UNINSURED. INPUT FROM THE COMMUNITY WAS GATHERED THROUGH FOCUS GROUPS AND INTERVIEWS. THE STUDY CULMINATED IN THE IDENTIFICATION OF THE 5 FOLLOWING HEALTH PRIORITIES THAT FIT HAND-IN-GLOVE WITH THE STRATEGIC DIRECTION OF THE ORGANIZATION: BEHAVIORAL AND MENTAL HEALTH, ACCESS TO CARE, DIABETES, CARDIOVASCULAR DISEASE, AND SEPTICEMIA. FOR DETAILS ON HOW NGMC IS ADDRESSING THE SIGNIFICANT NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA, GO TO: <a href="https://www.nghs.com/fullpanel/uploads/files/implementation-plan-2020-updated.pdf">HTTPS://WWW.NGHS.COM/FULLPANEL/UPLOADS/FILES/IMPLEMENTATION-PLAN-2020-UP DATED PDF</a>. NORTHEAST GEORGIA HEALTH SYSTEM IS A PARTNER IN UNITED WAY'S ONE HALL MENTAL AND BEHAVIORAL HEALTH SUBCOMMITTEE. UNDER UNITED WAY'S ONE HALL FRAMEWORK, THE COMMITTEE IS WORKING BETTER TO COORDINATE MENTAL HEALTH SERVICES IN NORTHEAST GEORGIA THROUGH NEW FORMS OF CONNECTIVITY AND GREATER COLLABORATION. NGHS, UNITED WAY OF HALL COUNTY, AND OTHER NON-PROFITS IN HALL COUNTY ARE WORKING TOGETHER ON A COORDINATED COMMUNITY NETWORK TO CREATE A SHARED DATA PLATFORM TO BECOME MORE EFFICIENT WHEN SERVING THOSE WHO HAVE SOCIAL NEEDS THAT IMPACT OVERALL WELLBEING. THIS PLATFORM WILL BE USED TO MAKE REFERRALS TO RESOURCES AND PROVIDE A UNIVERSAL METHOD TO TRACK OUTCOMES, RESULTING IN BETTER, MORE COORDINATED CARE. IN ADDITION TO THIS SHARED PLATFORM AND NAVIGATION SYSTEM, MENTAL HEALTH FIRST AID TRAINING WILL BE PROVIDED TO TARGETED AUDIENCES. NGHS IS A LEADING PARTNER IN THE REACH OUT CAMPAIGN TO DESTIGMATIZE THE NEED FOR MENTAL HEALTH SERVICES. NGMC'S EMERGENCY DEPARTMENTS CONTINUE TO PARTNER WITH THE GEORGIA COUNCIL ON SUBSTANCE ABUSE TO IMPLEMENT THE ED-CARES (CERTIFIED ADDICTION RECOVERY SPECIALISTS) PROGRAM WHICH CONNECTS PEOPLE WHO HAVE BEEN ADMITTED TO EMERGENCY ROOMS FOR AN OPIOID-RELATED OVERDOS.</p>

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FORM 990, PART III, LINE 4A	<p>E WITH TRAINED PEER RECOVERY COACHES WHO PLAY AN IMPORTANT ROLE IN HELPING PEOPLE AVOID AN OTHER OVERDOSE AND ENCOURAGING THEM TO SEEK TREATMENT NGMC IS THE ONLY HOSPITAL SYSTEM IN GEORGIA TO PROVIDE THIS SUPPORT, WHICH IS PROVIDED IN EMERGENCY DEPARTMENTS (ED) AT GAINESVILLE, BRASELTON AND BARROW PEER RECOVERY COACHES SERVED IN THE CAPACITY OF 4,241 TOTAL ENCOUNTERS IN THE ED, WHERE 3,463 PATIENTS WERE IMPACTED BY THIS INTERVENTION, INCLUDING 4,943 SUCCESSFUL FOLLOW-UPS AFTER THE ED VISIT AND 823 PEERS STILL ENGAGED WITH A RECOVERY COACH THE PROGRAM IS SEEKING BILINGUAL VOLUNTEERS AND WILL CONDUCT LISTENING SESSIONS AND FACILITATED TRAININGS WITH ADULTS AND YOUTH IN ADDITION TO THIS, THE PROGRAM WILL PROVIDE TRAINING AND TECHNICAL ASSISTANCE TO 18 RECOVERY COMMUNITY ORGANIZATIONS ACROSS THE STATE TO IMPLEMENT PEER PROGRAMS IN THEIR LOCAL EMERGENCY DEPARTMENTS BASED ON THIS PROGRAM NGMC IS THE FIRST IN THE NATION TO OFFER THE CARES PROGRAM IN ITS NEONATAL INTENSIVE CARE UNITS (NICU) TO HELP FAMILIES OF BABIES BORN WITH NEONATAL ABSTINENCE SYNDROME (NAS) FIND A PATH TO RECOVERY NGMC ALSO HAS DEDICATED NICU STAFF EDUCATING THE FAMILIES ON HOW TO CARE FOR THEIR INFANT WITH NAS SINCE THE START OF THE PROGRAM IN 2018, PEER RECOVERY COACHES SERVED IN THE CAPACITY OF 187 ENCOUNTERS AND 1,207 FOLLOW-UPS FURTHERMORE, NGMC NICU NURSES SOUGHT SPECIALIZED TRAINING TO CARE FOR BABIES BORN ADDICTED AND THEIR FAMILIES, AND NOT ONLY IMPLEMENTED PROTOCOLS THAT REDUCED THE LENGTH OF STAY NEEDED FOR THESE BABIES, BUT ALSO EMPOWER AND STRENGTHEN THE MOTHERS AND FATHERS TO CARE FOR THEIR BABIES THE NICU TEAM WAS AWARDED WITH THE 2019 TEAM DAISY AWARD FOR THEIR WORK WITH BABIES BORN WITH NAS, WHICH WAS SO IMPACTFUL THAT THEY PRESENTED THEIR WORK AT THE SIGMA THETA TAU INTERNATIONAL NURSING HONOR SOCIETY CONVENTION IN WASHINGTON DC THAT CONNECTS THOUSANDS OF NURSES ACROSS 100 COUNTRIES FOR MORE INFORMATION ABOUT PROGRESS ON THESE AND OTHER HEALTH PRIORITIES OF 2017-2019, GO TO <a href="https://www.nghs.com/2019-CHNA-IMPLEMENTATION-PROGRESS-REPORT">HTTPS://WWW.NGHS.COM/2019-CHNA-IMPLEMENTATION-PROGRESS-REPORT</a> THE FOLLOWING CONTAINS ADDITIONAL HIGHLIGHTS OF COMMUNITY BENEFIT ACTIVITIES PROVIDED BY NGMC IN FY19, OFTEN PARTNERING WITH OTHER ORGANIZATIONS AND INDIVIDUALS IN THE COMMUNITY PARTNERING TO REACH THE UNINSURED NGMC WORKS COOPERATIVELY WITH OTHER AREA HEALTHCARE PROVIDERS TO CARE FOR AREA RESIDENTS, PARTICULARLY THE INDIGENT POPULATION PARTNERS INCLUDE, BUT ARE NOT LIMITED TO, NGMC, THE NORTHEAST GEORGIA PHYSICIANS GROUP (NGPG) PRIMARY CARE CLINIC AT HALL COUNTY HEALTH DEPARTMENT, THE LONGSTREET CLINIC, MEDLINK (FEDERALLY QUALIFIED HEALTH CENTER), AREA PHYSICIANS AND INDIGENT CLINICS SUCH AS GOOD NEWS CLINICS IN GAINESVILLE AND GOOD SHEPHERD CLINIC OF DAWSON COUNTY GOOD NEWS CLINICS (GNC) NGMC PROVIDES FUNDING TO GNC, THE LARGEST FREE CLINIC IN GEORGIA, THAT HELPS PROVIDE MEDICATIONS, MEDICAL SUPPLIES AND OTHER SUPPORT FOUNDED IN 1992, GNC IS A CHRISTIAN MINISTRY THAT PROVIDES MEDICAL AND DENTAL CARE TO THE INDIGENT A</p>

