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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

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 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 10-01-2019 , and ending 09-30-2020

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

C Name of organization
NORTHEAST GEORGIA HEALTH SYSTEM INC

Doing business as

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

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

D Employer identification number

58-1694090

E Telephone number

(770) 219-6659

G Gross receipts \$ 219,158,766

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 14

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 10

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 0

6 Total number of volunteers (estimate if necessary) 6 10

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0

b Net unrelated business taxable income from Form 990-T, line 39 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 8 3,652,791

9 Program service revenue (Part VIII, line 2g) 9 209,263,471

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 2,289,882

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 1,035,663

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 216,241,807

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 13 1,433,322

14 Benefits paid to or for members (Part IX, column (A), line 4) 14 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 15 119,182,337

16a Professional fundraising fees (Part IX, column (A), line 11e) 16a 0

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 17 114,145,112

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 18 234,760,771

19 Revenue less expenses. Subtract line 18 from line 12 19 -18,518,964

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 20 318,580,244

21 Total liabilities (Part X, line 26) 21 230,729,028

22 Net assets or fund balances. Subtract line 21 from line 20 22 87,851,216

Part II Signature Block

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

Sign Here

Signature of officer
BRIAN D STEINES CFO
Type or print name and title

2021-08-11
Date

Paid Preparer Use Only

Print/Type preparer's name
Firm's name ▶ PYA P C
Firm's address ▶ 2220 SUTHERLAND AVE
KNOXVILLE, TN 37919

Preparer's signature
Date

Check ☐ if self-employed
Firm's EIN ▶ 62-1517792
Phone no. (865) 673-0844

PTIN P00364912

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 (2019)

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:

NORTHEAST GEORGIA HEALTH SYSTEM (NGHS) IS ON A MISSION OF IMPROVING THE HEALTH OF THE COMMUNITY IN ALL WE DO. NGHS IS A NOT-FOR-PROFIT ORGANIZATION 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 \$ 186,310,503 including grants of \$ 1,433,322) (Revenue \$ 209,263,471)
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 ► 186,310,503

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	21 Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	22	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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	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
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	26	Yes
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29	No
30	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
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	No
32	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
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33	Yes
34	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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	35b	Yes
36	Section 501(c)(3) organizations. 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
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 0			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O			3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	No
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?			9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		12a	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?			14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			14b	
15 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.			15	No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			16	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
1a	Enter the number of voting members of the governing body at the end of the tax year	14	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent	10	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶
GA

18 Section 6104 requires an organization to make its Form 1023 (or 1024-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:
 ▶ELENA BARBERIS 743 SPRING STREET GAINESVILLE, GA 30501 (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 ☐

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

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

See instructions for the order in which to list the persons above.

☐ 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)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							0	13,571,741	1,157,910	

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 ▶ 222

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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>	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>		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
KING AND SPALDING PO BOX 116133 ATLANTA, GA 30309	LEGAL SERVICES	1,869,435
SIMPLER NORTH AMERICAN INC PO BOX 643979 PITTSBURGH, PA 15264	CONSULTING	1,533,231
ACCELERATED CLAIMS INC PO BOX 742319 ATLANTA, GA 30374	REIMBURSEMENT SERVICES	1,339,380
GA EMERGENCY DEPARTMENT SERVICES 1000 COBB PLACE BLVD KENNESAW, GA 30144	PHYSICIAN SERVICES	1,279,013
RESOURCE ANESTHESIA PC 12752 KINGSTON PIKE KNOXVILLE, TN 37934	ANESTHESIA SERVICES	1,115,633

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 ▶ 151

Form 990 (2019)		Page 9							
Part VIII		Statement of Revenue							
Check if Schedule O contains a response or note to any line in this Part VIII ☐									
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514			
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a						
	b	Membership dues . . .	1b						
	c	Fundraising events . . .	1c						
	d	Related organizations	1d						
	e	Government grants (contributions)	1e	3,652,791					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f						
	g	Noncash contributions included in lines 1a - 1f:\$	1g						
	h Total. Add lines 1a-1f ▶		3,652,791						
Program Service Revenue			Business Code						
	2a	MANAGEMENT FEES	541610	110,904,792	110,904,792				
	b	OPERATING REVENUE	621400	87,172,774	87,172,774				
	c	PS RENT FROM AFFILIATE	531120	8,099,555	8,099,555				
	d	OTHER OPERATING REVENUE	900099	3,086,350	3,086,350				
	e								
	f	All other program service revenue.							
g Total. Add lines 2a-2f. ▶		209,263,471							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		4,662,117			4,662,117			
	4 Income from investment of tax-exempt bond proceeds ▶								
	5 Royalties ▶								
	6a	Gross rents	(i) Real	(ii) Personal					
			6a	1,572,387					
			b	Less: rental expenses			6b	536,724	
			c	Rental income or (loss)			6c	1,035,663	
	d Net rental income or (loss) ▶		1,035,663			1,035,663			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
			7a				8,000		
			b	Less: cost or other basis and sales expenses			7b	2,380,233	2
			c	Gain or (loss)			7c	-2,380,233	7,998
	d Net gain or (loss) ▶		-2,372,235			-2,372,235			
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		8a						
	b Less: direct expenses		8b						
	c Net income or (loss) from fundraising events . . . ▶								
	9a Gross income from gaming activities. See Part IV, line 19		9a						
	b Less: direct expenses		9b						
	c Net income or (loss) from gaming activities . . . ▶								
	10aGross sales of inventory, less returns and allowances . . .		10a						
b Less: cost of goods sold . . .		10b							
c Net income or (loss) from sales of inventory . . . ▶									
Miscellaneous Revenue		Business Code							
11a									
b									
c									
d All other revenue									
e Total. Add lines 11a-11d ▶									
12 Total revenue. See instructions ▶		216,241,807		209,263,471	0	3,325,545			

Form 990 (2019)

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,433,322	1,433,322		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,186,935	1,554,976	4,631,959	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	93,318,243	74,830,033	18,488,210	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	13,400,758	10,745,800	2,654,958	
9 Other employee benefits				
10 Payroll taxes	6,276,401	5,032,920	1,243,481	
11 Fees for services (non-employees):				
a Management				
b Legal	2,023,357	1,622,490	400,867	
c Accounting	150,831	120,948	29,883	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	326,520	261,830	64,690	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	27,605,331	22,136,163	5,469,168	
12 Advertising and promotion	2,728,730	2,188,114	540,616	
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	5,632,261	4,516,397	1,115,864	
17 Travel	305,266	244,787	60,479	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	14,237,734	11,416,954	2,820,780	
23 Insurance	14,522,554	11,645,346	2,877,208	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BAD DEBT	19,638,333	19,638,333		
b ADMINISTRATIVE OVERHEAD	6,964,957	1,556,619	5,408,338	
c MEDICAL SUPPLIES	6,664,973	6,664,973		
d BANK FEES	2,195,378	1,760,430	434,948	
e All other expenses	11,148,887	8,940,068	2,208,819	
25 Total functional expenses. Add lines 1 through 24e	234,760,771	186,310,503	48,450,268	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		-408,719	1	0	
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		4,346,204	4	3,829,020	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5,874,642	5	5,341,784	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use		643,487	8	833,693	
	9	Prepaid expenses and deferred charges		83,333	9	10,185	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	258,709,440			
	b	Less: accumulated depreciation	10b	100,326,015	152,095,662	10c	158,383,425
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, line 11		1,465,889	12	2,398,708	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets		3,556,149	14	3,263,093	
	15	Other assets. See Part IV, line 11		146,736,019	15	144,520,336	
16	Total assets. Add lines 1 through 15 (must equal line 34)		314,392,666	16	318,580,244		
Liabilities	17	Accounts payable and accrued expenses		22,841,601	17	37,480,607	
	18	Grants payable			18		
	19	Deferred revenue			19	13,956,744	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		105,306,981	25	179,291,677	
	26	Total liabilities. Add lines 17 through 25		128,148,582	26	230,729,028	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		186,244,084	27	87,851,216	
	28	Net assets with donor restrictions			28		
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		186,244,084	32	87,851,216	
33	Total liabilities and net assets/fund balances		314,392,666	33	318,580,244		

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	216,241,807
2	Total expenses (must equal Part IX, column (A), line 25)	2	234,760,771
3	Revenue less expenses. Subtract line 2 from line 1	3	-18,518,964
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	186,244,084
5	Net unrealized gains (losses) on investments	5	-7,283,160
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-72,590,744
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	87,851,216

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

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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		No
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	Yes	
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.	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Additional Data

Software ID:

Software Version:

EIN: 58-1694090

Name: NORTHEAST GEORGIA HEALTH SYSTEM INC

Form 990 (2019)

Form 990, Part III, Line 4a:

NORTHEAST GEORGIA HEALTH SYSTEM IS BASED IN GAINESVILLE, GEORGIA, AND 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			
BEN HAWKINS MEMBER	1.00	X						0	0	0
BENNY BAGWELL VICE CHAIR	1.00	X						0	0	0
DAVID HUGHS MEMBER	1.00	X						0	0	0
DENISE DEAL MEMBER	1.00	X						0	0	0
JACK KEENER MEMBER	1.00	X						0	0	0
JACKIE WALLACE MEMBER	1.00	X						0	0	0
JANE SMOOT MEMBER	1.00	X						0	0	0
JOHN CLIFTON HASTINGS MD MEMBER, PHYSICIAN - NGPG	1.00 40.00	X						0	878,402	41,100
JOHN NIX MEMBER	1.00	X						0	0	0
LETRELL SIMPSON 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			
MOHAK DAVE MD MEMBER	1.00	X						0	0	0
PAUL MANEY MEMBER	1.00	X						0	0	0
PIERPONT BROWN MD MEMBER, PHYSICIAN - NGPG	1.00 40.00	X						0	477,663	41,867
PRISCILLA STROM MD MEMBER	1.00	X						0	0	0
RK WHITEHEAD CHAIR	1.00	X						0	0	0
SPENCE PRICE MEMBER	1.00	X						0	0	0
CAROL BURRELL PRESIDENT & CEO	40.00 1.00			X				0	1,562,139	84,398
BRIAN D STEINES CHIEF FINANCIAL OFFICER	40.00 1.00			X				0	840,389	107,221
STEPHEN KELLY CHIEF COMPLIANCE OFFICER	40.00 1.00			X				0	316,884	52,647
MICHAEL COVERT CHIEF OPERATING OFFICER	1.00 40.00			X				0	201,605	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			
ANDREI BOYARSHINOV VP LEGAL AFFAIRS & CHIEF LEGAL OFFICER - NGHS	40.00				X			0	206,227	14,014
CHAD HATFIELD VP - REGIONAL HOSPITALS	40.00				X			0	291,123	56,357
CHRISTOPHER PARAVATE CHIEF INFORMATION OFFICER - NGHS	40.00				X			0	592,224	85,151
DANIEL TUFFY PRESIDENT AND CAO - NGPG	40.00				X			0	510,400	83,709
SAMUEL JOHNSON MD CHIEF MEDICAL OFFICER - NGHS	1.00 40.00				X			0	594,781	80,717
TRACY VARDEMAN CHIEF STRATEGY EXECUTIVE - NGHS	40.00 1.00				X			0	509,295	118,157
BRENDA SIMPSON CHIEF NURSING EXECUTIVE - NGMC	1.00 40.00				X			0	470,031	70,781
JAY JOSEPH THC PHYSICIAN	40.00					X		0	890,798	29,116
MARK WOLOZIN THC PHYSICIAN	40.00					X		0	907,150	39,115
MITCHELL DAVIS THC PHYSICIAN	40.00					X		0	908,649	39,192

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			
SALEM SAYAR THC PHYSICIAN	40.00					X		0	890,643	34,800
VEERAPPAN SUBRAMANIYAM THC PHYSICIAN	40.00					X		0	903,507	39,015
LOUIS SMITH JR FORMER PRESIDENT - NGMC - SYSTEM ACUTE/POST-ACUTE	0.00 0.00						X	0	1,191,670	112,127
DEBORAH WEBER FORMER CHIEF HR OFFICER - NGHS	0.00 0.00						X	0	428,161	28,426

SCHEDULE A
(Form 990 or 990-EZ)

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 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
NORTHEAST GEORGIA HEALTH SYSTEM INC

Employer identification number
58-1694090

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

The organization is not a private foundation because it is: (For lines 1 through 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

1
- 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		
(A) NORTHEAST GEORGIA MEDICAL CENTER	581694098	3	Yes		0	0
Total	1				0	0

Part II

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

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6	Public support. Subtract line 5 from line 4.						
Section B. Total Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						
Section C. Computation of Public Support Percentage							
14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))					14	
15	Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐						
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐						
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐						
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐						
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐						

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2019. 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—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐		

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c 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>		
	11a	No
	11b	No
	11c	No

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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>		
	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
	1	

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☒ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)			
2 Activities Test. Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>			
	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>			
	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>			
	3a	Yes	
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>			
	3b	Yes	

Part V

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

1		☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes			
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purposes of supported organizations			
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI). See instructions			
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions			
9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION D, LINE 3	NORTHEAST GEORGIA HEALTH SYSTEM, INC. EXERCISES A SUBSTANTIAL DEGREE OF DIRECTION OVER THE POLICIES, PROGRAMS, AND ACTIVITIES, TO INCLUDE THE INVESTMENTS OF NORTHEAST GEORGIA MEDICAL CENTER, INC. BY APPOINTING THE MEMBERS OF ITS BOARD OF TRUSTEES.

990 Schedule A, Supplemental Information	
Return Reference	Explanation
PART IV, SECTION E, LINE 3A	NORTHEAST GEORGIA HEALTH SYSTEM, INC. HAS THE POWER TO REGULARLY APPOINT THE MEMBERS OF THE BOARD OF TRUSTEES OF NORTHEAST GEORGIA MEDICAL CENTER, INC.

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION E, LINE 3B	NORTHEAST GEORGIA HEALTH SYSTEM, INC. EXERCISES A SUBSTANTIAL DEGREE OF DIRECTION OVER THE POLICIES, PROGRAMS, AND ACTIVITIES OF NORTHEAST GEORGIA MEDICAL CENTER, INC. BY APPOINTING THE MEMBERS OF ITS BOARD OF TRUSTEES.

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 for instructions and the latest information.

OMB No. 1545-0047

2019

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 NORTHEAST GEORGIA HEALTH SYSTEM INC	Employer identification number 58-1694090
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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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		162,816
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		83,088
i	Other activities?	Yes		187,074
j	Total. Add lines 1c through 1i			432,978
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1:	NORTHEAST GEORGIA HEALTH SYSTEM, INC. PAYS MEMBERSHIP DUES TO SEVERAL PROFESSIONAL AND TRADE ASSOCIATIONS SUCH AS: -AMERICAN ACADEMY OF PHYSICIAN ASSISTANTS -AMERICAN ACADEMY OF FAMILY PHYSICIANS -AMERICAN ACADEMY OF SLEEP MEDICINE -AMERICAN ASSOCIATION OF NURSE PRACTITIONERS -AMERICAN COLLEGE OF CARDIOLOGY -AMERICAN COLLEGE OF HEALTHCARE EXECUTIVES -AMERICAN COLLEGE OF OBSTETRICIANS AND GYNCOLOGISTS -AMERICAN COLLEGE OF PHYSICIANS -AMERICAN HEALTH INFORMATION MANAGEMENT ASSOCIATION -AMERICAN NURSES ASSOCIATION -AMERICAN ORGANIZATION OF NURSING LEADERSHIP -AMERICAN SOCIETY FOR HEALTHCARE HUMAN RESOURCES ADMINISTRATION -AMERICAN SOCIETY OF ECHOCARDIOLOGY -AMERICAN SOCIETY OF RADIOLOGIC TECHNOLOGISTS -COLLEGE OF AMERICAN PATHOLOGISTS -COLLEGE OF HEALTHCARE INFORMATION MANAGEMENT EXECUTIVES -EMERGENCY NURSES ASSOCIATION -GEORGIA ALLIANCE OF COMMUNITY HOSPITALS -GEORGIA ASSOCIATION OF PHYSICIAN ASSISTANTS -GEORGIA CHAMBER OF COMMERCE -GEORGIA HOSPITAL ASSOCIATION -GEORGIA HOSPITAL ASSOCIATION RESEARCH AND EDUCATION FOUNDATION -GREATER HALL CHAMBER OF COMMERCE -MEDICAL ASSOCIATION OF GEORGIA -SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS -SOCIETY FOR HUMAN RESOURCE MANAGEMENT -SOCIETY OF DIAGNOSTIC MEDICAL SONOGRAPHY -SOCIETY FOR VASCULAR ULTRASOUND 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 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
NORTHEAST GEORGIA HEALTH SYSTEM INC

Employer identification number
58-1694090

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" 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 ► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 52283D

Schedule D (Form 990) 2019

Part III

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

3

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

a☐ Public exhibition

b☐ Scholarly research

c☐ Preservation for future generations

d☐ Loan or exchange programs

e☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

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				
b	Contributions				
c	Net investment earnings, gains, and losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

The percentages 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

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

b

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

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	54,062,659		54,062,659
b	Buildings	147,140,446	65,188,932	81,951,514
c	Leasehold improvements	3,239,754	3,059,532	180,222
d	Equipment	51,608,168	30,850,614	20,757,554
e	Other	2,658,413	1,226,937	1,431,476
Total.	Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶			158,383,425

Part VII

Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII

Investments—Program Related.