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FORM 990, PART III, LINE 4A	<p>ND UNINSURED POPULATION AT NO CHARGE THIRTY-FIVE PHYSICIANS, 7 MID-LEVEL PROVIDERS, 43 DENTISTS AND ONE DENTAL HYGIENIST VOLUNTEER TO TREAT PATIENTS AT GNC IN ADDITION, 120 SPECIALIST PHYSICIANS VOLUNTEER TO TREAT PATIENTS IN THEIR OFFICES THROUGH HEALTH ACCESS INITIATIVE IN FY19, OVER \$500,000 WAS DONATED TO HELP GNC PROVIDE CARE TO INDIGENT PATIENTS WHO WERE AT OR BELOW 150% OF THE FEDERAL POVERTY GUIDELINES AND DID NOT QUALIFY FOR OTHER PROGRAMS TO PROVIDE INTEGRATION BETWEEN GNC, NGHS, AND OTHER PROVIDERS IN THE COMMUNITY, NGMC ALSO SUPPORTED THE IMPLEMENTATION OF A HIGH-LEVEL ELECTRONIC MEDICAL RECORD SYSTEM TO IMPROVE COORDINATION OF CARE AND OUTCOMES FOR THIS VULNERABLE PATIENT POPULATION EVA JOHNSON, NGMC NURSE PRACTITIONER AND HEART FAILURE DISEASE MANAGER, HELPED ESTABLISH AND NOW RUNS THE HEART FAILURE CLINIC AT GNC EVA HAS WORKED WITH GOOD NEWS CLINIC TO SUCCESSFULLY APPLY FOR GRANTS THAT AWARDED FUNDING FOR MEDICATIONS, BLOOD PRESSURE CUFFS AND SCALES FOR PATIENTS IN THE HEART FAILURE CLINIC THIS PROJECT HAS CONTINUED TO BE SUCCESSFUL, HOLDING THE 30-DAY HOSPITAL READMISSIONS TO LESS THAN 3% IN 2019 NGPG PRIMARY CARE CLINIC AT THE HALL COUNTY HEALTH DEPARTMENT NGMC FUNDS AND STAFFS A PRIMARY CARE CLINIC AT THE HALL COUNTY HEALTH DEPARTMENT TO IMPROVE ACCESS TO PRIMARY HEALTHCARE SERVICES FOR LOW-INCOME PEOPLE IN OUR COMMUNITY IN FY19, NGMC CONTRIBUTED OVER \$1.1 MILLION TO PROVIDE THIS CLINIC PREGNATAL CARE PROGRAM AT THE HEALTH DEPARTMENT NGMC, THE LONGSTREET CLINIC, AND HALL COUNTY HEALTH DEPARTMENT PARTNER TO IMPROVE BIRTH OUTCOMES BY INCREASING EARLY PRENATAL CARE FOR LOW-INCOME, UNINSURED AND UNDER-INSURED PREGNANT WOMEN VIA THE HEALTH DEPARTMENT'S PRIMARY CARE CLINIC IN FY19, NGMC PROVIDED SUPPORT OF OVER \$200,000 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 OWN PERSONAL FUNDS, GOVERNMENT PROGRAMS OR OTHER CHARITABLE SERVICES THIS HELPS TO ENSURE MEDICATION COMPLIANCE AND MAXIMIZE CONDITIONS FOR RECOVERY AND RECOVERY THE NGHS FOUNDATION PROVIDES FUNDING FOR THIS PROGRAM THAT SERVED OVER 1,000 PEOPLE IN FY19 CHARITY CARE NGMC'S CHARITY CARE POLICY REMOVES BARRIERS FOR LOW-INCOME POPULATIONS WITHIN OUR SERVICE AREA BEGINNING WITH FREE, MEDICALLY NECESSARY CARE FOR PATIENTS WHOSE GROSS FAMILY INCOME IS ZERO TO 150% OF THE FEDERAL POVERTY LEVEL (FPL) ADJUSTED FOR FAMILY SIZE FURTHER, PATIENTS FROM OUR SERVICE AREA, WHOSE FPL 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</p>



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FORM 990, PART III, LINE 4A	<p>TOTAL ESTIMATED CHARITY CARE COST FOR NGMC GAINESVILLE AND BRASELTON IN FY19 \$28.7 MILLION FOR HALL COUNTY WITH ANOTHER \$26.3 MILLION FOR REGIONAL RESIDENTS OUTSIDE OF HALL COUNTY. FINANCIAL NAVIGATORS: NGMC HAS FINANCIAL ASSISTANCE COUNSELORS WHO HELP PATIENTS BECOME INSURED, BE IT THROUGH MEDICAID, PEACHCARE OR OTHER PROGRAMS. THIS TEAM FOCUSES ON BEING A DVOCATES FOR UNINSURED AND UNDER-INSURED PATIENTS, AIDING THEM IN FINDING VIABLE MEANS TO ACCESS CARE. THEY FIND THE BEST SOLUTIONS FOR HELPING PATIENTS APPLY FOR MEDICAID OR DISABILITY, ACCESSING HEALTHCARE EXCHANGES OR PROCESSING CHARITY APPLICATIONS WHEN APPROPRIATE. THE FINANCIAL NAVIGATOR TEAM SERVED MORE THAN 42,000 PEOPLE SEEKING ASSISTANCE. PATIENT NAVIGATORS: NGMC HAS A CANCER PATIENT NAVIGATION PROGRAM TO PROVIDE CANCER PATIENTS WITH GUIDANCE THROUGHOUT THEIR CANCER JOURNEY, AND THEY ARE SEEN AS A "LIVING RESOURCE DIRECTORY" FOR PATIENTS. NGMC'S CANCER SERVICES IS THE ONLY PROGRAM IN GEORGIA - AND ONE OF ONLY 24 PROGRAMS IN THE NATION - TO RECEIVE THE 2018 OUTSTANDING ACHIEVEMENT AWARD BY THE AMERICAN COLLEGE OF SURGEONS (ACS) COMMISSION ON CANCER. IN 2019, NGMC WAS ONE OF ONLY THREE HOSPITALS IN GEORGIA AND 24 HOSPITAL SYSTEMS IN THE SOUTHEAST TO RECEIVE THE AMERICAN CANCER SOCIETY'S HPV CANCER FREE PARTNERSHIP AWARD, WHICH RECOGNIZES THE HOSPITAL'S EFFORTS IN PREVENTING HUMAN PAPILLOMAVIRUS, OR HPV, RELATED CANCERS. THROUGH FUNDING FROM THIS PARTNERSHIP, WE HAVE BEEN ABLE TO REACH AREAS OF OUR COMMUNITY MOST AT RISK AND HELP REDUCE BARRIERS FOR WOMEN IN NEED OF CERVICAL CANCER SCREENINGS. PARTNERING IN THE COMMUNITY: NGMC VOLUNTEERS: IN FY19, 776 NGMC VOLUNTEERS CONTRIBUTED 74,428 VOLUNTEER HOURS, EQUIVALENT TO 44 FULL-TIME EMPLOYEES AND A VALUE OF OVER \$1.9 MILLION TO THE ORGANIZATION (INCLUSIVE OF GAINESVILLE, BRASELTON AND BARROW). 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. 123 TEENS PARTICIPATED IN THE TEEN VOLUNTEER PROGRAM IN 2019. THE TEENS REPRESENTED 36 DIFFERENT SCHOOLS WITHIN THE AREA. PARTNERSHIP FOR A DRUG-FREE HALL (DFH): HALL COUNTY'S RESPONSE TO THE OPIOID EPIDEMIC IS THE COLLABORATIVE PARTNERSHIP FOR A DRUG-FREE HALL (DFH). MODELED AFTER A PARTNERSHIP FORMED IN GWINNETT COUNTY LED BY SENATOR RENEE UNTERMAN, WHO, ALONG WITH DEB BAILEY, EXECUTIVE DIRECTOR OF GOVERNMENTAL AFFAIRS AT NGHS, DALLAS GAY, FORMER NGHS BOARD MEMBER, AND JUDY BROWNELL, DIRECTOR OF PREVENTION AT CENTER POINT, PULLED TOGETHER A DIVERSE GROUP OF AGENCIES IN HALL COUNTY TO FORM DFH, A COLLABORATIVE DEDICATED TO PROVIDING THE PEOPLE OF HALL COUNTY WITH INFORMATION, RESOURCES AND ACTIONS TO ADDRESS DRUG ABUSE, REACHING OVER 2,000 PEOPLE IN THE COMMUNITY THROUGH FORUMS AND COMMUNITY EVENTS SINCE 2017. ADDITIONAL RESOURCES, SUCH AS, FORUM RECORDINGS, PARENT SUPPORT GROUP INFORMATION AND MORE CAN BE FOUND AT <a href="http://drugfreehall.org">HTTP://DRUGFREEHALL.ORG</a>. READ, LEARN, SUCCEED: IN AN EFFORT TO IMPROVE SCHOOL READINESS</p>

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FORM 990, PART III, LINE 4A	<p>AND LITERACY FOR OUR COMMUNITY'S CHILDREN, NGMC PARTNERED WITH THE UNITED WAY OF HALL COUNTY'S READ LEARN SUCCEED INITIATIVE TO PRODUCE A CHILDREN'S BOOK PRINTED 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 ALSO INCLUDES KEEPSAKE PAGES FOR BABY'S FIRST FOOTPRINTS AND HANDPRINTS FUNDED BY THE MEDICAL CENTER AUXILIARY, OVER 4,800 COPIES WERE DISTRIBUTED FOR ALL BABIES BORN AT NGMC GAINESVILLE AND NGMC BRASELTON TO ACCOMPANY THE DISTRIBUTION OF THIS BOOK, THREE NGMC NURSES FROM THE POST-PARTUM MOTHER/BABY UNIT ATTENDED THE TALK WITH ME BABY TRAIN THE TRAINER FOR NURSES PROGRAM WHICH IS A PUBLIC ACTION CAMPAIGN TO COACH PARENTS AND CAREGIVERS ON VOCABULARY DEVELOPMENT WITH THEIR BABIES, VOCABULARY BY AGE 3 IS THE STRONGEST PREDICTOR OF A CHILD'S FUTURE SUCCESS WITH LITERACY AND EDUCATION NGMC IS ACTIVELY INVOLVED IN VISION 2030 (WWW.VISION2030.ORG), A COMMUNITY-WIDE PROGRAM SPONSORED BY THE GREATER HALL CHAMBER OF COMMERCE MELISSA TYMCHUK, CHIEF OF STAFF AT NGHS, SERVES ON 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 IS ALSO AN ACTIVE PARTNER ON OTHER CHAMBER COMMITTEES SUCH AS THE HEALTHCARE COMMITTEE, HEALTH INITIATIVE CONSORTIUM, AND HALLMARK, WHICH IS A COMMUNITY INVESTMENT PLAN THAT ADDRESSES ECONOMIC DEVELOPMENT, EDUCATION, GOVERNMENT AND COMMUNITY DEVELOPMENT THROUGH PARTNERSHIP THE MEDICAL CENTER FOUNDATION, DOING BUSINESS AS THE NORTHEAST GEORGIA HEALTH SYSTEM FOUNDATION (NGHS FOUNDATION), RAISES FUNDS TO BENEFIT THE COMMUNITY THE NGHS FOUNDATION IS THE FUNDRAISING ARM OF NGMC AND RAISES FUNDS TO IMPROVE THE HEALTH OF THE COMMUNITY THE FOUNDATION'S OPERATING EXPENSES ARE SUPPORTED BY NGMC SO THAT DONATED FUNDS CAN BE USED TO SUPPORT NGMC PROJECTS AND COMMUNITY HEALTH IMPROVEMENT INITIATIVES FOLLOWING ARE ITEMS OF INTEREST TO NOTE - SINCE 1997, APPROXIMATELY \$4.4 MILLION HAS BEEN RAISED FOR COMMUNITY HEALTH IMPROVEMENT PROJECTS THROUGH THE NGHS FOUNDATION OPEN (FORMERLY KNOWN AS THE MEDICAL CENTER OPEN) - THE 2019 NGHS OPEN GOLF TOURNAMENT RAISED A RECORD-BREAKING \$340,000 TO FUND THE CONSTRUCTION OF A STUDENT SUCCESS CENTER (THE HUB) LOCATED AT GAINESVILLE HIGH SCHOOL AND OPEN TO THE HALL COUNTY COMMUNITY, WHERE STUDENTS WILL BE PROVIDED WITH RESOURCES FOR ACADEMIC AND WORKFORCE DEVELOPMENT, MENTAL AND BEHAVIORAL HEALTH SERVICES, AND A VARIETY OF FREE SUPPORT SERVICES THAT CAN HELP STUDENTS REACH THEIR FULL POTENTIAL THROUGH HEALTH AND DEVELOPMENT OPPORTUNITIES IN ADDITION TO THESE RESOURCES, THE HUB INCLUDES A FOOD PANTRY AND CLOTHING CLOSET TO HELP MEET BASIC NEEDS FOR STUDENTS OVER 100 COMMUNITY VOLUNTEERS, 80 SPONSORS AND 200 PLAYERS</p>