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

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

Part IX

Other Assets.

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

(a) Description	(b) Book value
(1) DEFERRED COMPENSATION	21,419,712
(2) BOARD DESIGNATED ASSETS	79,696,896
(3) ASSETS LIMITED AS TO USE	43,025,916
(4) OTHER ASSETS	377,812
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	144,520,336

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	
(2) DEFERRED COMPENSATION	120,327,027
(3) OTHER LIABILITIES	5,838,757
(4) ESTIMATED LIABILITY FOR INSURANCE CLAIMS	50,365,914
(5) ESTIMATED THIRD PARTY SETTLEMENTS	2,759,979
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	179,291,677

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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: 58-1694090
Name: NORTHEAST GEORGIA HEALTH SYSTEM INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	NORTHEAST GEORGIA HEALTH SYSTEM, INC. (NGHS), NORTHEAST GEORGIA MEDICAL CENTER, INC. (NGMC), THE MEDICAL CENTER FOUNDATION, INC., NORTHEAST GEORGIA PHYSICIANS GROUP, INC. (NGPG), A ND LANIER COMMUNITY ASSURANCE, LTD. (LCA) ARE CLASSIFIED AS ORGANIZATIONS EXEMPT FROM INCO ME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OR PROVISIONS OF THE COMPANI ES LAW OF THE CAYMAN ISLANDS. THE INCOME FOR NGMC-BARROW, NGMC-LUMPKIN AND THE HEART CENTE R PASSES THROUGH TO NGHS, WHICH IS TAX EXEMPT. AS SUCH, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. NORTHEAST GEORGIA HEALTH PARTNERS, LLC IS A TAXABLE ENTITY AND ACCOUNTS FOR INCOME TAXES IN ACCORDANCE WITH FINANCI AL ACCOUNTING STANDARDS BOARD'S ACCOUNTING STANDARDS CODIFICATION 740, INCOME TAXES (ASC 7 40). AT SEPTEMBER 30, 2020 AND 2019, RESPECTIVELY, MANAGEMENT DOES NOT BELIEVE THE SYSTEM HOLDS ANY UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DI SCLOSURE UNDER ASC 740. IT IS THE SYSTEM'S POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES R ELATED TO INCOME TAX MATTERS AS AN OPERATING EXPENSE.

SCHEDULE H
(Form 990)

Hospitals

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Name of the organization

NORTHEAST GEORGIA HEALTH SYSTEM INC

Employer identification number

58-1694090

Part I

Financial Assistance and Certain Other Community Benefits at Cost

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

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			4,583,938	0	4,583,938	1.950 %
b Medicaid (from Worksheet 3, column a)			9,555,256	5,771,880	3,783,376	1.610 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			14,139,194	5,771,880	8,367,314	3.560 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).		2,770	76,719	1,000	75,719	0.030 %
f Health professions education (from Worksheet 5)			11,162	0	11,162	0 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			55,018	0	55,018	0.020 %
j Total. Other Benefits		2,770	142,899	1,000	141,899	0.050 %
k Total. Add lines 7d and 7j		2,770	14,282,093	5,772,880	8,509,213	3.610 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	1	24	1,419		1,419	0 %
7 Community health improvement advocacy						
8 Workforce development	1	24	4,391		4,391	0 %
9 Other						
10 Total	2	48	5,810		5,810	0 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	17,997,524	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	6,749,371	
6 Enter Medicare allowable costs of care relating to payments on line 5	6	11,769,485	
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-5,020,114	
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:			
☐ Cost accounting system	☒ Cost to charge ratio	☐ Other	

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

2

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

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital
See Additional Data Table									

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
NGMC BARROW LLC**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____**1****Community Health Needs Assessment**

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a ☒ Hospital facility's website (list url): <u>WWW.NGHS.COM</u>		
b ☒ Other website (list url): <u>HABERSHAMMEDICAL.COM; STEPHENSCOUNTYHOSPITAL.COM</u>		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>WWW.NGHS.COM</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

NGMC BARROW LLC			
Name of hospital facility or letter of facility reporting group			
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP: a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 150.00000000000000% and FPG family income limit for eligibility for discounted care of 300.00000000000000% b ☐ Income level other than FPG (describe in Section C) c ☐ Asset level d ☐ Medical indigency e ☐ Insurance status f ☐ Underinsurance discount g ☒ Residency h ☐ Other (describe in Section C)	13	Yes
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply): a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications e ☐ Other (describe in Section C)	15	Yes
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply): a ☒ The FAP was widely available on a website (list url): WWW.NGHS.COM/FINANCIAL-ASSISTANCE b ☒ The FAP application form was widely available on a website (list url): WWW.NGHS.COM/FINANCIAL-ASSISTANCE c ☒ A plain language summary of the FAP was widely available on a website (list url): WWW.NGHS.COM/FINANCIAL-ASSISTANCE d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) g ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations j ☒ Other (describe in Section C)	16	Yes

Part V Facility Information (continued)**Billing and Collections**

NGMC BARROW LLC

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21 Yes	
If "No," indicate why:		
a ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)		

Part V Facility Information *(continued)*

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

NGMC BARROW LLC

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
NGMC LUMPKIN LLC**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

2

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1 Yes	
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2 Yes	
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3 Yes	
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5 Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b Yes	
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7 Yes	
a ☒ Hospital facility's website (list url): <u>WWW.NGHS.COM</u>		
b ☒ Other website (list url): <u>HABERSHAMMEDICAL.COM; STEPHENSCOUNTYHOSPITAL.COM</u>		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>WWW.NGHS.COM</u>	10 Yes	
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

NGMC LUMPKIN LLC			
Name of hospital facility or letter of facility reporting group			
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 150.00000000000000 % and FPG family income limit for eligibility for discounted care of 300.00000000000000 %			
b ☐ Income level other than FPG (describe in Section C)			
c ☐ Asset level			
d ☐ Medical indigency			
e ☐ Insurance status			
f ☐ Underinsurance discount			
g ☒ Residency			
h ☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15	Yes
a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes
a ☒ The FAP was widely available on a website (list url): WWW.NGHS.COM/FINANCIAL-ASSISTANCE			
b ☒ The FAP application form was widely available on a website (list url): WWW.NGHS.COM/FINANCIAL-ASSISTANCE			
c ☒ A plain language summary of the FAP was widely available on a website (list url): WWW.NGHS.COM/FINANCIAL-ASSISTANCE			
d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☒ Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

NGMC LUMPKIN LLC

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21 Yes	
If "No," indicate why:		
a ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

NGMC LUMPKIN LLC

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

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

[illegible]

Part V **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

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

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

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C:	PATIENTS WHO ARE DETERMINED TO BE INDIGENT BASED UPON CRITERIA-BASED METHODS (E.G. PROPENSITY TO PAY/HEALTH SCORE, PARTICIPATION IN LOW INCOME GOVERNMENT PROGRAM) MAY BE PRESUMPTIVELY ELIGIBLE FOR ASSISTANCE PROVIDING THEY COOPERATE WITH SCREENING FOR OTHER FINANCIAL ASSISTANCE RESOURCES (E.G. MEDICAID, DISABILITY), AS APPLICABLE.
PART I, LINE 6A:	THE COMMUNITY BENEFIT REPORT IS PUBLISHED BY NORTHEAST GEORGIA HEALTH SYSTEM AND INCLUDES PROGRAMS FOR NORTHEAST GEORGIA MEDICAL CENTER AND ITS AFFILIATES, INCLUDING NGMC BARROW AND NGMC LUMPKIN. THE REPORT IS AVAILABLE ON THE ORGANIZATION'S WEBSITE (WWW.NGHS.COM) AND IS ALSO PUBLISHED ANNUALLY IN ITS MAGAZINE, COMMUNICARE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7:	CHARITY CARE COST WAS CALCULATED APPLYING A COST-TO-CHARGE RATIO THAT WAS COMPUTED PURSUANT TO WORKSHEET 2 IN THE SCHEDULE H INSTRUCTIONS.THE CCR FOR THE UNREIMBURSED MEDICAID SERVICES WAS COMPUTED USING A CCR COMPUTED PURSUANT TO WORKSHEET 2 IN THE SCHEDULE H INSTRUCTIONS. OTHER MEANS TESTED GOVERNMENT PROGRAM COST, IF NOTED, WAS DERIVED FROM INTERNAL TRENDSTAR SYSTEM DATA WHICH COMPUTED COST AT THE PATIENT DETAIL LEVEL.
PART I, LN 7 COL(F):	NGMC BARROW:THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 24, COLUMN D, BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$12,912,722 FOR NGMC BARROW. THE ESTIMATED PROVISION FOR BAD DEBTS IS REPORTED AS A DEDUCTION FROM PATIENT SERVICE REVENUE.NGMC LUMPKIN:THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 24, COLUMN D, BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$5,084,802 FOR NGMC LUMPKIN. THE ESTIMATED PROVISION FOR BAD DEBTS IS REPORTED AS A DEDUCTION FROM PATIENT SERVICE REVENUE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES:	NGMC BARROW TO ENHANCE WORKFORCE DEVELOPMENT, NGMC BARROW PARTICIPATED IN THE YOUTH APPRENTICESHIP PROGRAM WHEREBY HIGH SCHOOL STUDENTS WORK WITH HOSPITAL STAFF FOR ONE CLASS PERIOD IN THEIR DAY; A TOTAL OF 354 STUDENTS PARTICIPATED WITH NGMC, WHERE 13 STUDENTS PARTICIPATED WITH NGMC BARROW. STUDENTS ROTATED THROUGH MULTIPLE HOSPITAL DEPARTMENTS. NGMC LUMPKIN NGMC STAFF PARTICIPATE IN THE LUMPKIN MATTERS INITIATIVE WHICH IS FOCUSED ON REACHING THE UNINSURED AND CONNECTING THEM WITH AFFORDABLE QUALITY HEALTHCARE, EDUCATIONAL, AND SOCIAL SERVICES. IN ADDITION TO PROVIDING EDUCATION AND FREE FLU SHOTS TO THE COMMUNITY, AN NGMC STAFF MEMBER SERVES ON THE COMMITTEE. IN CONJUNCTION WITH THIS INITIATIVE, NGMC SUPPORTS COMMUNITY HELPING PLACE (CHP), THE INDIGENT HEALTH CLINIC IN LUMPKIN COUNTY THAT PROVIDES THE LUMPKIN MATTERS EVENTS. TWO NGMC LUMPKIN EMPLOYEES SERVED ON THE BOARD FOR CHP. TAMMY SOLES, DIRECTOR OF CLINICAL CARE AT NGHS, CO-CHAIRLED THE LUMPKIN YOUTH LEADERSHIP PROGRAM OF THE DAHLONEGA-LUMPKIN COUNTY CHAMBER OF COMMERCE. WORKING TOGETHER WITH COMMUNITY PARTNERS, THIS PROGRAM IS DESIGNED TO EMPOWER LUMPKIN COUNTY HIGH SCHOOL STUDENTS THROUGH THE DEVELOPMENT OF LEADERSHIP SKILLS, CONNECTING WITH COMMUNITY RESOURCES AND EXPLORING CAREER OPPORTUNITIES. DURING 2020, 24 STUDENTS PARTICIPATED IN THE PROGRAM.
PART III, LINE 2:	PATIENT ACCOUNTS RECEIVABLE ARE REDUCED BY AN ESTIMATED ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS. IN EVALUATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE, NORTHEAST GEORGIA HEALTH SYSTEM (THE SYSTEM) ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYER SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS AND PROVISION FOR BAD DEBTS. MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYER SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ESTIMATED ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4:	BAD DEBT EXPENSE REPORTED ON LINE 2 REPRESENTS GROSS CHARGES WRITTEN OFF DURING THE FISCAL YEAR NET OF ANY RECOVERIES. BAD DEBTS ARE DISCUSSED IN THE FOOTNOTES AS A COMPONENT OF NET PATIENT SERVICE REVENUE, BUT DO NOT HAVE THEIR OWN FOOTNOTE.
PART III, LINE 8:	THE MEDICARE COSTS SHOWN ON LINE 6 WERE COMPUTED USING THE COST TO CHARGE METHODOLOGY REFLECTED IN THE ORGANIZATION'S MEDICARE COST REPORT.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B:	EACH BILLING CYCLE FOR THE FIRST 120 DAYS OF STATEMENTS CONTAINS CONTACT INFORMATION FOR FINANCIAL ASSISTANCE INFORMATION. A PLAIN LANGUAGE SUMMARY OF OUR FINANCIAL ASSISTANCE POLICY IS PROVIDED AT DAY 90. FOR DAYS 121-180, TWO BAD DEBT COLLECTION LETTERS ARE MAILED WITH CONTACT INFORMATION FOR FINANCIAL ASSISTANCE INFORMATION. DURING THE 180 DAYS PRIOR TO PLACEMENT WITH AN EXTERNAL COLLECTION AGENCY, REGULAR PHONE CALLS ARE MADE THAT INCLUDE NOTIFICATION OF THE FINANCIAL ASSISTANCE POLICY AND HOW TO OBTAIN ASSISTANCE WITH THE APPLICATION PROCESS. DURING THE FIRST 60 DAYS OF PLACEMENT WITH EXTERNAL COLLECTIONS VENDOR, NO REPORTING TO CREDIT BUREAUS MAY TAKE PLACE, AND THE VENDOR PROVIDES ALL PATIENTS WITH AN OPPORTUNITY TO REQUEST FINANCIAL ASSISTANCE CONSIDERATION, INCLUDING RETURNING THE ACCOUNT TO US. WITH AGGREGATED MULTIPLE EPISODES OF PATIENT ACCOUNTS, FOR PURPOSES OF MEASURING 120 AND 240 DAYS, THE FIRST POST-DISCHARGE BILLING STATEMENT WILL BE USED.
PART VI, LINE 2:	NGMC BARROW- EMPLOYEES OF NORTHEAST GEORGIA MEDICAL CENTER ACTIVELY LEAD OR SUPPORT COMMUNITY, CIVIC, AND PROFESSIONAL ORGANIZATIONS ON THEIR BOARD OF DIRECTORS OR AS A PARTICIPATING MEMBER. NGMC BARROW CAN ASSESS HEALTH CARE NEEDS OF THE COMMUNITY IT SERVES THROUGH SERVICE ON THESE COMMITTEES. FOR EXAMPLE, CHAD HATFIELD, PRESIDENT OF NGMC BARROW, SERVES ON THE BOARD OF DIRECTORS FOR THE BOYS & GIRLS CLUB OF WINDER. THIS ORGANIZATION PROVIDES PROGRAMS THAT EMPOWER YOUTH TO EXCEL IN SCHOOL, BECOME GOOD CITIZENS AND LEAD HEALTHY, PRODUCTIVE LIVES. CHAD IS ALSO VICE CHAIR FOR THE BARROW CHAMBER OF COMMERCE.- ACCESS TO CARE WAS IDENTIFIED AS A PRIORITY FOR THE ORGANIZATION IN THE 2019 CHNA. AS PART OF A COLLABORATIVE AGREEMENT BETWEEN NGMC BARROW AND BARROW COUNTY BOARD OF COMMISSIONERS, TWO EMS AMBULANCES ARE NOW STAFFED AND OPERATED BY NGMC. PRIOR TO THIS PARTNERSHIP, THE CITY OF WINDER DID NOT HAVE AN AMBULANCE WITHIN CITY LIMITS. WITH AN AVERAGE EMS RESPONSE TIME OF 8 MINUTES, RESPONSE TIME FOR EMS HAS REDUCED IN HALF (BY 4 MINUTES). VISIT HTTPS://YOUTU.BE/LYAC178NSDS TO SEE HOW NGHS IS PARTNERING IN THE COMMUNITY TO PROVIDE EMS IN BARROW COUNTY.AS A PARTNER IN EDUCATION, IT IS NGMC BARROW'S ROLE TO SUPPORT STUDENT MOTIVATION AND ACHIEVEMENT AND COMMUNITY SERVICE AND INVOLVEMENT. AS MANY EVENTS WERE CANCELLED DUE TO THE COVID-19 PANDEMIC, NGMC BARROW PARTNERED WITH BARROW COUNTY SCHOOLS TO IMPLEMENT A VIRTUAL VERSION OF THE "TAR WARS" PROGRAM TO 2,100 FOURTH AND FIFTH GRADE STUDENTS LEARNING IN PERSON AND ONLINE. THIS PARTNERSHIP CONTINUED WITH THE NEED TO EDUCATE STUDENTS IN 2020 BECAUSE THE 2019 STUDENT ASSESSMENT SHOWED 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. "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. THROUGH THIS PROGRAM, STUDENTS AND THEIR PARENTS ALSO BECOME AWARE OF SMOKING CESSATION SUPPORT AND RESOURCES.NGMC LUMPKINNGMC REPORTS ON THE PROGRESS OF CHNA OUTCOMES AND ACTIVITIES. HEART DISEASE DEATH RATE IN LUMPKIN COUNTY WAS IDENTIFIED AS A PRIORITY FOR THE ORGANIZATION AND HAS DECREASED FROM 134.8 IN 2017 TO 114 IN 2019 (SOURCE: CDC WONDER, 2019, AGE-ADJUSTED RATE).NGMC CONTINUES TO LEAD THE WAY IN LIFE-SAVING HEART AND VASCULAR CARE BY BECOMING THE FIRST HEALTH SYSTEM IN THE STATE WITH HOSPITALS DESIGNATED AS EMERGENCY CARDIAC CARE CENTERS BY THE GEORGIA DEPARTMENT OF PUBLIC HEALTH (DPH). THIS ACHIEVEMENT EXTENDS FAR BEYOND THE WALLS OF OUR SYSTEM CONNECTING FIRST RESPONDERS, EMERGENCY DEPARTMENTS AND CARDIOLOGISTS THROUGHOUT THE REGION TO ENSURE EACH PATIENT RECEIVES THE LEVEL OF CARE THEY NEED.THE GEORGIA DPH USES A THREE-LEVEL DESIGNATION SYSTEM TO RANK THE CAPABILITIES OF EACH FACILITY:- NGMC GAINESVILLE RECEIVED LEVEL 1 DESIGNATION (HOSPITALS PERFORM OPEN HEART SURGERY AND INTERVENTIONAL CARDIAC CATHETERIZATIONS).- NGMC BRASELTON RECEIVED LEVEL 2 DESIGNATION (HOSPITALS PERFORM INTERVENTIONAL CARDIAC CATHETERIZATIONS).- NGMC BARROW AND NGMC LUMPKIN BOTH RECEIVED LEVEL 3 DESIGNATION (HOSPITALS STABILIZE PATIENTS UNTIL THEY ARE TRANSPORTED TO A LEVEL 1 OR LEVEL 2 CENTER).ONE EXAMPLE OF AN ACTIVITY USED TO ASSESS COMMUNITY NEEDS AND RESPOND TO THEM IS THROUGH A COLLABORATIVE EFFORT BETWEEN NORTHEAST GEORGIA MEDICAL CENTER AND EMS. THIS COLLABORATIVE REPRESENTS 18 COUNTIES ACROSS THE REGION TO ENSURE FAST AND EFFICIENT TREATMENT TO PATIENTS SUFFERING SEVERE HEART ATTACKS KNOWN AS STEMI (S-T SEGMENT ELEVATION MYOCARDIAL INFARCTION). THE STEMI PROGRAM MAKES SURE INFORMATION ABOUT THE HEART ATTACK IS SENT TO NGMC WHILE THE AMBULANCE IS EN ROUTE, SO A CARDIOLOGIST IS WAITING TO RESTORE THE PATIENT'S BLOOD FLOW ALMOST IMMEDIATELY AFTER ARRIVAL. DUE TO COVID-19 RESTRICTIONS, THE STEMI CONFERENCE WAS NOT HELD, HOWEVER, JACKSON COUNTY EMS HOSTED THE RESTART FORUM WHERE THREE SPEAKERS FROM NGHS PROVIDED EDUCATION FOR EMS PROFESSIONALS. THIS IS AN EXAMPLE OF NGHS' CONTINUED COLLABORATION WITH EMS TO EDUCATE THEM AND BUILD SYSTEMS OF CARE FOR STEMI, CARDIOGENIC SHOCK, AND CARDIAC ARREST PATIENTS.