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FORM 990, PART III, LINE 4A	<p>MADE THE TOURNAMENT A SUCCESS - THROUGH THE EMPLOYEE GIVING CLUB KNOWN AS WATCH (WE ARE TARGETING COMMUNITY HEALTH), MEMBERS HAVE DONATED MORE THAN \$10.2 MILLION IN SUPPORT OF CAPITAL IMPROVEMENTS, COMMUNITY INITIATIVES, EQUIPMENT AND ENHANCED PATIENT CARE SINCE THE PROGRAM'S INCEPTION IN 1999. COMMUNITY EDUCATION SAFE KIDS COALITION WORKS TO KEEP KIDS SAFE. SAFE KIDS NORTHEAST GEORGIA, LED BY NGMC, IS PART OF SAFE KIDS WORLDWIDE, THE FIRST AND ONLY NATIONAL ORGANIZATION DEDICATED SOLELY TO THE PREVENTION OF UNINTENTIONAL CHILDHOOD INJURY, THE NATION'S NUMBER ONE KILLER OF CHILDREN AGES 19 AND UNDER. THIS PROGRAM PROVIDES AFFORDABLE SAFETY EQUIPMENT SUCH AS CAR SEATS, BIKE HELMETS, AND LIFE JACKETS TO AREA CHILDREN IN NEED. WORKING WITH A COALITION MADE UP OF LAW ENFORCEMENT, AREA SCHOOLS, COMMUNITY VOLUNTEERS AND OTHERS, SAFE KIDS PROVIDES EDUCATIONAL MATERIALS AND PROGRAMS THAT TEACH CHILDREN AND THEIR PARENTS HOW TO AVOID ACCIDENTS AND INJURIES. SAFE KIDS CONTINUED THE WORK OF INJURY PREVENTION FOR FAMILIES IN THE HALL COUNTY COMMUNITY IN 2019 THANKS TO THE SUPPORT OF THE NGHS FOUNDATION AND THE MEDICAL CENTER AUXILIARY PROCEEDS FROM MARKETPLACE (AN ANNUAL FUNDRAISING EVENT OF THE MEDICAL CENTER AUXILIARY, WHICH BENEFITS HEALTHCARE SERVICES OF NGMC). IN FY19, MEMBERS OF THE GAINESVILLE-HALL COUNTY SAFE KIDS COALITION PROVIDED OVER 131 PROGRAMS AND EVENTS THAT REACHED AN ESTIMATED 25,000 CHILDREN AND THEIR FAMILY MEMBERS, TEACHERS AND CAREGIVERS. THROUGH THESE PROGRAMS, OVER 3,500 SAFETY ITEMS WERE DISTRIBUTED TO FAMILIES IN NEED OF THEM.</p> <p>T2 DIABETES PROGRAM: THIS PROGRAM OFFERS ONGOING EDUCATION AND SUPPORT GROUPS USING AN EVIDENCE-BASED LIFESTYLE PROGRAM TO HELP PARTICIPANTS (WITH ELEVATED RISK FOR DEVELOPING DIABETES) UNDERSTAND AND CHOOSE METHODS TO DECREASE RISK OF GETTING DIABETES. NGMC DIABETES EDUCATION RUNS THE PREVENT T2 PROGRAM AND PARTNERED WITH YMCA GAINESVILLE TO OFFER IT WITHIN THE FACILITY. CLASSES ARE ALSO AVAILABLE IN SPANISH AND ON SATURDAYS TO INCREASE ACCESS TO THIS SUPPORT. NGMC DIABETES EDUCATION ACHIEVED FULL RECOGNITION STATUS THROUGH CENTERS FOR DISEASE CONTROL (CDC) FOR PREVENT T2 PROGRAMS, MEANING THIS PROGRAM HAS DEMONSTRATED EFFECTIVENESS BY ACHIEVING ALL OF THE PERFORMANCE CRITERIA DETAILED IN THE CDC'S DIABETES PREVENTION RECOGNITION PROGRAM STANDARDS.</p>

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FORM 990, PART III, LINE 4A	<p>RESPECTING CHOICES ADVANCED CARE PLANNING GUNDERSON RESPECTING CHOICES ADVANCE CARE PLANNING IS AN EVIDENCE-BASED MODEL OF ADVANCED CARE PLANNING THAT HONORS AN INDIVIDUAL'S GOALS AND VALUES FOR CURRENT AND FUTURE HEALTH CARE THIS PROGRAM IS DESIGNED TO CREATE A CULTURE OF OPEN DISCUSSION ABOUT END OF LIFE CARE IN NORTHEAST GEORGIA SO THAT FAMILIES ARE RELIEVED OF UNNECESSARY STRESS THIS PROJECT IS FUNDED BY THE NGHS FOUNDATION'S HEALTHY JOURNEY CAMPAIGN, WHICH FUNDS THE TRAINING AND MATERIALS NEEDED TO EDUCATE THE COMMUNITY ON IMPLEMENTING THIS MODEL AS A COLLABORATIVE EFFORT BETWEEN THE WISDOM PROJECT 2030 AND NGHS, PLAN IN A CAN EMERGED IN AN EMERGENCY, EMERGENCY MEDICAL SERVICE TECHNICIANS WILL LOCATE A PERSON'S PLAN IN A CAN AND TAKE IT WITH THEM TO THE HOSPITAL THE CAN SHOULD CONTAIN A COPY OF THE INDIVIDUAL'S ADVANCE CARE DIRECTIVE, HEALTH INFORMATION, IDENTIFICATION AND OTHER IMPORTANT ITEMS EDUCATION HAS BEEN SHARED WITH THE COMMUNITY ABOUT HOW TO MAKE ONE AND WHERE TO STORE IT HOSPICE BEREAVEMENT CAMPS, SUPPORT GROUPS AND OUTREACH HOSPICE OF NGMC PROVIDED MULTIPLE BEREAVEMENT SUPPORT GROUPS AND EDUCATION FOR THOSE GRIEVING A LOSS OR CARING FOR A LOVED ONE WITH AN ILLNESS (SUCH AS DEMENTIA), AND TWO CAMPS FOR CHILDREN DEALING WITH THE LOSS OF SOMEONE CLOSE TO THEM IN FY19, OVER 6,000 INDIVIDUALS WERE SERVED THROUGH THESE PROGRAMS ADDITIONALLY, HOSPICE OF NGMC WAS DESIGNATED AS A LEVEL 5 PARTNER OF WE HONOR VETERANS (WHV) - THE HIGHEST LEVEL OF ITS KIND FOR ITS ABOVE-AND-BEYOND COMMITMENT TO PROVIDING VETERAN-SPECIFIC CARE AS ONE OF ONLY TWO HOSPICES IN THE STATE OF GEORGIA TO REACH THIS DESIGNATION, HOSPICE OF NGMC WAS SELECTED DUE TO ITS COMMITMENT TO UNDERSTANDING THE DIFFERENTIATED NEEDS OF VETERANS AND HOW TO MEET THOSE NEEDS NGMC PROVIDES VITAL COMMUNITY PROFESSIONAL EDUCATION AT HOME AND THROUGHOUT THE STATE NORTHEAST GEORGIA STEMI SUMMIT HOSTED EACH YEAR BY NGMC, THE NORTHEAST GEORGIA STEMI SUMMIT 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 EFFORT PROVIDING CRITICAL CARE AND RAPID RESPONSE IN 18 COUNTIES ACROSS THE REGION TO PEOPLE SUFFERING A SEVERE HEART ATTACK KNOWN AS STEMI (S-T SEGMENT ELEVATION MYOCARDIAL INFARCTION) KEYNOTE SPEAKERS AT THE CONFERENCE INCLUDE THE NATION'S LEADING CARDIOLOGISTS AND EXPERTS IN THE STUDY OF REGIONAL APPROACHES TO HEART ATTACK CARE THE 2019 CONFERENCE EDUCATED MORE THAN 1,500 MEDICAL PROFESSIONALS AND FIRST RESPONDERS REGIONAL TRAUMA ADVISORY COMMITTEE (RTAC) SYMPOSIUM AS PART OF THE STATE OF GEORGIA'S TRAUMA SYSTEM, THE REGIONAL TRAUMA ADVISORY COMMITTEE (RTAC) DEVELOPS AND MAINTAINS THE REGION'S TRAUMA SYSTEM PLAN AND MONITORS SYSTEM COMPLIANCE AND IMPROVEMENT ACTIVITIES NGMC PARTNERS WITH OTHER EMS AGENCIES, PARTICIPATING HOSPITALS, LOCAL GOVERNMENTS AND THE PUBLIC AS A PART OF THIS COMMITTEE AND THE ANNUAL RTAC SYMPOSIUM, WHICH PROVIDED EDUCATION TO</p>