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Form and Line Reference	Explanation
PART VI, LINE 3:	NGMC BARROW AND NGMC LUMPKINWE HAVE SIGNAGE POSTED THROUGHOUT THE EMERGENCY DEPARTMENT (ED) AND AT REGISTRATION AREAS. NGHS, THE HEART CENTER AT NGMC, AND NGPG WEBSITES PROVIDE A PLAIN LANGUAGE SUMMARY ALONG WITH A COPY OF OUR APPLICATION AND POLICY IN ENGLISH AND SPANISH. OUR PATIENT PORTAL, MYCHART, PROVIDES AN ONLINE APPLICATION. WE HAVE PLAIN LANGUAGE SUMMARIES OF OUR FINANCIAL ASSISTANCE POLICY FOR PATIENTS AT REGISTRATION. REGISTRARS OFFER FINANCIAL ASSISTANCE APPLICATIONS TO PATIENTS WHO EXPRESS A NEED OR ARE NOT ABLE TO PAY AT TIME OF SERVICE. FINANCIAL NAVIGATORS COMPLETE BEDSIDE SCREENING FOR SELF-PAY BEDDED PATIENTS AND ED PATIENTS DURING OUR SERVICE HOURS. MISSED PATIENTS ARE CALLED AND MAILED FINANCIAL ASSISTANCE APPLICATIONS. FINANCIAL NAVIGATORS COMPLETE FINANCIAL SCREENING FOR PATIENTS WHO ARE TO BE SCHEDULED FOR MEDICALLY URGENT SERVICES. WE HAVE WORK QUEUES THAT IDENTIFY POTENTIALLY ELIGIBLE PATIENTS. THESE PATIENTS ARE CALLED AND MAILED FINANCIAL ASSISTANCE APPLICATIONS. OUR CUSTOMER SERVICE TEAM PROVIDES INFORMATION AND COMPLETES REFERRALS. EACH STATEMENT AND COLLECTION LETTER INCLUDES AN ANNOUNCEMENT ABOUT FINANCIAL ASSISTANCE BEING AVAILABLE ALONG WITH OUR PHONE NUMBER AND URL. OUR LONG-TERM PAYMENT PLAN BROCHURE INCLUDES AN ANNOUNCEMENT ABOUT FINANCIAL ASSISTANCE BEING AVAILABLE ALONG WITH OUR PHONE NUMBER AND URL. OUR EXTERNAL COLLECTION AGENCIES ARE TRAINED TO PROVIDE EDUCATION AND RETURN ACCOUNTS TO US IF A PATIENT IS IDENTIFIED AS POTENTIALLY ELIGIBLE. ALSO, AVAILABLE ONLINE AT HTTPS://WWW.NGHS.COM/FINANCIAL-ASSISTANCE
PART VI, LINE 4:	NGMC BARROW AND NGMC LUMPKINPOPULATION: FROM 2010 TO 2019, THE HEALTH SYSTEM'S TOTAL SERVICE AREA ("TSA") POPULATION GREW AN ESTIMATED 2.0% PER YEAR ON AVERAGE COMPARED TO THE STATE OF GEORGIA AT 1.0% AND THE US AT 0.7%. POPULATION FOR THE TSA IN 2019 IS ESTIMATED TO BE 989,845 REPRESENTING A TOTAL GROWTH RATE OF 19.9% SINCE 2010, COMPARED TO THE STATE OF GEORGIA'S GROWTH (9.3%) AND THE US (5.3%) OVER THE SAME TIME PERIOD. THE TSA'S POPULATION GROWTH RATE IS PROJECTED TO OUTPACE GEORGIA AND THE US THROUGH AT LEAST 2021, THUS CONTINUING TO DRIVE ABOVE AVERAGE DEMAND FOR HEALTH CARE SERVICES. SOURCES: US CENSUS BUREAU; ESRI, INC.HOUSEHOLD INCOME AND HOME VALUES: MEDIAN HOUSEHOLD INCOME FOR THE TSA IS CURRENTLY \$51,790 COMPARED TO THE STATE OF GEORGIA AT \$58,700. THE MEDIAN HOME VALUE FOR THE TSA IS CURRENTLY \$185,800 COMPARED TO THE STATE OF GEORGIA AT \$176,000. SOURCES: US CENSUS BUREAU; ESRI, INC.EMPLOYMENT: THE UNEMPLOYMENT RATE FOR THE NGHS TOTAL SERVICE AREA WAS 3.0% IN 2019 COMPARED WITH THE STATE OF GEORGIA AT 3.5% AND THE U.S. AT 3.7%. FOR AT LEAST THE LAST 10 YEARS, THE TSA HAS CONSISTENTLY EXPERIENCED AN ANNUAL UNEMPLOYMENT RATE BELOW THOSE OF GEORGIA AND THE U.S. SOURCE: US BUREAU OF LABOR STATISTICS; ESRI, INC.

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Form and Line Reference	Explanation
PART VI, LINE 5:	NGMC BARROW AND NGMC LUMPKIN:NORTHEAST GEORGIA HEALTH SYSTEM REPRESENTS THE COMMUNITIES DIRECTLY SERVED BY THE ORGANIZATION. BOARD MEMBERS PROVIDE LEADERSHIP THAT SUPPORTS THE ORGANIZATION'S MISSION TO IMPROVE THE HEALTH OF THE COMMUNITY.PRACTITIONERS AT NGHES ENTITIES UNDERGO EXTENSIVE ONBOARDING PRIOR TO BEING AFFILIATED WITH THE HEALTH SYSTEM, SECURING STANDARD OF CARE AND SAFETY TO OUR COMMUNITY. NORTHEAST GEORGIA MEDICAL CENTER CONDUCTS PHYSICIAN MANPOWER STUDIES TO DETERMINE THE NUMBER OF PHYSICIANS NEEDED BY SPECIALTY TO MEET COMMUNITY NEED. INFORMATION FROM THESE STUDIES IS USED TO HELP GUIDE DECISIONS FOR PHYSICIAN RECRUITMENT.ALL REVENUES IN EXCESS OF EXPENSES ARE REINVESTED INTO HEALTHCARE SERVICES FOR THE COMMUNITY AND NO PROFITS ACCRUE TO INDIVIDUAL INVESTORS. THE MEDICAL CENTER'S POLICY ON FINANCIAL ASSISTANCE (FORMERLY KNOWN AS THE CHARITY CARE POLICY) HELPS ENSURE ACCESS TO HOSPITAL SERVICES TO LOW INCOME PATIENTS, I.E. PATIENTS WITH A FAMILY INCOME OF UP TO AND INCLUDING/EQUAL TO 150% OF THE FEDERAL POVERTY GUIDELINES QUALIFY FOR A 100% CHARITY ADJUSTMENT, WHICH MEANS THAT THEIR QUALIFYING SERVICES ARE FREE. ADDITIONALLY, PATIENTS WITH A FAMILY INCOME OF 151-300% QUALIFY FOR DISCOUNTED CARE ON A SLIDING SCALE, WITH THE MOST THAT A PATIENT WOULD PAY IS THE MEDICARE RATE.
PART VI, LINE 6:	NGMC BARROW:NGMC BARROW, LLC PROVIDES EMERGENCY CARE, SURGERY, ORTHOPEDICS, HEART CARE, IMAGING /RADIOLOGY, LABORATORY SERVICES, PULMONARY REHABILITATION, WOUND HEALING, STROKE CARE AND MORE. SINCE JOINING NORTHEAST GEORGIA HEALTH SYSTEM IN 2017, NGMC BARROW HAS BEEN NAMED ONE OF TOP 5 SMALL HOSPITALS IN THE STATE BY GEORGIA TREND MAGAZINE, ACHIEVED DESIGNATION AS A PRIMARY STROKE TREATMENT CENTER AND ADDED 3D MAMMOGRAPHY TO BETTER DETECT BREAST CANCER.NGMC LUMPKIN:NGMC LUMPKIN, LLC (FORMERLY CHESTATEE REGIONAL HOSPITAL) WAS ACQUIRED IN JULY 2018 BY NGHES TO INCLUDE EMERGENCY SERVICES, 10 INPATIENT BEDS AND OTHER SUPPORT SERVICES IN DAHLONEGA AND SURROUNDING COMMUNITIES.NGMC BARROW AND NGMC LUMPKIN:NORTHEAST GEORGIA MEDICAL CENTER (NGMC) IS AN AFFILIATE OF NORTHEAST GEORGIA HEALTH SYSTEM. ALONG WITH NGMC BARROW AND NGMC LUMPKIN, AFFILIATES INCLUDE NGMC GAINESVILLE AND BRASELTON, NORTHEAST GEORGIA PHYSICIANS GROUP, THE NORTHEAST GEORGIA HEALTH SYSTEM FOUNDATION, NORTHEAST GEORGIA HEALTH PARTNERS, RIVER PLACE MEDICAL OFFICE PLAZA I, AND THE HEART CENTER, LLC.THE MISSION OF NORTHEAST GEORGIA MEDICAL CENTER AND ALL RELATED AFFILIATES IS TO "IMPROVE THE HEALTH OF THE COMMUNITY IN ALL WE DO." AS A NOT-FOR-PROFIT HOSPITAL, NGMC TREATS PATIENTS REGARDLESS OF THEIR ABILITY TO PAY AND IS ACCOUNTABLE TO THE HOSPITAL AUTHORITY OF HALL COUNTY AND THE CITY OF GAINESVILLE FOR THE PROVISION OF CHARITABLE SERVICES TO THE COMMUNITY.NORTHEAST GEORGIA MEDICAL CENTER PROVIDES ACUTE AND SPECIALTY INPATIENT AND OUTPATIENT SERVICES FOR A REGIONAL COMMUNITY OF OVER 18 COUNTIES AND RECEIVES NO LOCAL TAX SUPPORT FROM ANY OF THOSE COUNTIES FOR OPERATIONS OR INDIGENT CARE. THE NORTHEAST GEORGIA HEALTH SYSTEM FOUNDATION HELPS SUPPORT THE MISSION OF NORTHEAST GEORGIA HEALTH SYSTEM THROUGH FUNDRAISING INITIATIVES THAT IMPROVE SERVICES OFFERED AT NGMC, AS WELL HEALTH-FOCUSED SERVICES IN THE COMMUNITY.NORTHEAST GEORGIA HEALTH PARTNERS WORKS TO BUILD COLLABORATIVE RELATIONSHIPS BETWEEN HOSPITALS, PHYSICIANS AND OTHER HEALTHCARE PROVIDERS, EMPLOYERS AND THE EMPLOYEES THEY REPRESENT THROUGH INSURANCE PRODUCTS THAT HELP SUPPORT PATIENT ACCESS TO HEALTHCARE SERVICES THROUGHOUT THE REGION.RIVER PLACE MEDICAL OFFICE PLAZA 1 IS A MEDICAL OFFICE BUILDING THAT IS HOME TO AN URGENT CARE CENTER, IMAGING CENTER, OUTPATIENT REHABILITATION CENTER, FULL-SERVICE LAB AND MANY PRIVATE PHYSICIAN PRACTICES REPRESENTING MORE THAN 20 MEDICAL SPECIALTIES, IMPROVING ACCESS TO CARE IN THE SOUTHERN REGION SERVED BY NORTHEAST GEORGIA HEALTH SYSTEM.NORTHEAST GEORGIA PHYSICIANS GROUP IS A MULTI-SPECIALTY GROUP WITH MORE THAN 500 PHYSICIANS, PHYSICIAN ASSISTANTS, NURSE PRACTITIONERS AND OTHER CLINICAL STAFF PROVIDING HEALTHCARE SERVICES AT 65 LOCATIONS THROUGHOUT NORTHEAST GEORGIA, WHICH FURTHER IMPROVES THE COMMUNITY'S ACCESS TO CARE FOR THE REGION OF 19 COUNTIES.NORTHEAST GEORGIA HEALTH SYSTEM VOLUNTEERS AND AUXILIANS ARE PEOPLE OF ALL AGES WHO GIVE OF THEMSELVES TO MAKE A DIFFERENCE IN THE LIVES OF OTHERS. THE MEDICAL CENTER AUXILIARY IS COMMITTED TO INVOLVING DEDICATED VOLUNTEERS TO IMPROVE THE SERVICES OF THE HEALTH SYSTEM. VOLUNTEERS CONTRIBUTE TIME AND COMPASSIONATE SERVICE ASSISTING WITH NON-MEDICAL DUTIES AS THEY PROVIDE COMFORT AND SUPPORT TO PATIENTS, FAMILY MEMBERS AND VISITORS.THE AFFILIATION BETWEEN NORTHEAST GEORGIA MEDICAL CENTER'S HEART AND VASCULAR SERVICES AND THE HEART CENTER OF NORTHEAST GEORGIA MEDICAL CENTER ENSURES PATIENTS HAVE ACCESS TO THE LATEST CARDIOVASCULAR TECHNOLOGY AND RECEIVE TOP QUALITY CARE FROM TOP PHYSICIANS. THIS GROUP HAS SEVERAL OFFICES THROUGHOUT THE NORTHEASTERN PART OF GEORGIA AND PROVIDES ALL CARDIOVASCULAR SUBSPECIALTY CARE, INCLUDING GENERAL, INVASIVE AND INTERVENTIONAL CARDIOLOGY, CONGESTIVE HEART FAILURE, ELECTROPHYSIOLOGY, PERIPHERAL VASCULAR INTERVENTIONS AND WOMEN'S CARDIOVASCULAR HEALTH PROGRAMS.

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

Additional Data

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

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 2		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	NGMC BARROW LLC 316 NORTH BROAD STREET WINDER, GA 30680 WWW.NGHS.COM/LOCATIONS/BARROW 007-718	X	X					X			
2	NGMC LUMPKIN LLC 227 MOUNTAIN DRIVE DAHLONEGA, GA 30533 WWW.NGHS.COM/LOCATIONS/LUMPKIN 093-628	X	X					X			

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

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

Form and Line Reference	Explanation
NGMC LUMPKIN LLC	PART V, SECTION B, LINE 2: NORTHEAST GEORGIA MEDICAL CENTER LUMPKIN (FORMERLY KNOWN AS CHESTATEE REGIONAL HOSPITAL) WAS ACQUIRED BY NORTHEAST GEORGIA HEALTH SYSTEM (NGHS) IN JULY 2018. COMPLETE EMERGENCY SERVICES ARE PROVIDED BY THE SAME GROUP OF PHYSICIANS THAT CARE FOR EMERGENCY PATIENTS AT ALL NORTHEAST GEORGIA MEDICAL CENTER (NGMC) HOSPITALS. NGMC LUMPKIN BRINGS SERVICES MODELED AROUND THE PROGRAMS OF EXCELLENCE AT NGMC GAINESVILLE TO DAHLONEGA AND SURROUNDING COMMUNITIES. NGMC LUMPKIN IS OPERATING SERVICES SUCH AS 24-HOUR EMERGENCY CARE, INPATIENT CARE AND SUPPORTING IMAGING, AND LAB AND PHARMACY SERVICES.

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

Form and Line Reference	Explanation
NGMC BARROW LLC	PART V, SECTION B, LINE 5: THE FOLLOWING ORGANIZATIONS HAVE PARTNERED AND COLLABORATED TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FOR COMMUNITIES THEY (CHNA PARTNERS) SERVE IN NORTHEASTERN GEORGIA: - DISTRICT 2 PUBLIC HEALTH - HABERSHAM MEDICAL CENTER - NORTH EAST GEORGIA MEDICAL CENTER GAINESVILLE - NORTHEAST GEORGIA MEDICAL CENTER BRASELTON - NORTHEAST GEORGIA MEDICAL CENTER BARROW - NORTHEAST GEORGIA MEDICAL CENTER LUMPKIN - STEPHENS COUNTY HOSPITALTHESE CHNA PARTNERS UNDERSTAND THE IMPORTANCE OF SERVING THE HEALTH NEEDS OF THEIR COMMUNITIES. BEGINNING IN NOVEMBER 2018, THE CHNA PARTNERS BEGAN THE PROCESS OF ASSESSING THE HEALTH NEEDS OF THE COMMUNITIES SERVED BY THE HOSPITAL FACILITIES AND THE HEALTH DEPARTMENT WITH A COLLABORATIVE COMMUNITY HEALTH NEEDS ASSESSMENT. IBM WATSON HEALTH (WATSON HEALTH) WAS ENGAGED TO HELP COLLECT AND ANALYZE THE DATA FOR THIS PROCESS, AND TO COMPILE A FINAL REPORT TO BE MADE PUBLICLY AVAILABLE BY SEPTEMBER 30, 2019; WATSON HEALTH DELIVERS ANALYTIC TOOLS, BENCHMARKS, AND STRATEGIC CONSULTING SERVICES TO THE HEALTHCARE INDUSTRY, COMBINING RICH DATA ANALYTICS IN DEMOGRAPHICS, INCLUDING THE COMMUNITY NEEDS INDEX, PLANNING, AND DISEASE PREVALENCE ESTIMATES, WITH EXPERIENCED STRATEGIC CONSULTANTS TO DELIVER COMPREHENSIVE AND ACTIONABLE COMMUNITY HEALTH NEEDS ASSESSMENTS.THE COMMUNITIES SERVED BY EACH OF THE CHNA PARTNERS OVERLAPPED AND COMBINED TO INCLUDE ALL OR PART OF 16 COUNTIES IN NORTHEAST GEORGIA. WHILE A COLLABORATIVE APPROACH WAS UTILIZED, A NEEDS ANALYSIS WAS CONDUCTED FOR EACH CHNA PARTNER'S DEFINED COMMUNITY; COMMUNITY-SPECIFIC SUBSECTIONS ARE INCLUDED IN THE REPORT. NORTHEAST GEORGIA HEALTH SYSTEM (NGHS) DEFINED FOUR COMMUNITIES SERVED BY THEIR FOUR HOSPITAL FACILITIES: NGHS GREATER BRASELTON SERVICE AREA (GBSA), NGHS PRIMARY SERVICE AREA (PSA), NGHS SECONDARY SERVICE AREA 400 (SSA 400), AND NGHS SECONDARY SERVICE AREA NORTH (SSA NORTH).WATSON HEALTH CONDUCTED EIGHT (8) FOCUS GROUPS WITH A TOTAL OF 75 PARTICIPANTS AS WELL AS 25 KEY INFORMANT INTERVIEWS TO GATHER THE INPUT OF PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITIES SERVED THROUGHOUT THE REGION. THE FOCUS GROUPS AND INTERVIEWS SOLICITED FEEDBACK FROM LEADERS AND REPRESENTATIVES WHO SERVE THE COMMUNITY AND HAVE INSIGHT INTO COMMUNITY NEEDS.PARTICIPATION IN THE WATSON HEALTH INTERVIEW AND FOCUS GROUPS INCLUDED INPUT FROM AT LEAST ONE STATE, LOCAL, OR REGIONAL GOVERNMENTAL PUBLIC HEALTH DEPARTMENT (OR EQUIVALENT DEPARTMENT OR AGENCY) WITH KNOWLEDGE, INFORMATION, OR EXPERTISE RELEVANT TO THE HEALTH NEEDS OF THE COMMUNITY, AS WELL AS INDIVIDUALS OR ORGANIZATIONS WHO SERVED AND/OR REPRESENTED THE INTERESTS OF MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS IN THE COMMUNITY.PARTICIPATION FROM COMMUNITY LEADERS/GROUPS, PUBLIC HEALTH ORGANIZATIONS, OTHER HEALTHCARE ORGANIZATIONS, AND OTHER HEALTHCARE PROVIDERS ENSURED THAT THE INPUT RECEIVED REPRESENTED THE BROAD INTERESTS OF THE COMMUNITY SERVED. ADDITIONAL QUALITATIVE DATA SO

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

Form and Line Reference	Explanation
NGMC BARROW LLC	URCES SUPPLEMENTED THE FOCUS GROUPS AND INTERVIEWS. THESE INCLUDED A HALL COUNTY HEALTH SURVEY OF UNINSURED INDIVIDUALS (199 SURVEYS COMPLETED); HALL COUNTY MENTAL AND BEHAVIORAL HEALTH LISTENING SESSIONS (60+ PARTICIPANTS FROM KEY STAKEHOLDER ORGANIZATIONS); AND QUALITATIVE FINDINGS FROM UNION GENERAL & CHATUGE REGIONAL HOSPITALS 2018 CHNA REPORTS (148 COMMUNITY-BASED SURVEYS, FOUR KEY INFORMANT INTERVIEWS).IN JUNE 2019, A SESSION WAS HELD WITH THE CHNA PARTNERS AND THEIR COMMUNITY ADVISORS TO IDENTIFY AND PRIORITIZE THE SIGNIFICANT HEALTH NEEDS FOR EACH CHNA PARTNER'S COMMUNITY. THE MEETING WAS MODERATED BY WATSON HEALTH .

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

Form and Line Reference	Explanation
NGMC LUMPKIN LLC	PART V, SECTION B, LINE 5: THE FOLLOWING ORGANIZATIONS HAVE PARTNERED AND COLLABORATED TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FOR COMMUNITIES THEY (CHNA PARTNERS) SERVE IN NORTHEASTERN GEORGIA: - DISTRICT 2 PUBLIC HEALTH - HABERSHAM MEDICAL CENTER - NORTH EAST GEORGIA MEDICAL CENTER GAINESVILLE - NORTHEAST GEORGIA MEDICAL CENTER BRASELTON - NORTHEAST GEORGIA MEDICAL CENTER BARROW - NORTHEAST GEORGIA MEDICAL CENTER LUMPKIN - STEPHENS COUNTY HOSPITAL.THESE CHNA PARTNERS UNDERSTAND THE IMPORTANCE OF SERVING THE HEALTH NEEDS OF THEIR COMMUNITIES. BEGINNING IN NOVEMBER 2018, THE CHNA PARTNERS BEGAN THE PROCESS OF ASSESSING THE HEALTH NEEDS OF THE COMMUNITIES SERVED BY THE HOSPITAL FACILITIES AND THE HEALTH DEPARTMENT WITH A COLLABORATIVE COMMUNITY HEALTH NEEDS ASSESSMENT. IBM WATSON HEALTH (WATSON HEALTH) WAS ENGAGED TO HELP COLLECT AND ANALYZE THE DATA FOR THIS PROCESS, AND TO COMPILE A FINAL REPORT TO BE MADE PUBLICLY AVAILABLE BY SEPTEMBER 30, 2019; WATSON HEALTH DELIVERS ANALYTIC TOOLS, BENCHMARKS, AND STRATEGIC CONSULTING SERVICES TO THE HEALTHCARE INDUSTRY, COMBINING RICH DATA ANALYTICS IN DEMOGRAPHICS, INCLUDING THE COMMUNITY NEEDS INDEX , PLANNING, AND DISEASE PREVALENCE ESTIMATES, WITH EXPERIENCED STRATEGIC CONSULTANTS TO DELIVER COMPREHENSIVE AND ACTIONABLE COMMUNITY HEALTH NEEDS ASSESSMENTS.THE COMMUNITIES SERVED BY EACH OF THE CHNA PARTNERS OVERLAPPED AND COMBINED TO INCLUDE ALL OR PART OF 16 COUNTIES IN NORTHEAST GEORGIA. WHILE A COLLABORATIVE APPROACH WAS UTILIZED, A NEEDS ANALYSIS WAS CONDUCTED FOR EACH CHNA PARTNER'S DEFINED COMMUNITY; COMMUNITY-SPECIFIC SUBSECTIONS ARE INCLUDED IN THE REPORT. NORTHEAST GEORGIA HEALTH SYSTEM (NGHS) DEFINED FOUR COMMUNITIES SERVED BY THEIR FOUR HOSPITAL FACILITIES: NGHS GREATER BRASELTON SERVICE AREA (GBSA), NGHS PRIMARY SERVICE AREA (PSA), NGHS SECONDARY SERVICE AREA 400 (SSA 400), AND NGHS SECONDARY SERVICE AREA NORTH (SSA NORTH).WATSON HEALTH CONDUCTED EIGHT (8) FOCUS GROUPS WITH A TOTAL OF 75 PARTICIPANTS AS WELL AS 25 KEY INFORMANT INTERVIEWS TO GATHER THE INPUT OF PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITIES SERVED THROUGHOUT THE REGION. THE FOCUS GROUPS AND INTERVIEWS SOLICITED FEEDBACK FROM LEADERS AND REPRESENTATIVES WHO SERVE THE COMMUNITY AND HAVE INSIGHT INTO COMMUNITY NEEDS.PARTICIPATION IN THE WATSON HEALTH INTERVIEW AND FOCUS GROUPS INCLUDED INPUT FROM AT LEAST ONE STATE, LOCAL, OR REGIONAL GOVERNMENTAL PUBLIC HEALTH DEPARTMENT (OR EQUIVALENT DEPARTMENT OR AGENCY) WITH KNOWLEDGE, INFORMATION , OR EXPERTISE RELEVANT TO THE HEALTH NEEDS OF THE COMMUNITY, AS WELL AS INDIVIDUALS OR ORGANIZATIONS WHO SERVED AND/OR REPRESENTED THE INTERESTS OF MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS IN THE COMMUNITY.PARTICIPATION FROM COMMUNITY LEADERS/GROUPS, PUBLIC HEALTH ORGANIZATIONS, OTHER HEALTHCARE ORGANIZATIONS, AND OTHER HEALTHCARE PROVIDERS ENSURED THAT THE INPUT RECEIVED REPRESENTED THE BROAD INTERESTS OF THE COMMUNITY SERVED. ADDITIONAL QUALITATIVE DATA SO

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

Form and Line Reference	Explanation
NGMC LUMPKIN LLC	URCES SUPPLEMENTED THE FOCUS GROUPS AND INTERVIEWS. THESE INCLUDED A HALL COUNTY HEALTH SURVEY OF UNINSURED INDIVIDUALS (199 SURVEYS COMPLETED); HALL COUNTY MENTAL AND BEHAVIORAL HEALTH LISTENING SESSIONS (60+ PARTICIPANTS FROM KEY STAKEHOLDER ORGANIZATIONS); AND QUALITATIVE FINDINGS FROM UNION GENERAL & CHATUGE REGIONAL HOSPITALS 2018 CHNA REPORTS (148 COMMUNITY-BASED SURVEYS, FOUR KEY INFORMANT INTERVIEWS).IN JUNE 2019, A SESSION WAS HELD WITH THE CHNA PARTNERS AND THEIR COMMUNITY ADVISORS TO IDENTIFY AND PRIORITIZE THE SIGNIFICANT HEALTH NEEDS FOR EACH CHNA PARTNER'S COMMUNITY. THE MEETING WAS MODERATED BY WATSON HEALTH .

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

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

Form and Line Reference	Explanation
NGMC BARROW LLC	PART V, SECTION B, LINE 6A: A REGION-WIDE COMMUNITY HEALTH NEEDS ASSESSMENT WAS CONDUCTED IN 2019. THE FOLLOWING HOSPITAL FACILITIES WERE INCLUDED IN THE CHNA: - NORTHEAST GEORGIA MEDICAL CENTER BARROW - NORTHEAST GEORGIA MEDICAL CENTER GAINESVILLE - NORTHEAST GEORGIA MEDICAL CENTER BRASELTON - NORTHEAST GEORGIA MEDICAL CENTER LUMPKIN - HABERSHAM MEDICAL CENTER - STEPHENS COUNTY HOSPITAL

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

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

Form and Line Reference	Explanation
NGMC LUMPKIN LLC	PART V, SECTION B, LINE 6A: A REGION-WIDE COMMUNITY HEALTH NEEDS ASSESSMENT WAS CONDUCTED IN 2019. THE FOLLOWING HOSPITAL FACILITIES WERE INCLUDED AND PARTNERED IN THE CHNA: - NORTHEAST GEORGIA MEDICAL CENTER GAINESVILLE - NORTHEAST GEORGIA MEDICAL CENTER BRASELTON - NORTHEAST GEORGIA MEDICAL CENTER BARROW - NORTHEAST GEORGIA MEDICAL CENTER LUMPKIN - HABERSHAM MEDICAL CENTER - STEPHENS COUNTY HOSPITAL

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
NGMC BARROW LLC	PART V, SECTION B, LINE 6B: NGMC SERVED AS THE COORDINATING PARTNER FOR THIS COLLABORATIVE. THE FOLLOWING ORGANIZATION PARTNERED AND COLLABORATED ON THE REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT:- DISTRICT 2 PUBLIC HEALTH

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
NGMC LUMPKIN LLC	PART V, SECTION B, LINE 6B: NGMC SERVED AS THE COORDINATING PARTNER FOR THIS COLLABORATIVE. THE FOLLOWING ORGANIZATION PARTNERED AND COLLABORATED ON THE REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT:- DISTRICT 2 PUBLIC HEALTH