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FORM 990, PART III, LINE 4A	<p>600 HEALTH PROFESSIONALS IN THE REGION IN FY19 INFECTION PREVENTION SYMPOSIUM THE NORTHEAST GEORGIA REGIONAL INFECTION PREVENTION SYMPOSIUM IS A FREE CONFERENCE OFFERED TO ANY HEALTHCARE PROVIDER THROUGHOUT THE STATE BY NGMC'S INFECTION PREVENTION &amp; CONTROL DEPARTMENT THIS CONFERENCE IS FOCUSED ON INCREASING KNOWLEDGE ON INFECTION PREVENTION MANY OF THE SMALL RURAL FACILITIES THROUGHOUT GEORGIA HAVE LIMITED TO NO ACCESS TO INFECTION PREVENTION AND CONTROL EDUCATION WORKFORCE DEVELOPMENT 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 PROGRAM, AS WELL AS SIGNIFICANT SUPPORT TO FOOTHILLS AREA HEALTH EDUCATION CENTERS (AHEC) (<a href="https://www.foothillsahec.org">HTTPS://WWW.FOOTHILLSAHEC.ORG</a>) FOOTHILLS AHEC IS A COMMUNITY-DRIVEN, NON-PROFIT CORPORATION, SUPPORTED BY FEDERAL AND LOCAL SOURCES THE MISSION IS TO INCREASE THE SUPPLY AND DISTRIBUTION OF HEALTHCARE PROVIDERS, ESPECIALLY IN MEDICALLY UNDERSERVED AREAS THROUGH JOINT EFFORTS, COMMUNITIES EXPERIENCE IMPROVED SUPPLY, DISTRIBUTION AND RETENTION OF QUALITY HEALTHCARE PROFESSIONALS FOOTHILLS AHEC SERVES 31 COUNTIES IN THE NORTHEAST GEORGIA AREA NGMC PROVIDES SUPPORT FOR AHEC EMPLOYEE BENEFITS PACKAGES, PHONE, UTILITIES AND CLEANING SERVICE EXPENSES GRADUATE MEDICAL EDUCATION (GME) NORTHEAST GEORGIA MEDICAL CENTER'S GME PROGRAM IS DESIGNED TO TRAIN RESIDENTS TO BE LEADERS IN THE MEDICAL FIELD, AS WELL AS IN THE COMMUNITY MEDICAL STUDENTS RECEIVE HANDS-ON TRAINING IN ONE OF SIX MEDICAL SPECIALTIES INTERNAL MEDICINE, FAMILY MEDICINE, GENERAL SURGERY, OB/GYN, PSYCHIATRY AND EMERGENCY MEDICINE (CURRENTLY ACCREDITED IN INTERNAL MEDICINE, FAMILY MEDICINE, AND GENERAL SURGERY) NGMC EXPECTS THIS PROGRAM TO GROW TO 170 RESIDENTS BY 2024, WHICH WOULD MAKE THIS PROGRAM ONE OF THE LARGEST IN THE STATE IN JULY OF 2019, NGMC WELCOMED ITS FIRST 26 GME RESIDENTS ALSO IN FY19, THE FAMILY MEDICINE RESIDENCY PROGRAM RECEIVED INITIAL ACCREDITATION FROM THE ACCREDITATION COUNCIL OF GRADUATE MEDICAL EDUCATION (ACGME), MARKING OUR THIRD GME PROGRAM TO RECEIVE INITIAL ACCREDITATION, FOLLOWING INTERNAL MEDICINE AND GENERAL SURGERY RESIDENCY PROGRAMS YOUTH APPRENTICESHIP AND MENTORSHIP PROGRAM IN THE YOUTH APPRENTICESHIP PROGRAM, HIGH SCHOOL STUDENTS WORK IN THE HOSPITAL FOR ONE CLASS PERIOD IN THEIR DAY AND ROTATE THROUGH MULTIPLE DEPARTMENTS THIS YEAR, 100 STUDENTS PARTICIPATED ADDITIONALLY, WITH THE HALL COUNTY SCHOOLS HONORS MENTORSHIP PROGRAM, JUNIORS AND SENIORS ARE MATCHED WITH A HEALTHCARE PROFESSIONAL IN THEIR AREA OF INTEREST AS PART OF A REAL-LIFE CAREER EXPERIENCE IN AN HONORS LEVEL ELECTIVE IN FY19, 19 STUDENTS PARTICIPATED IN THIS PROGRAM PROJECT SEARCH NGMC PROVIDES EMPLOYMENT AND EDUCATION OPPORTUNITIES FOR INDIVIDUALS WITH MILD TO MODERATE DISABILITIES THE PROGRAM IS DEDICATED</p>

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FORM 990, PART III, LINE 4A	<p>TED TO WORKFORCE DEVELOPMENT THAT BENEFITS THE INDIVIDUAL, COMMUNITY AND WORKPLACE EMPLOYERS ARE CHALLENGED TO INCREASE EMPLOYMENT OPPORTUNITIES FOR QUALIFIED PERSONS WITH DISABILITIES AND TO ADVOCATE ON BEHALF OF THEIR EMPLOYMENT TO OTHER ORGANIZATIONS IN THEIR COMMUNITIES THE HIGH SCHOOL TRANSITION PROGRAM IS A ONE-YEAR EDUCATIONAL PROGRAM FOR STUDENTS WITH DISABILITIES IN THEIR LAST YEAR OF HIGH SCHOOL IT IS TARGETED FOR STUDENTS WHOSE MAIN GOAL IS COMPETITIVE EMPLOYMENT IN FY19, 16 STUDENTS PARTICIPATED THE STUDENTS WORK 20 HOURS PER WEEK IN EACH ASSIGNED DEPARTMENT MENTORS ARE ASSIGNED IN EACH DEPARTMENT AND ATTEND A MONTHLY MEETING TO DISCUSS PROGRESS/NEEDS OF STUDENTS SUPPORT OF EFFORTS TO IMPROVE COMMUNITY HEALTH EVERY DAY, EMPLOYEES OF NORTHEAST GEORGIA MEDICAL CENTER GO ABOUT THE BUSINESS OF CARING FOR THE HEALTH OF THE PEOPLE OF OUR COMMUNITY THEY ARE NURSES AT THE BED SIDE, THERAPISTS HELPING PEOPLE LEARN TO WALK AGAIN, COOKS PREPARING MEALS, ADMINISTRATORS PLANNING FOR THE FUTURE, OR OFFICE PERSONNEL PUSHING THROUGH THE DETAILS CARING FOR OUR COMMUNITY IS PART OF THEIR EVERYDAY ROUTINE AND WHEN ASKED TO GIVE BACK TO SUPPORT HEALTH CARE THROUGH THE FOUNDATION CAMPAIGNS, THEY DO - GENEROUSLY AND PASSIONATELY COMMUNITY SUPPORT TO COMBAT INFANT MORTALITY, CANCER, HEART DISEASE 750 NGMC EMPLOYEES WALKED FOR AMERICAN HEART WALK, MARCH FOR BABIES AND RELAY FOR LIFE IN FY19 AS PART OF THE NGHS FOUNDATION'S HEALTHY JOURNEY CAMPAIGN, WATCH MEMBERS CONTRIBUTED A SIGNIFICANT DONATION TOWARD THE WALKS IN ADDITION TO SPONSORSHIPS PROVIDED BY NGMC BLOOD DRIVES IN FY19, NGMC HOSTED 24 DRIVES, RESULTING IN 572 DONORS AND OVER 471 PINTS OF BLOOD UNITED WAY PACESETTER &amp; MORE NGMC HAS PARTNERED WITH UNITED WAY TO ENGAGE EMPLOYEES AND LEADERS IN THE COMMUNITY NGHS EMPLOYEES CONTRIBUTED \$93,000 TO UNITED WAY AS A PACESETTER COMPANY HABITAT FOR HUMANITY NGMC EMPLOYEES CONTRIBUTED 130 HOURS DURING NGHS BUILD DAYS FOR HABITAT FOR HUMANITY IN HALL COUNTY WATCH EMPLOYEES EXTENDED THEIR IMPACT TOWARDS FUNDING NGHS' EMPLOYEE EMERGENCY FUND AND LAUNCHING CHANGE GRANTS WHICH ALLOWS EMPLOYEES TO SUBMIT IMPROVEMENT IDEAS FOR FUNDING CONSIDERATION IN EFFORTS TO ENHANCE PATIENT EXPERIENCE, IMPROVE EMPLOYEE MORALE AND IMPACT PATIENT-FAMILY SATISFACTION ENCOURAGING MEDICAL VOLUNTEERING NGMC PROVIDES INFORMATION AT PHYSICIAN ORIENTATION TO ENCOURAGE PHYSICIANS TO STEP UP TO VOLUNTEER AT LOCAL FREE CLINICS, AS WELL AS HEALTH ACCESS NGPG ALSO ENCOURAGES PHYSICIANS TO GIVE OF THEIR TIME VOLUNTEERING AT THESE LOCATIONS THROUGH VARIOUS PHYSICIAN LEADERSHIP COUNCILS, NGMC PHYSICIANS ACTIVELY PARTICIPATE IN COMMUNITY OUTREACH, INCLUDING EDUCATIONAL SEMINARS, SCREENINGS, CANCER PREVENTION, AND VOLUNTEER IN REGIONAL INDIGENT CLINICS</p>