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

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

Form and Line Reference	Explanation
NGMC BARROW LLC	PART V, SECTION B, LINE 11: NORTHEAST GEORGIA MEDICAL CENTER (NGMC) DEFINED FOUR COMMUNITIES SERVED BY THEIR FOUR HOSPITAL FACILITIES: NGHS GREATER BRASELTON SERVICE AREA (GBSA), NGHS PRIMARY SERVICE AREA (PSA), NGHS SECONDARY SERVICE AREA 400 (SSA 400), AND NGHS SECONDARY SERVICE AREA NORTH (SSA NORTH). THE 2019 CHNA REVEALED THE FOLLOWING FIVE PRIORITIES ADOPTED BY THE ORGANIZATION AND REPRESENT THOSE ON WHICH WE CAN HAVE THE MOST IMPACT BASED ON PRIORITIZATION CRITERIA:- BEHAVIORAL AND MENTAL HEALTH (ALL NGHS SERVICE AREAS)- ACCESS TO CARE (ALL NGHS SERVICE AREAS)- DIABETES (GBSA, SSA 400, SSA NORTH)- CARDIOVASCULAR DISEASE (SSA 400)- SEPTICEMIA (ALL NGHS SERVICE AREAS)FOR DETAILS ON HOW NGMC IS ADDRESSING THE SIGNIFICANT NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA, GO TO: HTTPS://WWW.NGHS.COM/WP-CONTENT/UPLOADS/2020/08/IMPLEMENTATION-PLAN-2020-UPDATED.PDF.SPECIFIC TO NGMC, THE HEALTH NEEDS NGMC CHOSE NOT TO ADDRESS THROUGH THE PRIORITIZATION PROCESS INCLUDE THE FOLLOWING:- PSA: FOOD ACCESS AND NUTRITION, MATERNAL AND CHILD HEALTH, SOCIAL ISOLATION.- GBSA: MATERNAL AND CHILD HEALTH, PHYSICAL ACTIVITY, INJURY AND DEATH, VIOLENCE, CHILD ABUSE, INCOME, EDUCATION, ACCESS TO DENTAL CARE, CANCER, TRANSPORTATION.- SSA NORTH: MATERNAL AND CHILD HEALTH, CARDIOVASCULAR DISEASE, INCOME, PHYSICAL ACTIVITY, VIOLENCE, CHILD ABUSE, EDUCATION, ACCESS TO DENTAL CARE, EMPLOYMENT, CEREBROVASCULAR DISEASE, SOCIAL ISOLATION, CANCER, COPD AND RESPIRATORY DISEASE, INJURY AND DEATH.- SSA 400: MATERNAL AND CHILD HEALTH, SMOKING, VIOLENCE/CHILD ABUSE, INCOME, ACCESS TO DENTAL CARE, SOCIAL ISOLATION, CANCER, TRANSPORTATION.THIS IS NOT TO SAY THAT NGMC DOES NOT HAVE ANY ACTIVITY RELATED TO THESE ISSUES. THE ORGANIZATION HAD TO CHOOSE WHERE IT COULD HAVE THE MOST IMPACT BASED ON PRIORITIZATION CRITERIA, AND SOME OF THE NEEDS NOT CHOSEN STILL RELATE TO CHOSEN HEALTH PRIORITIES. FOR INSTANCE, ACCESS TO CARE IS A PRIORITY ACROSS THE REGION. WHILE TRANSPORTATION ON ITS OWN DID NOT MAKE THE HEALTH PRIORITY LIST, IT WOULD BE AN ISSUE CONSIDERED IN ACCESS TO CARE ISSUES. AND WHILE CANCER WAS NOT CHOSEN AS A COMMUNITY HEALTH IMPROVEMENT PRIORITY, NGHS ALREADY HAS AN INTERNAL EMPHASIS ON THIS HEALTH ISSUE AND WILL REPORT ITS ACTIVITY VIA THE ANNUAL COMMUNITY BENEFIT REPORT.

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

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

Form and Line Reference	Explanation
NGMC LUMPKIN LLC	PART V, SECTION B, LINE 11: NORTHEAST GEORGIA MEDICAL CENTER (NGMC) DEFINED FOUR COMMUNITIES SERVED BY THEIR FOUR HOSPITAL FACILITIES: NGHS GREATER BRASELTON SERVICE AREA (GBSA), NGHS PRIMARY SERVICE AREA (PSA), NGHS SECONDARY SERVICE AREA 400 (SSA 400), AND NGHS SECONDARY SERVICE AREA NORTH (SSA NORTH). THE 2019 CHNA REVEALED THE FOLLOWING FIVE PRIORITIES ADOPTED BY THE ORGANIZATION AND REPRESENT THOSE ON WHICH WE CAN HAVE THE MOST IMPACT BASED ON PRIORITIZATION CRITERIA:- BEHAVIORAL AND MENTAL HEALTH (ALL NGHS SERVICE AREAS)- ACCESS TO CARE (ALL NGHS SERVICE AREAS)- DIABETES (GBSA, SSA 400, SSA NORTH)- CARDIOVASCULAR DISEASE (SSA 400)- SEPTICEMIA (ALL NGHS SERVICE AREAS)FOR DETAILS ON HOW NGMC IS ADDRESSING THE SIGNIFICANT NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA, GO TO: HTTPS://WWW.NGHS.COM/WP-CONTENT/UPLOADS/2020/08/IMPLEMENTATION-PLAN-2020-UPDATED.PDF.SPECIFIC TO NGMC, THE HEALTH NEEDS NGMC CHOSE NOT TO ADDRESS THROUGH THE PRIORITIZATION PROCESS INCLUDE THE FOLLOWING:- PSA: FOOD ACCESS AND NUTRITION, MATERNAL AND CHILD HEALTH, SOCIAL ISOLATION.- GBSA: MATERNAL AND CHILD HEALTH, PHYSICAL ACTIVITY, INJURY AND DEATH, VIOLENCE, CHILD ABUSE, INCOME, EDUCATION, ACCESS TO DENTAL CARE, CANCER, TRANSPORTATION.- SSA NORTH: MATERNAL AND CHILD HEALTH, CARDIOVASCULAR DISEASE, INCOME, PHYSICAL ACTIVITY, VIOLENCE, CHILD ABUSE, EDUCATION, ACCESS TO DENTAL CARE, EMPLOYMENT, CEREBROVASCULAR DISEASE, SOCIAL ISOLATION, CANCER, COPD AND RESPIRATORY DISEASE, INJURY AND DEATH.- SSA 400: MATERNAL AND CHILD HEALTH, SMOKING, VIOLENCE/CHILD ABUSE, INCOME, ACCESS TO DENTAL CARE, SOCIAL ISOLATION, CANCER, TRANSPORTATION.THIS IS NOT TO SAY THAT NGMC DOES NOT HAVE ANY ACTIVITY RELATED TO THESE ISSUES. THE ORGANIZATION HAD TO CHOOSE WHERE IT COULD HAVE THE MOST IMPACT BASED ON PRIORITIZATION CRITERIA, AND SOME OF THE NEEDS NOT CHOSEN STILL RELATE TO CHOSEN HEALTH PRIORITIES. FOR INSTANCE, ACCESS TO CARE IS A PRIORITY ACROSS THE REGION. WHILE TRANSPORTATION ON ITS OWN DID NOT MAKE THE HEALTH PRIORITY LIST, IT WOULD BE AN ISSUE CONSIDERED IN ACCESS TO CARE ISSUES. AND WHILE CANCER WAS NOT CHOSEN AS A COMMUNITY HEALTH IMPROVEMENT PRIORITY, NGMC ALREADY HAS AN INTERNAL EMPHASIS ON THIS HEALTH ISSUE AND WILL REPORT ITS ACTIVITY VIA THE ANNUAL COMMUNITY BENEFIT REPORT.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
NGMC BARROW LLC	PART V, SECTION B, LINE 16J: PATIENTS MAY SUBMIT A FINANCIAL ASSISTANCE APPLICATION VIA OUR ONLINE PATIENT PORTAL APP VERSION OF MYCHART.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
NGMC LUMPKIN LLC	PART V, SECTION B, LINE 16J: PATIENTS MAY SUBMIT A FINANCIAL ASSISTANCE APPLICATION VIA OUR ONLINE PATIENT PORTAL APP VERSION OF MYCHART.

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

Schedule I
(Form 990)

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 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
NORTHEAST GEORGIA HEALTH SYSTEM INC

Employer identification number

58-1694090

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 ▶ 25

3 Enter total number of other organizations listed in the line 1 table ▶ 4

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)					
(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. APPROVAL IS OBTAINED PRIOR TO DISBURSEMENT.

Additional Data

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

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 303682454	13-1788491	501(C)(3)	51,000				RELAY FOR LIFE SPONSORSHIP
AMERICAN HEART ASSOCIATION 1353 JENNINGS MILL RD SUITE A BOGART, GA 30622	13-5613797	501(C)(3)	25,000				HEARTWALK SPONSORSHIP

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
BOYS & GIRLS CLUB OF HALL COUNTY PO BOX 691 GAINESVILLE, GA 30503	58-0656890	501(C)(3)	55,000				VARIOUS SPONSORSHIPS
CENTER POINT 1050 ELEPHANT TRAIL GAINESVILLE, GA 30503	58-1022054	501(C)(3)	10,000				SPONSORSHIP FOR DRUG FREE HALL

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
CITY OF GAINESVILLE PO BOX 757 QUEEN CITY PKWY GAINESVILLE, GA 30501	58-6000581	115	7,000				REACH OUT CAMPAIGN SPONSORSHIP
COMMUNITY HELPING PLACE INC PO BOX 712 DAHLONEGA, GA 30533	37-1554432	501(C)(3)	15,500				SPONSORSHIP

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
CUMMING FORSYTH COUNTY 212 KELLY MILL RD CUMMING, GA 30040	58-1048245	115	23,000				VARIOUS SPONSORSHIPS
DAHLONEGA LUMPKIN COUNTY 13 SOUTH PARK ST DAHLONEGA, GA 30533	80-0855643	115	12,000				VARIOUS SPONSORSHIPS

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
DAHLONEGA SUNRISE ROTARY CLUB PO BOX 1388 DAHLONEGA, GA 30533	82-4120728	501(C)(3)	8,000				DONATION/SPONSORSHIP
DAWSON COUNTY CHAMBER OF COMMERCE 54 HWY 53 W DAWSONVILLE, GA 30534	58-1950100	501(C)(3)	23,645				VARIOUS SPONSORSHIPS

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
ELACHEE NATURE SCIENCE CENTER 2125 ELACHEE DRIVE GAINESVILLE, GA 30504	58-1643768	501(C)(3)	15,000				SPONSORSHIP
FORUM COMMUNICATIONS INC 1090 DIXON DRIVE GAINESVILLE, GA 30501	46-1330827		156,928				MENTAL HEALTH COMMUNITY INITIATIVE SPONSORSHIP

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
GEORGIA EMS ASSOCIATION 386 RIVER POINT DRIVE MCDONOUGH, GA 30252	58-1867952	501(C)(6)	6,000				SPONSORSHIP
GEORGIA TRAUMA FOUNDATION INC PO BOX 1477 KENNESAW, GA 30156	46-2625957	501(C)(3)	10,000				GALA GOLD SPONSOR

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
GOOD NEWS CLINICS PO BOX 2683 GAINESVILLE, GA 30503	58-1895047	501(C)(3)	115,846				CLINIC FUNDING- OPERATING COST
GREATER HALL CHAMBER OF COMMERCE PO BOX 374 GAINESVILLE, GA 30503	58-0251406	501(C)(3)	16,235				VARIOUS SPONSORSHIPS

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
GWINNETT CHAMBER OF COMMERCE 6500 SUGARLOAF PKWY STE 100 DULUTH, GA 30097	58-0537282	501(C)(3)	30,000				INVESTMENT SPONSOR WITH GWINNETT CHAMBER
GWINNETT DAILY POST PO BOX 603 LAWRENCEVILLE, GA 30046	51-0407061		6,000				GENERATIONS EXPO SPONSORSHIP

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
INTERACTIVE NEIGHBORHOOD 999 CHESTNUT ST 11 GAINESVILLE, GA 30501	75-3077646	501(C)(3)	8,350				VARIOUS SPONSORSHIPS
JACKSON CO AREA CHAMBER OF COMMERCE 270 ATHENS ST PO BOX 629 JEFFERSON, GA 30549	58-1238040	501(C)(3)	19,675				VARIOUS SPONSORSHIPS

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
JOHN JARRARD FOUNDATION 500 JESSE JEWELL PKWY STE 300 GAINESVILLE, GA 30501	20-8879399	501(C)(3)	10,000				CONCERT SPONSORSHIP
JUNIOR ACHIEVEMENT OF GEORGIA PO BOX 378 GAINESVILLE, GA 30503	58-0598050	501(C)(3)	10,000				HALL OF FAME AND DISCOVERY CENTER SPONSORSHIPS

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
MARCH OF DIMES 1550 CRYSTAL DRIVE SUITE 1300 ARLINGTON, VA 22202	13-1846366	501(C)(3)	5,500				MARCH FOR BABIES SPONSORSHIP
ROTARY CLUB OF DAWSON CO PO BOX 1495 DAWSONVILLE, GA 30534	82-1123575	501(C)(3)	15,040				SPONSORSHIP

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
STERLING ON THE LAKE LAKE STERLING BLVD FLOWERY BRANCH, GA 30542	51-0493899		7,650				VARIOUS SPONSORSHIPS
UNITED WAY OF HALL COUNTY PO BOX 2656 GAINESVILLE, GA 30503	58-6011393	501(C)(3)	20,000				15K ONE HALL DONATION, 5K SPONSORSHIP

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
WOMENSOURCE INC PO BOX 684 GAINESVILLE, GA 30503	26-2882799	501(C)(3)	7,000				VARIOUS SPONSORSHIPS
YMCA 2455 HOWARD ROAD GAINESVILLE, GA 30501	58-2203268	501(C)(3)	10,000				VARIOUS SPONSORSHIPS

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
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 NORTHEAST GEORGIA HEALTH SYSTEM INC		Employer identification number 58-1694090

Part I Questions Regarding Compensation		Yes	No
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.			
☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
☐ Travel for companions	☐ Payments for business use of personal residence		
☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		2	Yes
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
☒ Compensation committee	☒ Written employment contract		
☒ Independent compensation consultant	☒ Compensation survey or study		
☒ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
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?		6a	No
b Any related organization?		6b	No
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.		7	No
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.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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.

[illegible]

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 \$ 73,497 CHAD HATFIELD \$ 26,159 CHRISTOPHER PARAVATE \$ 49,663 DANIEL TUFFY \$ 49,043 SAMUEL O. JOHNSON \$ 53,202 STEPHEN KELLY \$ 27,934 TRACY M. VARDEMAN \$ 40,422 BRENDA SIMPSON \$ 41,646 LOUIS SMITH, JR. \$ 75,946 CAROL H. BURRELL, PRESIDENT AND CEO: 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, 2020 WAS \$5,328,659 AND IS REPORTED ON FORM 990, PART X, LINE 5. SEE ALSO SCHEDULE L, PART V FOR ADDITIONAL INFORMATION REGARDING THE SPLIT DOLLAR LIFE INSURANCE. EMPLOYER PAYMENT FROM 457(F) PLAN (INCLUDING VESTED EARNINGS ON PREVIOUSLY REPORTED COMPENSATION): BRENDA SIMPSON \$ 39,036 CHAD HATFIELD \$ 19,119 CHRISTOPHER PARAVATE \$ 80,125 DEBORAH WEBER \$ 110,764 TRACY M. VARDEMAN \$ 75,460 SAMUEL O. JOHNSON \$ 53,202 STEPHEN KELLY \$ 26,152 LOUIS SMITH, JR. \$ 288,751

Additional Data

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

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

(A) Name 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				
1JOHN CLIFTON HASTINGS MD MEMBER, PHYSICIAN - NGPG	(i)	0	0	0	0	0	0	0
	(ii)	852,705	0	25,697	9,800	31,300	919,502	0
1PIERPONT BROWN MD MEMBER, PHYSICIAN - NGPG	(i)	0	0	0	0	0	0	0
	(ii)	448,389	2,750	26,524	9,800	32,067	519,530	0
2CAROL BURRELL PRESIDENT & CEO	(i)	0	0	0	0	0	0	0
	(ii)	1,015,671	502,744	43,724	61,583	22,815	1,646,537	0
3BRIAN D STEINES CHIEF FINANCIAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	590,983	201,224	48,182	83,297	23,924	947,610	0
4STEPHEN KELLY CHIEF COMPLIANCE OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	212,703	83,967	20,214	37,734	14,913	369,531	25,112
5MICHAEL COVERT CHIEF OPERATING OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	201,605	0	0	0	0	201,605	0
6ANDREI BOYARSHINOV VP LEGAL AFFAIRS & CHIEF LEGAL OFFIC	(i)	0	0	0	0	0	0	0
	(ii)	153,077	10,000	43,150	4,054	9,960	220,241	0
7CHAD HATFIELD VP - REGIONAL HOSPITALS	(i)	0	0	0	0	0	0	0
	(ii)	214,584	70,143	6,396	32,913	23,444	347,480	18,359
8CHRISTOPHER PARAVATE CHIEF INFORMATION OFFICER - NGHS	(i)	0	0	0	0	0	0	0
	(ii)	390,556	180,928	20,740	59,248	25,903	677,375	76,677
9DANIEL TUFFY PRESIDENT AND CAO - NGPG	(i)	0	0	0	0	0	0	0
	(ii)	386,102	102,376	21,922	58,357	25,352	594,109	0
10SAMUEL JOHNSON MD CHIEF MEDICAL OFFICER - NGHS	(i)	0	0	0	0	0	0	0
	(ii)	418,235	149,992	26,554	63,002	17,715	675,498	53,202
11TRACY VARDEMAN CHIEF STRATEGY EXECUTIVE - NGHS	(i)	0	0	0	0	0	0	0
	(ii)	313,473	158,819	37,003	94,905	23,252	627,452	72,212
12BRENDA SIMPSON CHIEF NURSING EXECUTIVE - NGMC	(i)	0	0	0	0	0	0	0
	(ii)	321,866	121,611	26,554	51,446	19,335	540,812	37,483
13JAY JOSEPH THC PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	746,896	120,000	23,902	9,800	19,316	919,914	0
14MARK WOLOZIN THC PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	760,626	120,000	26,524	9,800	29,315	946,265	0
15MITCHELL DAVIS THC PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	762,125	120,000	26,524	9,800	29,392	947,841	0
16SALEM SAYAR THC PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	749,933	120,000	20,710	9,800	25,000	925,443	0
17VEERAPPAN SUBRAMANYAM THC PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	762,797	120,000	20,710	9,800	29,215	942,522	0
18LOUIS SMITH JR FORMER PRESIDENT - NGMC - SYSTEM ACU	(i)	0	0	0	0	0	0	0
	(ii)	466,511	466,282	258,877	85,746	26,381	1,303,797	204,691
19DEBORAH WEBER FORMER CHIEF HR OFFICER - NGHS	(i)	0	0	0	0	0	0	0
	(ii)	144,452	110,764	172,945	5,688	22,738	456,587	106,542

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

NORTHEAST GEORGIA HEALTH SYSTEM INC

Employer identification number

58-1694090

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) CAROL BURRELL	PRESIDENT & CEO	SEE PART V		X	5,600,000	5,328,659		No	Yes		Yes	
(2) ANDREI BOYARSHINOV	VP LEGAL AFFAIRS & CHIEF LEGAL OFFICER - NGHS	SIGN-ON/RELOCATION UNDER WRITTEN PROMISSORY NOTE AND APPLICABLE INTEREST		X	35,000	13,125		No	Yes		Yes	
Total						5,341,784						

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

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

Return Reference	Explanation
PART II	EXPLANATION FOR NON-RECOURSE SPLIT DOLLAR TRANSACTION WITH CAROL BURRELL, PRESIDENT & CEO:NGHS PROVIDES SUPPLEMENTAL RETIREMENT BENEFITS THROUGH AN ALTERNATIVE FUNDING ARRANGEMENT THE INTERNAL REVENUE SERVICE (IRS) REFERS TO AS COLLATERAL ASSIGNMENT SPLIT DOLLAR (CASD). ALTHOUGH THE IRS REQUIRES REPORTING IN THE LOAN SECTION OF SCHEDULE L, CASD IS NOT AN ACTUAL LOAN AND NO FUNDS ARE TRANSFERRED TO THE EXECUTIVE. RATHER, THE "LOAN" TREATMENT APPLIES BECAUSE, AFTER THE EXECUTIVE HAS RECEIVED RETIREMENT BENEFITS, NGHS WILL RECOVER ALL OF ITS OUTLAYS PLUS INTEREST. THE RECOVERY RIGHT IS A KEY ADVANTAGE OF CASD FOR THE ORGANIZATION. RATHER THAN PAYING RETIREMENT BENEFITS TO THE EXECUTIVE THAT WOULD NEVER BE RECOVERED, UNDER CASD NGHS WILL RECOVER NOT ONLY ITS OUTLAYS, BUT ALSO CONSIDERATION FOR THE TIME VALUE OF MONEY.CASD WORKS AS FOLLOWS. NGHS DEPOSITS FUNDS INTO A CASH VALUE LIFE INSURANCE POLICY ON THE EXECUTIVE'S LIFE. DURING LIFE, TO THE EXTENT THE EXECUTIVE FULFILLS SERVICE AND VESTING REQUIREMENTS, THE EXECUTIVE CAN BORROW AGAINST VALUES IN THE POLICY TO SUPPLEMENT RETIREMENT INCOME. POLICY PERFORMANCE IS CLOSELY MONITORED. IF POLICY PERFORMANCE LAGS, THE EXECUTIVE'S BORROWING RIGHTS ARE REDUCED TO PROTECT NGHS'S RECOVERY RIGHTS.AT THE EXECUTIVE'S DEATH, THE POLICY DEATH PROCEEDS ARE FIRST USED TO REPAY NGHS ITS DEPOSITS PLUS COMPOUNDED INTEREST (AT THE IRS LONG-TERM APPLICABLE FEDERAL RATE). THE EXECUTIVE'S BENEFICIARY THEN RECEIVES ANY PROJECTED RETIREMENT BORROWING THE EXECUTIVE DID NOT ACCESS DURING LIFE.

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493228007151
SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to <u>www.irs.gov/Form990</u> for the latest information.		OMB No. 1545-0047
			2019
Department of the Treasury Internal Revenue Service			Open to Public Inspection
Name of the organization NORTHEAST GEORGIA HEALTH SYSTEM INC		Employer identification number 58-1694090	

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	THE MISSION OF NORTHEAST GEORGIA HEALTH SYSTEM, INC., (NGHS) AND ALL RELATED AFFILIATES IS TO "IMPROVE THE HEALTH OF THE COMMUNITY IN ALL WE DO." LED BY VOLUNTEER BOARDS MADE UP OF COMMUNITY LEADERS, THE HEALTH SYSTEM SERVES MORE THAN 1 MILLION PEOPLE IN 19 COUNTIES ACROSS NORTHEAST GEORGIA. NGHS IS A GEORGIA, NOT-FOR-PROFIT CORPORATION THAT ALONG WITH ITS AFFILIATES, PROVIDES HEALTHCARE SERVICES TO THE RESIDENTS OF NORTHEAST GEORGIA. 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 INCLUDE EMERGENCY SERVICES, 10 INPATIENT BEDS AND OTHER SUPPORT SERVICES IN DAHLONEGA AND SURROUNDING COMMUNITIES. NGHS AFFILIATE, NORTHEAST GEORGIA MEDICAL CENTER (NGMC), OPERATES A 557-LICENSED BED INPATIENT FACILITY IN GAINESVILLE, AND A 134-LICENSED BED INPATIENT FACILITY IN BRASELTON. OTHER AFFILIATES INCLUDE NORTHEAST GEORGIA PHYSICIANS GROUP (NGPG), THE NORTHEAST GEORGIA HEALTH SYSTEM FOUNDATION, RIVER PLACE MEDICAL OFFICE PLAZA I, AND THE HEART CENTER, LLC. WHAT DRIVES 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 NGHS AND AFFILIATES ARE ADDRESSING THE SIGNIFICANT NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA, GO TO: WWW.NGHS.COM/2020-PLAN. VISIT HTTPS://YOUTUBE.U/UPDTTYIGAO8 TO WATCH A VIDEO ABOUT HOW NGHS PARTNERED IN THE COMMUNITY TO CONDUCT THE 2019 CHNA. NGHS, INC. AND AFFILIATES: RESPONSE TO COVID-19 THE UNFORESEEN COVID-19 PANDEMIC QUICKLY BECAME A PRIMARY FOCUS FOR NGHS, NGMC, NGPG AND AFFILIATES. COMMITTED TO IMPROVING THE HEALTH OF OUR COMMUNITY IN ALL WE DO, THE HEALTH SYSTEM PIVOTED IN 2020 TO MEET THE DEMANDS OF THE PANDEMIC, REMAINING FLEXIBLE TO ADDRESS THE RISING NEEDS IN THE COMMUNITY THROUGH THE FOLLOWING ACTIVITIES: COVID-19 TESTING IN PARTNERSHIP WITH GOOD NEWS CLINICS AND DISTRICT 2 PUBLIC HEALTH: NGHS PARTNERED WITH DISTRICT 2 PUBLIC HEALTH AND GOOD NEWS CLINICS TO HOST TWO FREE COVID-19 TESTING EVENTS FOR LOW INCOME AND UNINSURED RESIDENTS OF HALL COUNTY WHO OTHERWISE MAY NOT HAVE HAD THE TESTING. OVER 1,300 PEOPLE WERE TESTED, WITH NEARLY 50% TESTING POSITIVE AT THE FIRST EVENT AND ABOUT ONE-THIRD TESTING POSITIVE AT THE SECOND EVENT. NGMC PROVIDED COVID-19 TESTING KITS, SUPPLIES AND STAFF TO SUPPORT THESE EVENTS. COVID-19 OUTREACH IN PARTNERSHIP WITH COMMUNITY LEADERS: BY APRIL 2020, 50% OF CONFIRMED COVID-19 CASES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	SES WERE IN THE LATINO POPULATION, WHICH WAS DISPROPORTIONATE CONSIDERING 29% OF HALL COUN TY'S POPULATION IS LATINO. THIS PROMPTED NGHS TO GATHER AN OUTREACH COMMITTEE AND COMMUNIT Y-WIDE COLLABORATIVE TO SUPPORT AND EDUCATE THE LATINO COMMUNITY THROUGH GRASSROOTS EFFORT S. THE GROUP ACCOMPLISHED THE FOLLOWING: - PRODUCED BI-LINGUAL FLIERS AND POSTERS (FOR BUS INESSES AND COMMUNITY). - DISTRIBUTED FACE MASKS AND CLEANING SUPPLIES TO BUSINESSES AND S CHOO LS - PARTNERED WITH AREA SCHOOL SYSTEMS TO PROVIDE MASKS, CLEANING SUPPLIES, AND ONE-O N-ONE EDUCATION TO CHILDREN AND THEIR FAMILIES THROUGH LUNCH DELIVERY ROUTES OVER THE SUMM ER. - ORGANIZED TESTING EVENTS IN PARTNERSHIP WITH EMORY UNIVERSITY'S ROLLINS SCHOOL OF PU BLIC HEALTH, WHICH ALSO DOUBLED AS CLINICAL TRIALS FOR EMORY TO COMPARE A SALIVA TEST TO T HE NASOPHARYNGEAL TESTING FOR THOSE WILLING TO UNDERGO BOTH TESTS. - HOSTED EDUCATIONAL WE BINARS FOR COMMUNITY GROUPS AND CHURCHES. - PRODUCED SPECIALIZED VIDEOS FOR THE LOCAL AUDI ENCE. - PROVIDED HEALTH EDUCATION AND MESSAGING FOR THE COMMUNITY TO USE WITH THEIR CIRCLE S OF INFLUENCE. - POSTED DAILY UPDATES ON NGHS' PUBLIC WEBSITE AND SOCIAL MEDIA CHANNELS T O SHARE INFORMATION ON THE NUMBER OF CONFIRMED COVID POSITIVE PATIENTS BEING TREATED IN NG HS FACILITIES, PATIENTS AWAITING TEST RESULTS, AND HALL COUNTY-SPECIFIC INFORMATION. RESOU RCES AND TRENDS FOR COVID-19 ARE AVAILABLE TO THE PUBLIC AT WWW.NGHS.COM/COVID-19. THE PRE VALENCE OF COVID-19 IN THESE COMMUNITIES ALSO LED TO THE CREATION OF THE GAINESVILLE AGAIN ST COVID-19 TASK FORCE WHICH INCLUDED LOCAL HISPANIC LEADERS, NGHS PHYSICIANS, THE NORTHEA ST GEORGIA LATINO CHAMBER OF COMMERCE AND OTHERS. NGHS REPRESENTATIVES CHRISTY MOORE AND A NTONIO RIOS, M.D., SERVED ON THIS TASK FORCE WHICH WAS BORN OUT OF THE GOVERNOR'S VISIT TO HALL COUNTY IN MAY 2020 WITH GEORGIA DEPARTMENT OF PUBLIC HEALTH COMMISSIONER, KATHLEEN T OOMEY, M.D. COMMUNITY COVID-19 LEADERSHIP COALITION: A COMMUNITY-WIDE COLLABORATIVE WAS FO RMED IN SEPTEMBER 2020 THAT INCLUDED NGHS, LONGSTREET CLINIC, GOOD NEWS CLINIC, DISTRICT 2 PUBLIC HEALTH, GREATER HALL CHAMBER OF COMMERCE AND OTHER LOCAL ORGANIZATIONS TO IMPLEMEN T A UNIFIED PLAN FOR THE HALL COUNTY-GAINESVILLE AREA TO PREVENT THE SPREAD OF COVID-19, W ITH A GOAL TO MEET AND SUSTAIN THE WORLD HEALTH ORGANIZATION'S TARGET OF NO MORE THAN 5% O F THOSE TESTED ARE POSITIVE FOR COVID-19 PROTECTING THE MENTAL AND PHYSICAL HEALTH OF ALL AREA RESIDENTS AND SUPPORTING A HEALTHY ECONOMY GOING FORWARD. FROM THIS, LOCAL BUSINESSES AND GOVERNMENT ENTITIES JOINED TOGETHER TO CREATE THE "WE ARE HALL IN" CAMPAIGN TO SET TH E STANDARD FOR COVID-19 PREVENTION. THOSE WHO ARE "HALL IN" PLEDGE TO WEAR A MASK WHEN APP ROPRIATE, PRACTICE SOCIAL DISTANCING AND ABIDE BY OTHER HEALTH AND SAFETY GUIDELINES. LEAR N MORE AT WWW.WEAREHALLIN.COM. EPIC AT GOOD NEWS CLINICS: IN JUNE 2020, GOOD NEWS CLINICS (GNC) JOINED NGHS ON THE SAME ELECTRONIC HEALTH RECORD (EHR) SYSTEM, CALLED EPIC. WITH THE ASSISTANCE OF LOCAL DONORS, T

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	THE NGHS FOUNDATION WAS ABLE TO ACCELERATE THE IMPLEMENTATION OF EPIC FOR GNC, WHICH PROVIDES FREE MEDICAL CARE TO UNDERINSURED AND UNINSURED RESIDENTS IN HALL COUNTY. SHARING THE SAME EHR SYSTEM HELPED TO STREAMLINE COMMUNICATION AND RECORD SHARING BETWEEN NGMC AND GNC, IMPROVING CARE FOR PATIENTS WITH COVID-19 AND OTHER ILLNESSES THROUGHOUT THE COMMUNITY. IN LIGHT OF COVID-19, NGHS IMPLEMENTED A PLAN TO INCREASE ACCESS TO FLU VACCINATIONS IN THE COMMUNITY. NGHS PROVIDED OVER 1,000 FREE FLU VACCINES TO THE COMMUNITY IN 2020 THROUGH DISTRIBUTION TO GOOD NEWS CLINICS, GOOD SHEPHERD CLINIC IN DAWSON COUNTY, COMMUNITY HELPING PLACE IN DAHLONEGA, AND OPEN ARMS CLINIC IN TOCCOA.