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FORM 990, PART III, LINE 4A	<p>LEADING THE WAY MANY NGMC LEADERS SUPPORT COMMUNITY, CIVIC, OR PROFESSIONAL ORGANIZATIONS ON THEIR BOARD OF DIRECTORS OR AS A PARTICIPATING MEMBER. IN ADDITION TO THIS, NGPG ADVANCED PRACTICE PROVIDERS SUPPORT EVENTS IN THE COMMUNITY AND PROVIDE GME INSTRUCTION TO MEDICAL, PHYSICIAN ASSISTANT, AND NURSE PRACTITIONER STUDENTS. HERE ARE A FEW HIGHLIGHTS: CAROL BURRELL, NGHS PRESIDENT AND CEO, HAS BEEN NAMED TO GEORGIA TREND MAGAZINE'S LIST OF THE 100 MOST INFLUENTIAL GEORGIANS FOR THE SIXTH YEAR IN A ROW FOR HER CONTRIBUTION TO MAKING LIFE BETTER FOR GEORGIANS. DR. SAM JOHNSON, RECENTLY RETIRED CHIEF MEDICAL OFFICER AT NGHS, SERVES AS CHAIRMAN OF ONE HALL UNITED AGAINST POVERTY. UNITED WAY UNITES PEOPLE, ORGANIZATIONS AND RESOURCES WITHIN THE COMMUNITY TO BUILD A STRONGER, HEALTHIER AND SAFER HALL COUNTY. THE PURPOSE OF THE ONE HALL INITIATIVE IS TO BREAK THE CYCLE OF POVERTY IN HALL COUNTY BY GAINING THE PERSPECTIVES OF THOSE DIRECTLY EXPERIENCING POVERTY AND WORKING SIDE BY SIDE WITH COMMUNITY AGENCIES TO DEVELOP STRATEGIES TO ADDRESS THE NEEDS. DR. ANTONIO RIOS, CHIEF PHYSICIAN EXECUTIVE FOR NGPG, SERVES ON THE GOOD NEWS CLINICS BOARD OF DIRECTORS. HE IS ALSO THE CHAIRMAN OF THE GEORGIA BOARD FOR PHYSICIAN WORKFORCE WHERE HE IS COMMITTED TO FURTHERING THE BOARD'S MISSION TO IDENTIFY THE PHYSICIAN WORKFORCE NEEDS OF GEORGIA COMMUNITIES AND TO MEET THOSE NEEDS THROUGH THE SUPPORT AND DEVELOPMENT OF MEDICAL EDUCATION PROGRAMS. DR. JOHN DELZELL, VP OF MEDICAL EDUCATION AND DESIGNATED INSTITUTIONAL OFFICIAL FOR GRADUATE MEDICAL EDUCATION, ALSO SERVES ON THE GEORGIA BOARD FOR PHYSICIANS WORKFORCE. JASON GRADY, NR-PARAMEDIC AND REGIONAL COORDINATOR OF THE STEMI (S-T SEGMENT ELEVATION MYO CARDIAL INFARCTION) SYSTEM, WAS AWARDED THE HOSPITAL HEROES AWARD FROM THE GEORGIA HOSPITAL ASSOCIATION (GHA) FOR HIS LEADERSHIP IN PROVIDING LIFE-SAVING CARE TO PATIENTS IN NEARLY HALF THE TIME OF THE INDUSTRY STANDARD AVERAGE. HOSPITAL HEROES AWARD RECIPIENTS ARE PEOPLE WHO HAVE TIRELESSLY GIVEN TIME, TALENT AND EXPERTISE TO IMPROVE THEIR ORGANIZATIONS AND THE WORLD AROUND THEM. JEFF THOMPSON, RECENTLY RETIRED DIRECTOR OF PASTORAL CARE AT NGMC, WAS ALSO AWARDED THE HOSPITAL HEROES AWARD FROM THE GEORGIA HOSPITAL ASSOCIATION (GHA). IN ADDITION TO COMFORTING FAMILIES IN THE EMERGENCY ROOM AND CHAMPIONING NGMC'S ETHICS PROGRAM, THOMPSON WORKED TO INTRODUCE NGMC'S RESPECTING CHOICES PROGRAM, WHICH PROMOTES ADVANCED DIRECTIVES AND HONORS THE WISHES OF PATIENTS WHEN THEY MAKE DECISIONS ABOUT ADVANCED CARE PLANNING. WITH HIS DIRECTION, NGMC BECAME THE FIRST HOSPITAL IN GEORGIA TO OFFER THIS PROGRAM. HE ALSO MENTORS AND PROVIDES TRAININGS FOR CURRENT AND FUTURE CHAPLAINS IN NGMC'S CLINICAL PASTORAL EDUCATION PROGRAM. THE GREATER HALL CHAMBER OF COMMERCE'S HEALTHY HALL AWARDS OF EXCELLENCE ARE PRESENTED TO THOSE IN HEALTHCARE MAKING A SIGNIFICANT IMPACT ON QUALITY OF LIFE. NGMC PROUDLY RECOGNIZED 3 EMPLOYEES OF THE 2019 HEALTHY HALL AWARDS: JULIE A. BERNATHY, RN - OUTSTANDING HEALTHCARE</p>

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FORM 990, PART III, LINE 4A	<p>LTHCARE PROFESSIONAL (MANAGER, ORTHOPEDIC PROGRAM), JOHN FERGUSON - VISIONARY LEADER (RETIRED CEO, NORTHEAST GEORGIA HEALTH SYSTEM), AND FRANK LAKE III, MD - PHYSICIAN SPECIALIST OF THE YEAR (HOSPICE OF NORTHEAST GEORGIA MEDICAL CENTER AND NGPG RADIATION ONCOLOGY) NGMC BARROW NGMC BARROW, LLC (BARROW) VALUES COOPERATIVE EFFORTS WITH COMMUNITY ORGANIZATIONS AND OTHER HEALTHCARE PROVIDERS TO IMPROVE THE HEALTH STATUS OF AREA RESIDENTS THE ORGANIZATION DEMONSTRATES THIS THROUGH COMMUNITY PARTNERSHIPS RANGING FROM FREE HEALTH SCREENINGS AT LOCAL HEALTH FAIRS TO PROVIDING A MEETING SPACE FOR OTHER NON-PROFIT ORGANIZATIONS, SUCH AS THE ROTARY CLUB OF WINDER IN FY19, NGMC BARROW PROVIDED OVER \$183,000 IN COMMUNITY BENEFIT PROGRAMS/OUTREACH BARROW OFFERED MANY COMMUNITY EDUCATION SEMINARS ON TOPICS RANGING FROM HEALTHY COOKING DEMOS TO HEART HEALTH AND MORE IN ADDITION, BARROW PROVIDED SUPPORT TO OTHER LOCAL NON-PROFIT ORGANIZATIONS THAT SERVE THE COMMUNITY WHAT DRIVES NGMC BARROW'S COMMUNITY HEALTH IMPROVEMENT ACTIVITIES? A MAJOR PRIORITY IN FY19 FROM THE 2016 CHNA WAS CANCER, STILL A PRIORITY IN BARROW COUNTY, EFFORTS FOR REDUCING THE INITIATION OF TOBACCO USE AMONG MIDDLE SCHOOL YOUTH AND EFFORTS TO IMPROVE THE STAGE OF DIAGNOSIS OF LUNG CANCER CONTINUED NGMC BARROW PARTNERED WITH BARROW COUNTY SCHOOLS TO IMPLEMENT "TAR WARS" TO 2,300 FOURTH AND FIFTH GRADE STUDENTS, AND TRAINED 8 SCHOOL NURSES IN THE TAR WARS LESS ON PLAN "TAR WARS" IS A TOBACCO-FREE EDUCATION PROGRAM FOR FOURTH AND FIFTH GRADE STUDENTS DEVELOPED BY THE AMERICAN ACADEMY OF FAMILY PHYSICIANS TO TEACH KIDS ABOUT THE DANGERS OF TOBACCO USE, THE COST ASSOCIATED WITH USING TOBACCO PRODUCTS, AND THE ADVERTISING TECHNIQUES USED BY THE TOBACCO INDUSTRY TO MARKET THEIR PRODUCTS TO YOUTH THE GREATEST KNOWLEDGE GAIN FOR 4TH AND 5TH GRADE COMBINED WAS FOR THE TRUE OR FALSE QUESTION "ADVERTISERS TELL THE TRUTH ABOUT TOBACCO USE" WHERE 70% OF STUDENTS ANSWERED CORRECTLY IN THE POST TEST COMPARED TO 35% IN THE PRETEST THE SECOND GREATEST GAIN WAS FOR, "VAPES ARE SAFER THAN REGULAR CIGARETTES" IMPROVING FROM 54% PRETEST TO 81% ANSWERING CORRECTLY IN THE POSTTEST THIS WAS THE SECOND YEAR OF HAVING THIS EDUCATION FOR 5TH GRADE STUDENTS, BUT OVERALL FOR GRADES FOURTH THROUGH FIFTH, 86% OF STUDENTS INDICATED THAT THEY DID LEARN SOMETHING NEW FROM TAR WARS ONCOLOGY SERVICES PROVIDED COMMUNITY EDUCATION IN BARROW COUNTY AT LOCAL HEALTH FAIRS, AS WELL AS, THROUGH LUNG CANCER SUPPORT GROUPS, AND WITH A GRANT FROM THE GEORGIA HEALTHY FAMILY ALLIANCE, PROMOTED AWARENESS AND ACCESS TO LOW DOSE CT SCANS FOR LUNG CANCER SCREENING FOR INDIGENT PATIENTS IN BARROW COUNTY THIS PROGRAM AIMED TO INCREASE ACCESS AND ASSIST THOSE WITHOUT INSURANCE COVERAGE TO RECEIVE PROACTIVE SCREENING DURING 2019, THE NGMC LOW DOSE CAT SCAN (LDCT) LUNG CANCER SCREENING PROGRAM EXPERIENCED INCREASED GROWTH FROM PREVIOUS YEARS FROM JANUARY 2019 TO OCTOBER 2019, OVER 715 LDCT LUNG CANCER SCREENINGS WERE PERFORMED AT THREE S</p>