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Return Reference	Explanation
FORM 990, PART III, LINE 4A	HEALTH SYSTEM COLLABORATION ACROSS THE STATE: NGHS PARTICIPATED IN A SOCIAL MEDIA CAMPAIGN WITH HOSPITAL PEERS EMORY, GRADY, PIEDMONT, WELLSTAR AND CHILDREN'S HEALTHCARE OF ATLANTA . THE #3WS CAMPAIGN ENCOURAGED PEOPLE TO WEAR A MASK; WATCH YOUR DISTANCE; AND WASH YOUR H ANDS. MASK-MAKING AND SUPPLY DISTRIBUTION: NGHS STAFF AND VOLUNTEERS MADE 13,222 MASKS IN 6 WEEKS AND DISTRIBUTED TO THE COMMUNITY TO A SCREENING EVENT AT GOOD NEWS CLINIC, GAINESVILLE AND HALL COUNTY SCHOOLS, JACKSON COUNTY AND BANKS COUNTY. THE NGHS FOUNDATION WAS A DROP-OFF LOCATION FOR MASKS AND COMMUNITY DONATIONS THAT WERE THEN DISTRIBUTED BY UNITED WAY OF HALL COUNTY TO THE COMMUNITY. COMMUNITY ROUNDTABLES WITH REGIONAL SKILLED NURSING FACILITIES: NGHS HOSTED THREE COMMUNITY ROUNDTABLES (VIA ZOOM) WITH NURSING HOMES AND ASSISTED LIVING FACILITIES IN THE NORTHEAST GEORGIA REGION TO SHARE CURRENT ACTIVITIES AND LESSONS LEARNED AS THE REGION'S SKILLED NURSING FACILITIES MANAGED CLINICAL AND OPERATIONAL ISSUES RELATED TO THE COVID-19 PANDEMIC. COVID-19 EDUCATION WITH SCHOOL SYSTEMS: IN PARTNERSHIP WITH DISTRICT 2 PUBLIC HEALTH, NGHS HOSTED A COMMUNITY WEBINAR WITH SCHOOL SYSTEMS ACROSS THE NORTHEAST GEORGIA REGION TO ANSWER QUESTIONS AND SHARE RECOMMENDATIONS FOR SCHOOL NURSES AND ADMINISTRATORS RELATED TO THE COVID 19 PANDEMIC AS THEY MANAGED ISSUES AND GUIDELINES IN SCHOOLS. SECURED STATE AND FEDERAL RESOURCES: WORKING WITH STATE AND FEDERAL OFFICIALS, NGHS WAS ABLE TO SECURE RESOURCES TO ASSIST IN PANDEMIC RESPONSE EFFORTS. THESE INCLUDED ONE OF FOUR MOBILE MEDICAL UNITS MADE AVAILABLE IN THE STATE ADDING 20 MEDICAL/SURGICAL BEDS FOR PATIENTS WITH LESS SEVERE CASES OF COVID-19, ADDITIONAL STAFF FOR CRITICAL CARE TESTING AND INCREASED ALLOCATIONS OF THE DRUG REMDESIVIR, WHICH HAS BEEN INSTRUMENTAL IN OUR SUCCESSFUL TREATMENT PLANS. STRETCHING OUR RESOURCES: VOLUNTEERS UNDER THE AGE OF 65 AND WITHOUT UNDERLYING HEALTH CONDITIONS, INCLUDING A SIGNIFICANT NUMBER OF COLLEGE STUDENTS, WERE ABLE TO VOLUNTEER MAINLY AS FRONT ENTRANCE SCREENERS AND WITH PPE PROJECTS OUTSIDE OF THE CLINICAL AREAS. OVER 160 VOLUNTEERS CONTRIBUTED NEARLY 10,000 HOURS IN SUPPORT OF COVID-19 RELIEF EFFORTS. EARLY IN THE PANDEMIC, NGHS PERSEVERED THROUGH THE SUPPLY SHORTAGE, THANKS TO THE CREATIVITY AND INGENUITY OF EMPLOYEES, COMMUNITY MEMBERS WHO MADE MASKS, FACE SHIELDS AND ISOLATION GOWNS, AND THE GENEROSITY OF THE POULTRY INDUSTRY AND OTHER COMPANIES WHO DONATED THEIR PPE SUPPLIES. NGHS' EMPLOYEE SEWING TEAM AND COMMUNITY SEWERS PRODUCED MORE THAN 10,000 N95 MASK COVERS, USING DONATED LINEN. THIS TEAM ALSO PRODUCED ALMOST 1,000 FABRIC ISOLATION GOWNS AND MORE THAN 800 MASKS FOR GOOD NEWS CLINICS. WORKING CLOSELY WITH STATE AND FEDERAL OFFICIALS, NGHS WAS ABLE TO SECURE MANY RESOURCES TO ASSIST IN OUR PANDEMIC RESPONSE EFFORTS. THESE INCLUDE ONE OF FOUR MOBILE MEDICAL UNITS MADE AVAILABLE IN THE STATE, ADDING 20 MEDICAL/SURGICAL BEDS FOR PATIENTS WITH LESS SEVERE CASES OF COVID-19, ADDITIONAL STAFF FOR

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	CRITICAL CARE TESTING AND INCREASED ALLOCATIONS OF THE DRUG REMDESIVIR, WHICH HAS BEEN INSTRUMENTAL IN SUCCESSFUL TREATMENT PLANS. USING TECHNOLOGY TO BETTER SERVE THE COMMUNITY, N GHS BEGAN OFFERING INTERACTIVE TELEMEDICINE TO IMPROVE ACCESS TO CARE WITHOUT A NEED FOR A TRADITIONAL MEDICAL VISIT IN A CLINICAL SETTING. TELEMEDICINE HAS PROVIDED NEW WAYS FOR N GMC TO CONNECT PATIENTS WITH THEIR CARE, WHICH HAS SERVED TO BE BENEFICIAL DURING THE COVID-19 PANDEMIC. VISIT HTTPS://WWW.NGHS.COM/COMMUNICARE-MAGAZINE FOR THE FALL 2020 ISSUE OF COMMUNICARE TO READ MORE ABOUT NGHS' RESPONSE TO COVID-19 AND VISIT HTTPS://YOUTU.BE/W5K8T UX3OEM TO SEE HOW NGHS PARTNERED IN THE COMMUNITY.

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Return Reference	Explanation
FORM 990, PART III, LINE 4A	NORTHEAST GEORGIA HEALTH SYSTEM, INC. NGMC BARROW NGMC BARROW, LLC (BARROW) PROVIDES EMERGENCY CARE, SURGERY, ORTHOPEDICS, HEART CARE, IMAGING/RADIOLOGY, LABORATORY SERVICES, PULMONARY REHABILITATION, WOUND HEALING, STROKE CARE AND MORE. SINCE JOINING NORTHEAST GEORGIA HEALTH SYSTEM IN 2017, NGMC BARROW HAS BEEN NAMED ONE OF TOP 5 SMALL HOSPITALS IN THE STATE BY GEORGIA TREND MAGAZINE, ACHIEVED DESIGNATION AS A PRIMARY STROKE TREATMENT CENTER AND ADDED 3D MAMMOGRAPHY TO BETTER DETECT BREAST CANCER. IN FY20, NGMC BARROW PROVIDED OVER \$ 97,000 IN COMMUNITY BENEFIT PROGRAMS/OUTREACH. BARROW SUPPORTED THE COMMUNITY IN A VARIETY OF WAYS, FROM SPONSORING STUDY ROOMS AND MOBILE HOTSPOTS FOR THE WINDER PUBLIC LIBRARY TO ACTIVELY PARTICIPATING AS A DISTRICT LEVEL PARTNER IN EDUCATION. IN ADDITION, BARROW PROVIDED SUPPORT TO OTHER LOCAL NON-PROFIT ORGANIZATIONS THAT SERVE THE COMMUNITY. THE FOLLOWING CONTAINS HIGHLIGHTS OF COMMUNITY BENEFIT ACTIVITIES PROVIDED BY NGMC BARROW IN FY20: PARTNERING IN THE COMMUNITY PARTNER IN EDUCATION WITH BARROW COUNTY SCHOOL SYSTEM: AS A DISTRICT LEVEL PARTNER IN EDUCATION, IT IS NGMC BARROW'S ROLE TO SUPPORT STUDENT MOTIVATION AND ACHIEVEMENT, TEACHER AND FACULTY APPRECIATION AND COMMUNITY SERVICE AND INVOLVEMENT. IN ADDITION TO PROVIDING THESE OPPORTUNITIES FOR STUDENTS, NGMC BARROW DONATED MEDICAL SUPPLIES TO STOCK 18 NURSE CLINICS PROVIDING FOR THE CARE OF OVER 14,000 STUDENTS AND 2,000 STAFF. AS MANY EVENTS WERE CANCELLED DUE TO THE COVID-19 PANDEMIC, NGMC BARROW PARTNERED WITH BARROW COUNTY SCHOOLS TO IMPLEMENT A VIRTUAL VERSION OF THE "TAR WARS" PROGRAM TO 2,100 FOURTH AND FIFTH GRADE STUDENTS LEARNING IN PERSON AND ONLINE. "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. THROUGH THIS PROGRAM, STUDENTS AND THEIR PARENTS ALSO BECAME AWARE OF SMOKING CESSATION SUPPORT AND RESOURCES. FOR 4TH AND 5TH GRADE COMBINED, POST-TESTS SHOWED SIGNIFICANT LEARNING GAINS. TO NAME A FEW, THE HIGHEST LEARNING GAIN WAS FOR THE QUESTION, "ADVERTISERS TELL THE TRUTH ABOUT TOBACCO USE," INCREASING FROM 41.8% ANSWERED CORRECTLY (FALSE) IN PRE-TEST TO 74.4% ANSWERED CORRECTLY IN THE POST-TEST; FOLLOWED BY THE QUESTION, "E-CIGARETTES OR VAPES ARE SAFER THAN REGULAR CIGARETTES," WITH 51.8% ANSWERED CORRECTLY (FALSE) IN THE PRE-TEST TO 79.2% ANSWERED CORRECTLY IN THE POST-TEST. OF NOTE, 87.5% OF STUDENTS WHO TOOK THE POST-TEST RESPONDED THAT THEY DID LEARN SOMETHING NEW FROM THE TAR WARS PROGRAM. IN FY20, 13 STUDENTS FROM APALACHEE HIGH SCHOOL AND WINDER-BARROW HIGH SCHOOL PARTICIPATED IN THE YOUTH APPRENTICESHIP PROGRAM WHEREBY HIGH SCHOOL STUDENTS GAIN WORK EXPERIENCE IN THE HOSPITAL FOR ONE CLASS PERIOD IN THEIR DAY. THE PROGRAM PROVIDES HANDS-ON EXPOSURE TO MANY D

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FORM 990, PART III, LINE 4A	DIFFERENT HEALTHCARE CAREERS. NGMC BARROW'S EMERGENCY DEPARTMENT CONTINUES 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. PARTNER WITH YMCA OF GEORGIA'S PIEDMONT: NGMC BARROW SUPPORTS THE BRAD AKINS BRANCH IN WINDER AND AFFILIATED SITES WITH MEDICALLY BASED PROGRAMMING FOR THE COMMUNITY SUCH AS SUPPORT GROUPS AND EDUCATION ON NUTRITION AND OTHER HEALTH RELATED TOPICS, AND ALSO SUPPORTS SUMMER SWIM LESSONS FOR KIDS. SUPPORTING BARROW COUNTY EMS AMBULANCE SERVICE: AS PART OF A COLLABORATIVE AGREEMENT BETWEEN NGMC BARROW AND BARROW COUNTY BOARD OF COMMISSIONERS, TWO EMS AMBULANCES ARE NOW STAFFED AND OPERATED BY NGMC. SINCE IMPLEMENTATION, RESPONSE TIME HAS REDUCED IN HALF. VISIT HTTPS://YOUTU.BE/LYAC17NSDS TO SEE HOW NGHS IS PARTNERING IN THE COMMUNITY TO PROVIDE EMS IN BARROW COUNTY. SUPPORT OF COMMUNITY EFFORTS TO IMPROVE HEALTH NGMC BARROW PROVIDED A DONATION TO PIEDMONT REGIONAL LIBRARY SYSTEM TO SUPPORT THE MOBILE HOTSPOT LENDING PROGRAM TO ENABLE RESIDENTS OF BARROW COUNTY WITH INTERNET ACCESS, BRIDGING THE DIGITAL DIVIDE FOR ACCESS TO HEALTH INFORMATION, SCHOOLWORK, EMPLOYMENT, AND CONNECTIVITY TO OTHER SOCIAL NEEDS. NGMC BARROW SUPPORTS CHILD ADVOCACY, PROTECTION AND WELLNESS: A DONATION WAS PROVIDED TO PIEDMONT CASA (COURT APPOINTED SPECIAL ADVOCATES). CASAS ARE APPOINTED BY THE JUVENILE COURT JUDGE TO ADVOCATE FOR THE BEST INTEREST OF THE CHILD AND ARE 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. 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. BOYS & GIRLS CLUB OF WINDER SUPPORT: A DONATION WAS PROVIDED TO THE BOYS & GIRLS CLUB OF WINDER WHICH PROVIDES PROGRAMS THAT EMPOWER YOUTH TO EXCEL IN SCHOOL, BECOME GOOD CITIZENS AND LEAD HEALTHY, PRODUCTIVE LIVES. BOY SCOUTS SUPPORT: A DONATION WAS PROVIDED TO SUPPORT THE BOY SCOUTS IN BARROW. THIS PROGRAM STRIVES TO BUILD BETTER COMMUNITIES AS IT BELIEVES YOUTH INVOLVED IN SCOUTING ARE MORE LIKELY TO DO BETTER IN SCHOOL AND FINISH HIGH SCHOOL AND COLLEGE. THIS PROGRAM'S MISSION IS TO PREPARE YOUNG PEOPLE TO MAKE ETHICAL AND MORAL CHOICES THROUGH LIFE. THE CANCER FOUNDATION SUPPORT: A DONATION WAS PROVIDED TO SUPPORT THE CANCER FOUNDATION WHOSE MISSION IS TO HELP ALLEVIATE THE FINANCIAL BURDEN OF C

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Return Reference	Explanation
FORM 990, PART III, LINE 4A	ANCER PATIENTS LIVING IN NORTHEAST GEORGIA WHO ARE EXPERIENCING AN IMMEDIATE FINANCIAL CRI SIS AND ARE CURRENTLY RECEIVING TREATMENT OR ARE SIX-MONTHS POST-TREATMENT. FINANCIAL NAVI GATORS: 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 U NINSURED AND UNDER-INSURED PATIENTS, AIDING THEM IN FINDING VIABLE MEANS TO ACCESS CARE. T HEY FIND THE BEST SOLUTIONS HELPING PATIENTS APPLY FOR MEDICAID OR DISABILITY, ACCESSING H EALTHCARE EXCHANGES OR PROCESSING CHARITY APPLICATIONS WHEN APPROPRIATE. LEADING THE WAY I N BARROW CHAD HATFIELD, PRESIDENT OF NGMC BARROW, SERVES ON THE BOARD OF DIRECTORS FOR THE BOYS & GIRLS CLUB OF WINDER. THIS ORGANIZATION PROVIDES PROGRAMS THAT EMPOWER YOUTH TO EX CEL IN SCHOOL, BECOME GOOD CITIZENS AND LEAD HEALTHY, PRODUCTIVE LIVES. CHAD IS ALSO VICE CHAIR FOR THE BARROW CHAMBER OF COMMERCE AND SERVES ON THE SIMS 2.0 BOARD FOR SIMS ACADEMY IN BARROW COUNTY SCHOOLS. SUNITA SINGH, PUBLIC RELATIONS MANAGER OF NGMC BARROW SERVES ON THE BOARD OF DIRECTORS FOR THE ROTARY CLUB OF WINDER. HAVING SERVED AS PRESIDENT IN 2018, THIS CLUB BENEFITS VARIOUS COMMUNITY PROGRAMS AND NONPROFIT AGENCIES IN BARROW COUNTY. SU NITA ALSO SERVES ON THE BARROW ARTS & SCIENCE ACADEMY SCHOOL GOVERNANCE TEAM WITH BARROW C OUNTY SCHOOLS AND THE BOARD OF ATHENS CHAMBER'S LEAD (LEADERSHIP, EDUCATION, AWARENESS, AN D DEVELOPMENT) ATHENS PROGRAM. HEATHER STANDARD, CHIEF NURSING OFFICER OF NGMC BARROW, SER VES ON THE ADVISORY BOARD FOR WIMBERLY'S ROOTS, A NON-PROFIT ORGANIZATION WORKING TO ENHAN CE FOOD SECURITY IN WINDER. HEATHER ALSO SERVES ON THE BOARD OF DIRECTORS FOR LANIER TECH IN GAINESVILLE. NGMC LUMPKIN NGMC LUMPKIN, LLC (LUMPKIN) VALUES COOPERATIVE EFFORTS WITH C OMMUNITY ORGANIZATIONS AND OTHER HEALTHCARE PROVIDERS TO IMPROVE THE HEALTH STATUS OF AREA RESIDENTS. THE ORGANIZATION DEMONSTRATES THIS THROUGH PROVIDING FINANCIAL AND STAFF SUPPO RT TO LOCAL NONPROFIT AGENCIES AND DEVELOPING PARTNERSHIPS WITH ESTABLISHED INDIGENT CLINI CS DEDICATED TO SERVING THE UNDER-SERVED POPULATION. IN FY20, NGMC LUMPKIN PROVIDED OVER \$ 50,000 IN COMMUNITY BENEFIT PROGRAMS/OUTREACH. HEALTH EDUCATION AND FLU VACCINES WERE PROV IDED THROUGH FREE COMMUNITY HEALTH FAIRS AND OUTREACH.