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FORM 990, PART III, LINE 4A	<p>ITES, WITH 150 SCREENED IN BARROW THE FOLLOWING CONTAINS HIGHLIGHTS OF COMMUNITY BENEFIT ACTIVITIES PROVIDED BY NGMC BARROW IN FY19 CHARITY CARE LIKE NGMC GAINESVILLE, BRASELTON AND LUMPKIN, BARROW'S CHARITY CARE POLICY REMOVES BARRIERS FOR LOW-INCOME POPULATIONS WITHIN OUR SERVICE AREA BEGINNING WITH FREE, MEDICALLY NECESSARY CARE FOR PATIENTS WHOSE GROSS FAMILY INCOME IS ZERO TO 150% OF THE FEDERAL POVERTY LEVEL (FPL) ADJUSTED FOR FAMILY SIZE PATIENTS FROM OUR SERVICE AREA WHOSE FPL 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 TOTAL ESTIMATED CHARITY CARE COST FOR BARROW IN FY19 \$2.9 MILLION FOR BARROW COUNTY WITH ANOTHER \$818,000 PROVIDED TO REGIONAL RESIDENTS OUTSIDE BARROW COUNTY ENCOURAGING MEDICAL VOLUNTEERING THROUGH VARIOUS PHYSICIAN LEADERSHIP COUNCILS, NGMC PHYSICIANS ACTIVELY PARTICIPATE IN COMMUNITY OUTREACH, INCLUDING EDUCATIONAL SEMINARS, SCREENINGS, AND CANCER PREVENTION OPPORTUNITIES FINANCIAL NAVIGATORS BARROW HAS FINANCIAL ASSISTANCE COUNSELORS WHO HELP PATIENTS BECOME INSURED, BE IT THROUGH MEDICAID, PEACHCARE OR OTHER PROGRAMS THIS TEAM FOCUSES ON BEING ADVOCATES FOR UNINSURED AND UNDER-INSURED PATIENTS, AIDING THEM IN FINDING VIABLE MEANS TO ACCESS CARE THEY FIND THE BEST SOLUTIONS HELPING PATIENTS APPLY FOR MEDICAID OR DISABILITY, ACCESSING HEALTHCARE EXCHANGES OR PROCESSING CHARITY APPLICATIONS WHEN APPROPRIATE PARTNERING IN THE COMMUNITY NGMC BARROW VOLUNTEERS IN FY19, 21 NGMC VOLUNTEERS CONTRIBUTED 1,626 VOLUNTEER HOURS, EQUIVALENT TO 1 FULL TIME EMPLOYEE AND A VALUE OF \$41,000 TO THE ORGANIZATION WHILE THESE FIGURES ARE NOT INCLUDED IN THE QUANTITATIVE PORTION OF THE COMMUNITY BENEFIT REPORT, THEY SHOW THE DEPTH OF SUPPORT THE COMMUNITY GIVES BARROW NGMC'S EMERGENCY DEPARTMENTS CONTINUE TO PARTNER WITH THE GEORGIA COUNCIL ON SUBSTANCE ABUSE TO IMPLEMENT THE ED-CARES (CERTIFIED ADDICTION RECOVERY SPECIALISTS) PROGRAM WHICH CONNECTS PEOPLE WHO HAVE BEEN ADMITTED TO EMERGENCY ROOMS FOR AN OPIOID-RELATED OVERDOSE WITH TRAINED PEER RECOVERY COACHES WHO PLAY 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 SUPPORTS AND SERVICES NGMC IS THE ONLY HOSPITAL SYSTEM IN GEORGIA TO PROVIDE THIS SUPPORT, WHICH IS PROVIDED IN EMERGENCY DEPARTMENTS AT GAINESVILLE, BRASELTON AND BARROW</p>

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FORM 990, PART III, LINE 4A	<p>SUPPORT OF COMMUNITY EFFORTS TO IMPROVE HEALTH AS A PARTNER IN EDUCATION WITH THE BARROW SCHOOL SYSTEM. NGMC BARROW PROVIDED A DONATION OF MEDICAL SUPPLIES TO STOCK 18 NURSE CLINIC S PROVIDING FOR THE CARE OF OVER 14,000 STUDENTS AND 2,000 STAFF NGMC BARROW ALSO FUNDED SCHOLARSHIPS FOR TWO HIGH SCHOOL GRADUATES PURSUING A CAREER IN THE MEDICAL FIELD NGMC SP ONORED THE YOU MATTER SUMMIT (FORMERLY KNOWN AS THE YOUTH BEHAVIORAL HEALTH SUMMIT) HOSTE D BY BARROW COUNTY SCHOOL SYSTEM IN ADDITION TO SPONSORSHIP, NGMC PROVIDED STAFF TO ASSIS T IN THE PLANNING OF THE SUMMIT THE GOAL FOR THIS SUMMIT IS TO REDUCE INCIDENTS OF SUICID E AND BUILD A TRAUMA-INFORMED COMMUNITY EDUCATION WAS PROVIDED TO NEARLY 280 BEHAVIORAL H EALTH PROFESSIONALS IN THE COMMUNITY WHO CARE FOR YOUTH IN BARROW COUNTY AND SURROUNDING A REAS IN FY19, 14 STUDENTS FROM APALACHEE HIGH SCHOOL AND WINDER-BARROW HIGH SCHOOL PARTIC IPATED IN THE YOUTH APPRENTICESHIP PROGRAM WHEREBY HIGH SCHOOL STUDENTS GAIN WORK EXPERIEN CE IN THE HOSPITAL FOR ONE CLASS PERIOD IN THEIR DAY THE PROGRAM PROVIDES HANDS-ON EXPOSU RE TO MANY DIFFERENT HEALTHCARE CAREERS THE NGMC DIABETES EDUCATION PROGRAM HAS PARTNERED WITH THE YMCA IN GAINESVILLE AND WINDER TO OFFER A TYPE 2 DIABETES PREVENTION PROGRAM DI ABETES EDUCATION OF NGMC OFFERS THE PREVENT T2 DIABETES PROGRAM, A PROVEN PROGRAM TO PREVE NT OR DELAY TYPE 2 DIABETES THIS COURSE IS TAUGHT BY A CERTIFIED FACILITATOR AND IS DESIG NED TO OFFER THE GROUP SUPPORT AND ENCOURAGEMENT NEEDED TO PREVENT DIABETES THIS PROGRAM USES AN EVIDENCE-BASED LIFESTYLE PROGRAM TO HELP PARTICIPANTS WITH ELEVATED RISK FOR DEVEL OPING DIABETES UNDERSTAND AND CHOOSE METHODS TO DECREASE RISK OF GETTING DIABETES NGMC DI ABETES EDUCATION RUNS THE PREVENT T2 PROGRAM AND ACHIEVED FULL RECOGNITION STATUS THROUGH THE CDC FULL RECOGNITION MEANS THAT A PROGRAM HAS DEMONSTRATED EFFECTIVENESS BY ACHIEVING ALL THE PERFORMANCE CRITERIA DETAILED IN THE CDC'S DIABETES PREVENTION RECOGNITION PROGRA M STANDARDS NGMC BARROW SUPPORTS CHILD ADVOCACY, PROTECTION AND WELLNESS NGMC BARROW PRO VIDED FINANCIAL SUPPORT FOR PIEDMONT CASA (COURT APPOINTED SPECIAL ADVOCATES) CASA'S ARE APPOINTED BY THE JUVENILE COURT JUDGE TO ADVOCATE FOR THE BEST INTEREST OF THE CHILD AND A RE SOLELY RESPONSIBLE FOR ENSURING THE CHILD'S NEEDS ARE MET AND THE CHILD'S BEST INTEREST IS HEARD THE TREE HOUSE, INC SUPPORT A DONATION WAS PROVIDED TO THE TREE HOUSE, INC W HOSE MISSION IS TO STRENGTHEN COMMUNITIES BY REDUCING THE OCCURRENCE AND IMPACT OF CHILD A BUSE THROUGH COUNSELING, EDUCATING, SUPPORTING AND NURTURING CHILDREN AND FAMILIES IN BARR OW, BANKS AND JACKSON COUNTIES BOYS &amp; GIRLS CLUB OF WINDER SUPPORT NGMC BARROW PROVIDED A DONATION TO THE BOYS &amp; GIRLS CLUB OF WINDER WHICH PROVIDES PROGRAMS THAT EMPOWER YOUTH T O EXCEL IN SCHOOL, BECOME GOOD CITIZENS AND LEAD HEALTHY, PRODUCTIVE LIVES THE CANCER FOU NDATION SUPPORT A DONATION WAS PROVIDED TO SUPPORT THE CANCER FOUNDATION WHOSE MISSION IS TO HELP ALLEVIATE THE FINANCI</p>