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Return Reference	Explanation
FORM 990, PART III, LINE 4A	PARTNERING TO REACH THE UNINSURED THROUGH VARIOUS PHYSICIAN LEADERSHIP COUNCILS, NGHS PHYSICIANS ACTIVELY PARTICIPATE IN COMMUNITY OUTREACH, INCLUDING EDUCATIONAL SEMINARS, SCREENINGS, AND VOLUNTEERING THEIR TIME AND EXPERTISE WITH INDIGENT CLINICS THROUGHOUT THE REGION. NGMC WORKS COOPERATIVELY WITH OTHER AREA HEALTHCARE PROVIDERS TO CARE FOR AREA RESIDENTS, PARTICULARLY THE INDIGENT POPULATION. NGMC PROVIDED \$17,000 IN FINANCIAL 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. WHILE SERVING AS CHIEF OF MEDICAL STAFF AT NGMC LUMPKIN IN 2020, DR. DONNA WHITFIELD VOLUNTEERED AT COMMUNITY HELPING PLACE AND WAS HONORED BY THE SUNRISE DAHLONEGA ROTARY CLUB FOR HER CONTRIBUTIONS TO THE COMMUNITY IN LUMPKIN COUNTY. KAY HALL, NURSE MANAGER FOR NGMC LUMPKIN CLINICAL AREAS IS ON THE BOARD OF DIRECTORS FOR COMMUNITY HELPING PLACE AND IS ALSO A SERVING MEMBER OF THE DAHLONEGA ROTARY CLUB. SHE FREQUENTLY VOLUNTEERS AT COMMUNITY EVENTS SUCH AS INSPIRE FOR WOMEN, LUMPKIN MATTERS EVENTS AND CHP EVENTS. IN CONJUNCTION WITH THIS PARTNERSHIP, NGMC STAFF PARTICIPATED IN THE LUMPKIN MATTERS INITIATIVE WHICH IS FOCUSED ON REACHING THE UNINSURED AND CONNECTING THEM WITH HEALTHCARE, EDUCATIONAL AND SOCIAL SERVICES. NGMC PROVIDED EDUCATION AND FREE FLU SHOTS TO THE COMMUNITY AT THESE EVENTS. COMMUNITY EDUCATION AND OUTREACH LUMPKIN YOUTH LEADERSHIP SUPPORT: TAMMY SOLES, DIRECTOR OF CLINICAL CARE AT NGHS, CO-CHAIR ED THE LUMPKIN YOUTH LEADERSHIP PROGRAM OF THE DAHLONEGA-LUMPKIN COUNTY CHAMBER OF COMMERCE. WORKING TOGETHER WITH COMMUNITY PARTNERS, THIS PROGRAM IS DESIGNED TO EMPOWER LUMPKIN COUNTY HIGH SCHOOL STUDENTS THROUGH THE DEVELOPMENT OF LEADERSHIP SKILLS, CONNECTING WITH COMMUNITY RESOURCES AND EXPLORING CAREER OPPORTUNITIES. DURING 2020, 24 STUDENTS PARTICIPATED IN THE PROGRAM. HOSPICE BEREAVEMENT SUPPORT AND OUTREACH: HOSPICE OF NGMC PROVIDED BEREAVEMENT SUPPORT AND EDUCATION IN LUMPKIN FOR THOSE GRIEVING A LOSS OR CARING FOR A LOVED ONE. WHILE THE BEREAVEMENT CAMPS ALONG WITH OTHER LIVE ACTIVITIES WERE CANCELLED DUE TO COVID-19, VIRTUAL SUPPORT GROUPS WERE OFFERED. NORTHEAST GEORGIA INTERFAITH MINISTRIES SUPPORT: NGMC LUMPKIN PROVIDED FINANCIAL SUPPORT TO THIS ORGANIZATION THAT 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. YOUTH EDUCATION: NGMC LUMPKIN PROVIDED A DONATION TOWARD EDUCATION FOR YOUTH IN LUMPKIN COUNTY SCHOOLS ABOUT MAKING SAFE AND RESPONSIBLE LIFE CHOICES, SUCH AS WITH DRUGS AND ALCOHOL. LUMPKIN LITERACY SUPPORT: NGMC LUMPKIN PROVIDED A DONATION TO THE LUMPKIN COUNTY LITERACY COALITION WHICH 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. T

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Return Reference	Explanation
FORM 990, PART III, LINE 4A	THE HEART CENTER OF NORTHEAST GEORGIA MEDICAL CENTER THE AFFILIATION BETWEEN NORTHEAST GEORGIA MEDICAL CENTER'S HEART AND VASCULAR SERVICES AND THE HEART CENTER OF NORTHEAST GEORGIA MEDICAL CENTER ENSURES PATIENTS HAVE ACCESS TO THE LATEST CARDIOVASCULAR TECHNOLOGY AND RECEIVE TOP QUALITY CARE FROM TOP PHYSICIANS. THIS GROUP HAS SEVERAL OFFICES THROUGHOUT THE NORTHEASTERN PART OF GEORGIA AND PROVIDES ALL CARDIOVASCULAR SUBSPECIALTY CARE, INCLUDING GENERAL, INVASIVE AND INTERVENTIONAL CARDIOLOGY, CONGESTIVE HEART FAILURE, ELECTROPHYSIOLOGY, PERIPHERAL VASCULAR INTERVENTIONS AND WOMEN'S CARDIOVASCULAR HEALTH PROGRAMS. IN 2020, THE HEART CENTER OF NGMC WELCOMED 12 NEW CARDIOLOGISTS, WITH FIVE SPECIALIZING IN NON-INVASIVE CARE, FIVE SPECIALIZING IN INTERVENTIONAL CARDIOLOGY, TWO JOINED THE ADVANCED HEART FAILURE PROGRAM AND ONE SPECIALIZING IN WOMEN'S CARDIAC HEALTH. NGHS CONTINUES TO IMPROVE THE STEMI REGIONAL SYSTEM A COLLABORATIVE EFFORT BETWEEN NORTHEAST GEORGIA MEDICAL CENTER AND EMS IN 18 COUNTIES ACROSS THE REGION TO PROVIDE FAST AND EFFICIENT TREATMENT TO PATIENTS SUFFERING SEVERE HEART ATTACKS KNOWN AS STEMI (S-T SEGMENT ELEVATION MYOCARDIAL INFARCTION). THE STEMI PROGRAM MAKES SURE INFORMATION ABOUT THE HEART ATTACK IS SENT TO NGMC WHILE THE AMBULANCE IS EN ROUTE, SO A CARDIOLOGIST IS WAITING TO RESTORE THE PATIENT'S BLOOD FLOW ALMOST IMMEDIATELY AFTER ARRIVAL. WHILE THE STEMI CONFERENCE WAS CANCELED DUE TO COVID-19, JACKSON COUNTY EMS HOSTED THE RESTART FORUM WHERE THREE SPEAKERS FROM NGHS PROVIDED EDUCATION FOR EMS PROFESSIONALS. THIS IS AN EXAMPLE OF NGHS' CONTINUED COLLABORATION WITH EMS TO EDUCATE THEM AND BUILD SYSTEMS OF CARE FOR STEMI, CARDIOGENIC SHOCK, AND CARDIAC ARREST PATIENTS. ADDITIONALLY, THE HEART CENTER OF NGMC PROVIDED 328 FREE CAROTID SCREENINGS IN THE COMMUNITY. RIVER PLACE, LLC RIVER PLACE IS A MEDICAL OFFICE BUILDING THAT IS HOME TO AN URGENT CARE CENTER, IMAGING CENTER, OUTPATIENT REHABILITATION CENTER, FULL-SERVICE LAB AND MANY PRIVATE PHYSICIAN PRACTICES REPRESENTING MORE THAN 20 MEDICAL SPECIALTIES, IMPROVING ACCESS TO CARE IN THE SOUTHERN REGION SERVED BY NORTHEAST GEORGIA HEALTH SYSTEM.

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

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Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	INFORMATION FOR THE FORM 990 WAS PROVIDED TO AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT FOR PREPARATION OF THE RETURN. AFTER THE RETURN WAS PREPARED, IT WAS REVIEWED BY SENIOR FINANCIAL MANAGEMENT. THE FORM 990 IS MADE AVAILABLE TO MEMBERS OF THE BOARD PRIOR TO FILING.

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Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY. EMPLOYEES ATTEST TO THEIR UNDERSTANDING AND REPORTING/DISCLOSURE REQUIREMENTS AT HIRE AND ANNUALLY. COMPLIANCE IS MONITORED CONTINUOUSLY THROUGHOUT THE YEAR BY THE BOARD.

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Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMPENSATION COMMITTEE OF THE NORTHEAST GEORGIA HEALTH SYSTEM BOARD (NGHS BOARD) HAS DEVELOPED A TOTAL COMPENSATION PHILOSOPHY 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 EXECUTIVE COMPENSATION COMMITTEE IS COMPOSED OF VOTING DIRECTORS WHO ARE NOT EMPLOYEES OF NGHS AND IS FREE FROM CONFLICT OF INTEREST. ALL DECISIONS OF THE EXECUTIVE COMPENSATION COMMITTEE ARE REVIEWED AND RATIFIED BY THE NGHS BOARD. THE COMMITTEE'S METHODOLOGY AND APPROACH INCORPORATE BOTH QUALITATIVE AND QUANTITATIVE CONSIDERATIONS, WHICH ARE REFLECTED IN THE COMMITTEE'S DETERMINATIONS CONCERNING KEY EMPLOYEE COMPENSATION AND THE SPECIFIC COMPONENTS THEREOF. THE COMPENSATION DECISIONS OF THE COMMITTEE ARE DESCRIBED BELOW AS TO EACH OF THE THREE CATEGORIES. BASE SALARY 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 WITH THE COMMITTEE ALONG WITH COMPARISONS OF NGHS EXECUTIVE SALARIES COMPARED TO THE MARKET DATA. THE CEO MAKES RECOMMENDATIONS TO THE COMMITTEE FOR SALARIES WITHIN THE PEER GROUP SALARY RANGES BASED ON INDIVIDUAL PERFORMANCE ASSESSMENTS FOR EACH POSITION. IN EACH INSTANCE THE COMMITTEE MEMBERS REACH A CONSENSUS BASED ON THE COMBINATION OF AVAILABLE INFORMATION, AND THE COMMITTEE SETS A BASE SALARY LEVEL FOR EACH KEY EMPLOYEE. PERFORMANCE BASED VARIABLE COMPENSATION NGHS LEADERSHIP PARTICIPATE IN A PERFORMANCE BASED VARIABLE COMPENSATION PLAN WITH OPPORTUNITY LEVELS DETERMINED BASED ON THE PEER GROUP MARKET DATA AND TO ALIGN WITH THE NGHS EXECUTIVE COMPENSATION PHILOSOPHY PARAMETERS. ANNUAL GOALS AND OBJECTIVES ARE DETERMINED THROUGH A FORMAL PLANNING PROCESS INVOLVING BOARD MEMBERS AND SENIOR MANAGEMENT. FOLLOWING THE END OF THE FISCAL YEAR, CASH AWARDS ARE DETERMINED BASED ON ORGANIZATION AND INDIVIDUAL PERFORMANCE. BENEFITS AND RETENTION PROGRAMS BENEFIT PLANS AND AMOUNTS ARE DETERMINED BY A COMPARISON PROCESS SIMILAR TO DETERMINING BASE SALARIES WITH POSITIONS AND ORGANIZATIONS SIMILAR TO NGHS. INCLUDED IN BENEFITS ARE RETIREMENT PROGRAMS TO ENHANCE RETENTION AND PROGRESS TOWARD LONG-TERM GOALS WITHIN NGHS' MISSION.

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Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	FINANCIAL STATEMENTS AND STATISTICS ARE FILED QUARTERLY WITH DIGITAL ASSURANCE CERTIFICATION, LLC (DAC BOND). DAC BOND SERVES AS A DISCLOSURE DISSEMINATION AGENT FOR ISSUERS OF MUNICIPAL BONDS ELECTRONICALLY POSTING AND TRANSMITTING INFORMATION TO REPOSITORIES AND INVESTORS. ALL OTHER ITEMS ARE AVAILABLE UPON REQUEST.

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Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CONSULTING FEES: PROGRAM SERVICE EXPENSES 2,064,928. MANAGEMENT AND GENERAL EXPENSES 510,181. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 2,575,109. CONTRACT SERVICE FEES: PROGRAM SERVICE EXPENSES 13,133,478. MANAGEMENT AND GENERAL EXPENSES 3,244,880. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 16,378,358. OUTSIDE SERVICE FEES: PROGRAM SERVICE EXPENSES 1,924,108. MANAGEMENT AND GENERAL EXPENSES 475,388. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 2,399,496. FEES FOR SERVICES - OTHER: PROGRAM SERVICE EXPENSES 5,013,649. MANAGEMENT AND GENERAL EXPENSES 1,238,719. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 6,252,368.

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Return Reference	Explanation
FORM 990, PART XI, LINE 9:	INTERCOMPANY FORGIVENESS -8,792,023. PARTNERSHIP INCOME NOT ON BOOKS -213,629. PENSION ADJUSTMENT -63,585,092.

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 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
NORTHEAST GEORGIA HEALTH SYSTEM INC

Employer identification number
58-1694090

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

See Additional Data Table					
(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 - HOSPITAL	GA	501(C)(3)	LINE 3	NORTHEAST GEORGIA HEALTH SYSTEM INC	Yes	
(2)NORTHEAST GEORGIA PHYSICIANS GROUP INC 743 SPRING STREET GAINESVILLE, GA 30501 58-2078064	HEALTHCARE	GA	501(C)(3)	LINE 12B, II	NORTHEAST GEORGIA HEALTH SYSTEM INC	Yes	
(3)THE MEDICAL CENTER FOUNDATION DBA NGHS FOUNDATION 743 SPRING STREET GAINESVILLE, GA 30501 58-1694820	FUNDRAISING AND SUPPORT	GA	501(C)(3)	LINE 7	NORTHEAST GEORGIA HEALTH SYSTEM INC	Yes	
(4)THE MEDICAL CENTER AUXILIARY INC 743 SPRING STREET GAINESVILLE, GA 30501 58-1550576	FUNDRAISING AND SUPPORT	GA	501(C)(3)	LINE 10	NORTHEAST GEORGIA HEALTH SYSTEM INC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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
(1) NORTHEAST GA HEALTH PARTNERS LLC 743 SPRING STREET GAINESVILLE, GA 30501 58-2131807	PPO DEVELOPMENT	GA	N/A	C	637,182	23,855	100.000 %	Yes	
(2) LANIER COMMUNITY ASSURANCE LTD 743 SPRING STREET GAINESVILLE, GA 30501	INSURANCE	CJ	N/A	C		150,000	100.000 %		No
(3) NORTHEAST GEORGIA HEALTH PARTNERS NETWORK LLC 743 SPRING STREET GAINESVILLE, GA 30501 61-1972705	PPO DEVELOPMENT	GA	N/A	C			100.000 %		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 Yes

1b Yes

1c Yes

1d Yes

1e Yes

1f

1g

1h

1i

1j

1k

1l Yes

1m

1n Yes

1o Yes

1p

1q

1r

1s

No

No

No

No

No

No

No

No

No

No

No

No

No

No

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.

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2019

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

Additional Data

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

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(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
RIVER PLACE MEDICAL OFFICE PLAZA I LLC 743 SPRING STREET GAINESVILLE, GA 30501 58-1694090	RENTAL	GA	2,974,642	12,032,071	NORTHEAST GEORGIA HEALTH SYSTEM INC
THE HEART CENTER LLC 743 SPRING STREET GAINESVILLE, GA 30501 46-4354068	HEALTHCARE	GA	30,271,127	2,752,396	NORTHEAST GEORGIA HEALTH SYSTEM INC
HEALTHCONNECTIONS LLC 743 SPRING STREET GAINESVILLE, GA 30501 58-1694098	HEALTHCARE	GA	0	0	NORTHEAST GEORGIA MEDICAL CENTER INC
NGMC BARROW LLC 743 SPRING STREET GAINESVILLE, GA 30501 81-4015190	HEALTHCARE	GA	46,260,729	10,589,307	NORTHEAST GEORGIA HEALTH SYSTEM INC
NGMC LUMPKIN LLC 743 SPRING STREET GAINESVILLE, GA 30501 83-1294232	HEALTHCARE	GA	15,824,855	2,416,806	NORTHEAST GEORGIA HEALTH SYSTEM INC
NORTHEAST GEORGIA PHYSICIANS GROUP URGENT CARE LLC 743 SPRING STREET GAINESVILLE, GA 30501 20-5064238	MEDICAL	GA	24,263,268	712,123	NORTHEAST GEORGIA PHYSICIANS GROUP INC
NORTHEAST GEORGIA HEALTH RESOURCES LLC 743 SPRING STREET GAINESVILLE, GA 30501 85-3221091	HEALTHCARE	GA	0	0	NORTHEAST GEORGIA HEALTH SYSTEM INC
NORTHEAST GEORGIA PEO LLC 743 SPRING STREET GAINESVILLE, GA 30501 85-3939319	HEALTHCARE	GA	0	0	NORTHEAST GEORGIA HEALTH SYSTEM INC

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
NORTHEAST GEORGIA MEDICAL CENTER INC	L	110,904,793	COST
NORTHEAST GEORGIA PHYSICIAN GROUP INC	C	37,342,496	COST
NORTHEAST GEORGIA MEDICAL CENTER INC	B	30,388,768	COST
NORTHEAST GEORGIA HEALTH SYSTEM INC	B	8,792,023	COST
NORTHEAST GEORGIA HEALTH PARTNERS LLC	C	1,788,295	COST
NGHS FOUNDATION	C	1,683,434	COST
NORTHEAST GEORGIA MEDICAL CENTER INC	B	1,683,434	COST
NORTHEAST GEORGIA MEDICAL CENTER INC	D	379,301	COST
NGHS FOUNDATION	E	379,301	COST
NGHS FOUNDATION	C	243,757	COST
THE MEDICAL CENTER AUXILIARY INC	B	243,757	COST