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Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>AL BURDEN OF CANCER PATIENTS LIVING IN NORTHEAST GEORGIA WHO ARE EXPERIENCING AN IMMEDIATE FINANCIAL CRISIS AND ARE CURRENTLY RECEIVING TREATMENT OR ARE SIX-MONTHS POST-TREATMENT</p> <p>WIMBERLY'S ROOTS SUPPORT FINANCIAL SUPPORT WAS PROVIDED TO WIMBERLY ROOTS, A NON-PROFIT ORGANIZATION WORKING TO ENHANCE FOOD SECURITY IN WINDER LEADING THE WAY IN BARROW EVERY DAY, EMPLOYEES OF NORTHEAST GEORGIA MEDICAL CENTER GO ABOUT THE BUSINESS OF CARING FOR THE HEALTH OF THE PEOPLE OF OUR COMMUNITY CARING FOR OUR COMMUNITY IS PART OF THEIR EVERYDAY ROUTINE, BUT ALSO, THEY GIVE BACK BY LEADING OR SUPPORTING COMMUNITY, CIVIC, OR PROFESSIONAL ORGANIZATIONS ON THEIR BOARD OF DIRECTORS OR AS A PARTICIPATING MEMBER CHAD HATFIELD, PRESIDENT OF NGMC BARROW, SERVES ON THE BOARD OF DIRECTORS FOR THE BOYS &amp; GIRLS CLUB OF WINDER THIS ORGANIZATION PROVIDES PROGRAMS THAT EMPOWER YOUTH TO EXCEL IN SCHOOL, BECOME GOOD CITIZENS AND LEAD HEALTHY, PRODUCTIVE LIVES SUNITA SINGH, PUBLIC RELATIONS MANAGER OF NGMC BARROW SERVES ON THE BOARD OF DIRECTORS FOR THE ROTARY CLUB OF WINDER AND SERVED AS PRESIDENT IN 2018 THIS CLUB BENEFITS VARIOUS COMMUNITY PROGRAMS AND NONPROFIT AGENCIES IN BARROW COUNTY HEATHER STANDARD, CHIEF NURSING OFFICER OF NGMC BARROW, SERVES ON THE BOARD OF DIRECTORS FOR WIMBERLY'S ROOTS, A NON-PROFIT ORGANIZATION WORKING TO ENHANCE FOOD SECURITY IN WINDER DEWAYNE JOY, EMERGENCY DEPARTMENT MANAGER OF NGMC BARROW SERVES ON THE BOARD OF DIRECTORS FOR THE TREE HOUSE, INC., WHOSE MISSION IS TO STRENGTHEN COMMUNITIES BY REDUCING THE OCCURRENCE AND IMPACT OF CHILD ABUSE THROUGH COUNSELING, EDUCATING, SUPPORTING AND NURTURING CHILDREN AND FAMILIES IN BARROW, BANKS AND JACKSON COUNTIES NGMC LUMPKIN NGMC LUMPKIN, LLC (LUMPKIN) VALUES COOPERATIVE EFFORTS WITH COMMUNITY ORGANIZATIONS AND OTHER HEALTHCARE PROVIDERS TO IMPROVE THE HEALTH STATUS OF AREA RESIDENTS THE ORGANIZATION DEMONSTRATES THIS THROUGH PROVIDING FINANCIAL AND STAFF SUPPORT TO LOCAL NONPROFIT AGENCIES AND DEVELOPING PARTNERSHIPS WITH ESTABLISHED INDIGENT CLINICS DEDICATED TO SERVING THE UNDERSERVED POPULATION IN FY19, NGMC LUMPKIN PROVIDED \$17,653 IN COMMUNITY BENEFIT PROGRAMS/ OUTREACH HEALTH EDUCATION WAS PROVIDED THROUGH FREE COMMUNITY HEALTH FAIRS AND OUTREACH IN ADDITION, NGMC PROVIDED FINANCIAL SUPPORT TO OTHER LOCAL NONPROFIT ORGANIZATIONS THAT SERVE THE COMMUNITY WHAT DRIVES NGMC LUMPKIN'S COMMUNITY HEALTH IMPROVEMENT ACTIVITIES? NORTHEAST GEORGIA HEALTH SYSTEM, WITH INPUT FROM THE COMMUNITY, COMPLETED A CHNA IN 2019 THE ASSESSMENT FOCUSED MAINLY ON THE NEEDS OF THE COMMUNITY'S MOST VULNERABLE POPULATIONS, PARTICULARLY THOSE WITH LOW-INCOMES WHO ARE UNINSURED AS ACCESS TO CARE IN LUMPKIN COUNTY WAS A PRIORITY IDENTIFIED IN THE 2016 CHNA, IT WILL CONTINUE TO BE A PRIORITY AS IDENTIFIED IN THE 2019 CHNA PARTNERING TO REACH THE UNINSURED NGMC WORKS COOPERATIVELY WITH OTHER AREA HEALTHCARE PROVIDERS TO CARE FOR AREA RESIDENTS, PARTICULARLY THE INDIGENT POPULATION NGMC PROVIDES FINANCIAL AND</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>STAFF SUPPORT FOR COMMUNITY HELPING PLACE, AN INDIGENT HEALTH CLINIC IN LUMPKIN COUNTY THAT PROVIDES MEDICAL AND DENTAL SERVICES FOR THE AREA'S MOST VULNERABLE POPULATIONS. IN CONJUNCTION WITH THIS PARTNERSHIP, NGMC STAFF PARTICIPATE IN THE LUMPKIN MATTERS INITIATIVE WHICH IS FOCUSED ON REACHING THE UNINSURED AND CONNECTING THEM WITH AFFORDABLE QUALITY HEALTH CARE, EDUCATIONAL, AND SOCIAL SERVICES. NGMC PROVIDED EDUCATION AND FREE FLU SHOTS TO THE COMMUNITY AT THESE EVENTS AND AN NGMC ADVISORY BOARD MEMBER SERVES ON THE COMMITTEE THROUGH VARIOUS PHYSICIAN LEADERSHIP COUNCILS. NGMC PHYSICIANS ACTIVELY PARTICIPATE IN COMMUNITY OUTREACH, INCLUDING EDUCATIONAL SEMINARS, SCREENINGS, AND VOLUNTEERING THEIR TIME AND EXPERTISE WITH INDIGENT CLINICS THROUGHOUT THE REGION. DR. DONNA WHITFIELD, CHIEF OF MEDICAL STAFF AT NGMC LUMPKIN, VOLUNTEERS HER TIME AT COMMUNITY HELPING PLACE AND WILL BE HONORED IN 2020 BY THE SUNRISE DAHLONEGA ROTARY CLUB FOR HER CONTRIBUTIONS TO THE COMMUNITY IN LUMPKIN COUNTY. KAY HALL, NURSE MANAGER IN THE EMERGENCY DEPARTMENT, IS ON THE BOARD OF DIRECTORS FOR COMMUNITY HELPING PLACE AND IS ALSO A SERVING MEMBER OF THE SUNRISE DAHLONEGA ROTARY CLUB. THE FOLLOWING CONTAINS HIGHLIGHTS OF COMMUNITY BENEFIT ACTIVITIES PROVIDED BY NGMC LUMPKIN IN FY19: CHARITY CARE. LIKE NGMC GAINESVILLE, BRASELTON AND BARROW, LUMPKIN'S CHARITY CARE POLICY REMOVES BARRIERS FOR LOW-INCOME POPULATIONS WITHIN OUR SERVICE AREA BEGINNING WITH FREE, MEDICALLY NECESSARY CARE FOR PATIENTS WHOSE GROSS FAMILY INCOME IS ZERO TO 150% OF THE FEDERAL POVERTY LEVEL (FPL) ADJUSTED FOR FAMILY SIZE. PATIENTS FROM OUR SERVICE AREA WHOSE FPL 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. TOTAL ESTIMATED CHARITY CARE COST FOR NGMC LUMPKIN IN FY19: \$81,338 FOR LUMPKIN COUNTY WITH ANOTHER \$67,515 PROVIDED TO REGIONAL RESIDENTS OUTSIDE LUMPKIN COUNTY. HOSPICE BEREAVEMENT SUPPORT AND OUTREACH. HOSPICE OF NGMC PROVIDED BEREAVEMENT SUPPORT AND EDUCATION FOR THOSE GRIEVING A LOSS OR CARING FOR A LOVED ONE, INCLUDING AT LUMPKIN COUNTY HIGH SCHOOL AND LUMPKIN COUNTY ELEMENTARY SCHOOL. JEREMIAH'S PLACE SUPPORT. NGMC LUMPKIN PROVIDED FINANCIAL SUPPORT TO JEREMIAH'S PLACE, AN ORGANIZATION THAT WORKS IN COOPERATION WITH CHURCHES AND COUNTY PARTNERSHIPS TO SERVE THE HOMELESS IN NORTH GEORGIA, PROVIDING TRANSITIONAL HOUSING, COUNSELING SERVICES, AND BASIC LIFE-SKILLS TRAINING. LUMPKIN LITERACY SUPPORT. A DONATION WAS PROVIDED TO LUMPKIN COUNTY LITERACY COALITION WHO PROVIDES FUNDING AND VOLUNTEER SUPPORT TO LITERACY EFFORTS IN THE COMMUNITY WHERE THEY OFFER PROGRAMS AT ALL STAGES OF LIFE. THEIR MISSION IS TO INCREASE ADULT AND CHILDHOOD LITERACY IN LUMPKIN COUNTY.</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>NO ONE ALONE SUPPORT NGMC PROVIDED FINANCIAL SUPPORT FOR NO ONE ALONE, BENEFITING VICTIMS OF DOMESTIC VIOLENCE CONNECTABILITY SUPPORT NGMC PROVIDED A DONATION TO CONNECTABILITY FOR THE PURCHASE OF WHEELCHAIRS AND TO SUPPORT THEIR FUNDRAISING EFFORTS CONNECTABILITY HAS PROGRAMS TO SUPPORT CHILDREN AND ADULTS WITH DISABILITIES AND THEIR FAMILIES, OFFERING DIRECT SERVICES AND COMMUNITY-BASED PROGRAMS TO STRENGTHEN SOCIAL NETWORKS, REDUCE SOCIAL ISOLATION AND INCREASE NATURAL SUPPORTS WITHIN THE COMMUNITY AT NO COST TO THEM UNIVERSITY OF NORTH GEORGIA (UNG) SUPPORT NGMC PROVIDED FINANCIAL SUPPORT TO UNG FOR WELLNESS EXPOS HELD ON THE DAHLONEGA CAMPUS FOR STUDENTS, STAFF AND FACULTY, AS WELL AS SUPPORT FOR A MOCK DISASTER DAY FOR COMMUNITY VOLUNTEERS ORGANIZATION OVERVIEW NORTHEAST GEORGIA HEALTH SYSTEM IS A NOT-FOR-PROFIT COMMUNITY HEALTH SYSTEM DEDICATED TO IMPROVING THE HEALTH AND QUALITY OF LIFE OF THE PEOPLE OF NORTHEAST GEORGIA NORTHEAST GEORGIA MEDICAL CENTER (NGMC) HAS CAMPUSES IN GAINESVILLE, BRASELTON, WINDER AND DAHLONEGA WITH A TOTAL OF MORE THAN 700 BEDS AND MORE THAN 1,100 MEDICAL STAFF MEMBERS REPRESENTING MORE THAN 50 SPECIALTIES THE HEALTH SYSTEM OFFERS A FULL RANGE OF HEALTHCARE SERVICES INCLUDING ONCOLOGY, ORTHOPEDICS, CARDIAC SURGERY, CRITICAL CARE, SURGICAL TRAUMA, NEONATOLOGY AND WOMEN'S CARE NORTHEAST GEORGIA MEDICAL CENTER'S CANCER SERVICES WAS THE ONLY PROGRAM IN GEORGIA - AND ONE OF ONLY 24 PROGRAMS IN THE NATION - TO RECEIVE THE 2018 OUTSTANDING ACHIEVEMENT AWARD BY THE AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER NGMC HAS ALSO BEEN RECOGNIZED IN RECENT YEARS AS GEORGIA'S #1 HOSPITAL FOR OVERALL HOSPITAL CARE, OVERALL SURGICAL CARE, HEART CARE, ORTHOPEDIC SURGERY, WOMEN'S CARE AND MORE LED BY VOLUNTEER BOARDS MADE UP OF COMMUNITY LEADERS, THE HEALTH SYSTEM SERVES MORE THAN 1 MILLION PEOPLE IN 19 COUNTIES ACROSS NORTHEAST GEORGIA AS A NOT-FOR-PROFIT HEALTH SYSTEM, ALL REVENUE GENERATED ABOVE OPERATING EXPENSES IS RETURNED TO THE COMMUNITY THROUGH IMPROVED SERVICES AND INNOVATIVE PROGRAMS NORTHEAST GEORGIA MEDICAL CENTER'S CHARITY CARE POLICY SUPPORTS THE PROVISION OF CARE FOR INDIGENT PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY NORTHEAST GEORGIA PHYSICIANS GROUP (NGPG) BRINGS TOGETHER MORE THAN 400 TALENTED PHYSICIANS, PHYSICIAN ASSISTANTS, NURSE PRACTITIONERS, MIDWIVES AND OTHER CLINICAL STAFF AT MORE THAN 65 LOCATIONS ACROSS NORTH GEORGIA NGPG IS THE STATE'S SIXTH-LARGEST PHYSICIAN GROUP, OFFERING EXPERTISE IN MORE THAN 25 SPECIALTIES SPECIAL NOTES NGMC USES THE PRECEPTS OUTLINED IN "A GUIDE FOR PLANNING AND REPORTING COMMUNITY BENEFIT," PROVIDED BY THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES AND VHA, INC FOR THIS REPORT THE GUIDE'S PURPOSE IS TO HELP NOT-FOR-PROFIT MISSION-DRIVEN HEALTHCARE ORGANIZATIONS DEVELOP, ENHANCE AND REPORT ON THEIR COMMUNITY BENEFIT PROGRAMS COMMUNITY BENEFIT DEFINITION PROGRAM OR ACTIVITY MUST ADDRESS A DEMONSTRATED COMMUNITY NEED AND SEEK TO ADDRESS AT LEAST O</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A	NE OF THE FOLLOWING COMMUNITY BENEFIT OBJECTIVES - IMPROVE ACCESS - ENHANCE POPULATION HEALTH - ADVANCE GENERALIZABLE KNOWLEDGE - RELIEVE GOVERNMENT BURDEN TO IMPROVE HEALTH THE PROGRAM OR ACTIVITY MUST - PRIMARILY BENEFIT THE COMMUNITY RATHER THAN THE ORGANIZATION - RESULT IN MEASURABLE EXPENSE TO THE ORGANIZATION IF THE PROGRAM OR ACTIVITY IS PROVIDED PRIMARILY FOR MARKETING PURPOSES, STANDARD PRACTICE, EXPECTED OF ALL HOSPITALS (SUCH AS ACTIVITIES REQUIRED FOR ACCREDITATION, LICENSURE, OR TO PARTICIPATE IN MEDICARE) OR IS PRIMARILY FOR EMPLOYEES (NOT INCLUDING INTERNS, RESIDENTS AND FELLOWS) AND/OR AFFILIATED PHYSICIANS, IT IS NOT COMMUNITY BENEFIT CHARITY CARE COST IS AN ESTIMATED COST AND DOES NOT INCLUDE BAD DEBT FOR MORE INFORMATION, CONTACT CHRISTY MOORE, MANAGER, COMMUNITY HEALTH IMPROVEMENT, AT (770) 219-8097 OR GO TO WWW.NGHS.COM

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	WILLIAM BAGWELL, BOARD MEMBER IS THE HUSBAND OF JENNIFER BAGWELL, BOARD MEMBER CARYN MCGARITY, BOARD MEMBER IS THE WIFE OF SCOTT MCGARITY, BOARD MEMBER JOSH SCHLIEMAN, BOARD MEMBER IS THE HUSBAND OF CRYSTAL SCHLIEMAN, BOARD MEMBER

**990 Schedule O, Supplemental Information**

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



# 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

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

# 990 Schedule O, Supplemental Information

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 FORM 990 IS MADE AVAILABLE TO MEMBERS OF THE BOARD PRIOR TO FILING

# 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15	<p>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 AND IS FREE FROM CONFLICT OF INTEREST. ALL DECISIONS OF THE COMPENSATION COMMITTEE ARE REVIEWED AND RATIFIED BY THE NGHS BOARD. THE COMMITTEE'S METHODOLOGY AND APPROACH INCORPORATE BOTH QUALITATIVE AND QUANTITATIVE CONSIDERATIONS, WHICH ARE REFLECTED IN THE COMMITTEE'S DETERMINATIONS CONCERNING KEY EMPLOYEE COMPENSATION AND THE SPECIFIC COMPONENTS THEREOF. THE COMPENSATION DECISIONS OF THE COMMITTEE ARE DESCRIBED BELOW AS TO EACH OF THE THREE CATEGORIES:</p> <p><b>BASE SALARY:</b> NGHS ENGAGES AN INDEPENDENT THIRD-PARTY CONSULTANT TO COLLECT APPROPRIATE DATA FROM A GROUP OF PEERS SIMILAR IN SIZE AND COMPLEXITY TO NGHS. THIS COMPARABILITY DATA IS REVIEWED BY THE COMMITTEE ALONG WITH RECOMMENDATIONS ON RANGES AND PLACEMENT FROM 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.</p> <p><b>PERFORMANCE BASED VARIABLE COMPENSATION:</b> 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.</p> <p><b>BENEFITS AND RETENTION PROGRAMS:</b> 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.</p>

# 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES -138,255   PARTNERSHIP INCOME NOT ON RETURN -1,334,414

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
THE MEDICAL CENTER FOUNDATION INC DBA  
THE NORTHEAST GEORGIA HEALTH SYSTEM FOUN

Employer identification number  
58-1694820

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

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 MEDICAL CENTER INC 743 SPRING STREET  GAINESVILLE, GA 30501 58-1694098	HEALTHCARE	GA	501(C)(3)	LINE 3	NORTHEAST GEORGIA HEALTH SYSTEM INC		No
(2)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		No
(3)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		No
(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		No



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

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

**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
<b>(1)</b> NORTHEAST GA 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

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

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .

b Gift, grant, or capital contribution to related organization(s) . . . . .

c Gift, grant, or capital contribution from related organization(s) . . . . .

d Loans or loan guarantees to or for related organization(s) . . . . .

e Loans or loan guarantees by related organization(s) . . . . .

f Dividends from related organization(s) . . . . .

g Sale of assets to related organization(s) . . . . .

h Purchase of assets from related organization(s) . . . . .

i Exchange of assets with related organization(s) . . . . .

j Lease of facilities, equipment, or other assets to related organization(s) . . . . .

k Lease of facilities, equipment, or other assets from related organization(s) . . . . .

l Performance of services or membership or fundraising solicitations for related organization(s) . . . . .

m Performance of services or membership or fundraising solicitations by related organization(s) . . . . .

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .

o Sharing of paid employees with related organization(s) . . . . .

p Reimbursement paid to related organization(s) for expenses . . . . .

q Reimbursement paid by related organization(s) for expenses . . . . .

r Other transfer of cash or property to related organization(s) . . . . .

s Other transfer of cash or property from related organization(s) . . . . .

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

Yes

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

No

1n

Yes

1o

Yes

1p

No

1q

Yes

1r

No

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

Schedule R (Form 990) 2018

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.

[illegible]

**Part VII**

**Supplemental Information**

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

Return Reference	Explanation