

Form **8868**
(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. NORTHEAST GEORGIA HEALTH SYSTEM, INC.	Taxpayer identification number (TIN) 58-1694090
	Number, street, and room or suite no. If a P.O. box, see instructions. 743 SPRING STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GAINESVILLE, GA 30501-3899	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

ELENA BARBERIS

• The books are in the care of ▶ **743 SPRING STREET - GAINESVILLE, GA 30501**

Telephone No. ▶ **770-219-6659** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **AUGUST 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning **OCT 1, 2021**, and ending **SEP 30, 2022**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2022)

EXTENDED TO AUGUST 15, 2023

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2021

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning **OCT 1, 2021** and ending **SEP 30, 2022**

B Check if applicable: Address change Name change Initial return Final return/terminated <input checked="" type="checkbox"/> Amended return Application pending	C Name of organization NORTHEAST GEORGIA HEALTH SYSTEM, INC.		D Employer identification number 58-1694090
	Doing business as		E Telephone number 770-219-6659
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 280,584,695.
	743 SPRING STREET		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code GAINESVILLE, GA 30501-3899		H(b) Are all subordinates included? Yes No	
F Name and address of principal officer: CAROL BURRELL SAME AS C ABOVE		If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		H(c) Group exemption number ▶	
J Website: ▶ WWW.NGHS.COM		L Year of formation: 1986 M State of legal domicile: GA	
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶			

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 <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	11
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 5,734,791.	Current Year 1,171,111.
	9 Program service revenue (Part VIII, line 2g)	246,148,529.	272,349,453.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,991,266.	5,257,451.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	692,745.	1,508,872.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	256,567,331.	280,286,887.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,967,677.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		152,399,353.	150,840,240.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		115,479,105.	131,883,028.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		269,846,135.	283,917,215.
19 Revenue less expenses. Subtract line 18 from line 12	-13,278,804.	-3,630,328.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 336,092,097.	End of Year 413,754,134.
	21 Total liabilities (Part X, line 26)	110,746,425.	73,133,027.
	22 Net assets or fund balances. Subtract line 21 from line 20	225,345,672.	340,621,107.

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		Date		
	BRIAN D. STEINES, CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name DEBORAH O. ERNSBERGER	Preparer's signature <i>Deborah O. Ernsberger, C.P.A.</i>	Date 3/15/2024	Check if self-employed <input type="checkbox"/>	PTIN P00364912
	Firm's name ▶ PYA, P. C.	Firm's EIN ▶ 62-1517792		Phone no. 865-673-0844	
Firm's address ▶ 2220 SUTHERLAND AVE.		KNOXVILLE, TN 37919			

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

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:

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 [X] 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 [X] 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 \$ 232,464,751. including grants of \$ 1,193,947.) (Revenue \$ 272,349,453.) NORTHEAST GEORGIA HEALTH SYSTEM IS BASED IN GAINESVILLE, GEORGIA, AND SERVES MORE THAN A MILLION PEOPLE ACROSS THE REGION. SEE SCHEDULE O FOR PROGRAM SERVICE ACCOMPLISHMENTS CONTINUATION.

SEE SCHEDULE O FOR PROGRAM SERVICE ACCOMPLISHMENTS CONTINUATION

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

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

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 232,464,751.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>	X	
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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
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? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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>		X
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>	X	
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>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		X
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>		X
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>	X	
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>		X
28 Was the organization a party to a business transaction with one of the following parties (see the 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>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
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>	X	
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>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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>	X	
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>		X
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>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No
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	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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	X
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	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
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	X
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	X
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	X
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	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
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?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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 the instructions and file Form 4720, Schedule N.	15	X
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	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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 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 on Schedule O.		
	1a	15	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	12	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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 on Schedule O		X

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?		X
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on 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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on 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?	X	
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?	X	

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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 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 on Schedule O)
- 19** Describe on 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 - 770-219-6659**
743 SPRING STREET, GAINESVILLE, GA 30501

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and 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 the 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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALEX WAYNE VICE CHAIR	1.00	X						0.	0.	0.
(2) BEN HAWKINS MEMBER	1.00	X						0.	0.	0.
(3) BRAD PURYEAR MEMBER	1.00	X						0.	0.	0.
(4) CINDY GREEN MEMBER	1.00	X						0.	0.	0.
(5) GREG OURS MEMBER	1.00	X						0.	0.	0.
(6) JACK KEENER MEMBER	1.00	X						0.	0.	0.
(7) JACKIE WALLACE MEMBER	1.00	X						0.	0.	0.
(8) JOHN CLIFTON HASTINGS MEMBER, PHYSICIAN-NGPG	1.00 40.00	X						0.	847,442.	44,278.
(9) LETRELL SIMPSON MEMBER	1.00	X						0.	0.	0.
(10) MOHAK DAVE MEMBER	1.00	X						0.	93,996.	0.
(11) PHILLIPPA LEWIS MOSS MEMBER -EX OFFICIO	1.00	X						0.	0.	0.
(12) PIERPONT BROWN MEMBER, PHYSICIAN-NGPG	1.00 40.00	X						0.	521,102.	40,489.
(13) R.K. WHITEHEAD MEMBER	1.00	X						0.	0.	0.
(14) SPENCE PRICE CHAIR	1.00	X						0.	0.	0.
(15) CAROL BURRELL PRESIDENT & CEO	40.00 1.00			X				0.	1,657,752.	100,844.
(16) BRIAN D. STEINES CHIEF FINANCIAL OFFICER	40.00 1.00			X				0.	974,462.	116,683.
(17) STEPHEN KELLY CHIEF COMPLIANCE OFFICER	40.00 1.00			X				0.	327,437.	57,204.

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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) MICHAEL COVERT CHIEF OPERATING OFFICER	1.00 40.00			X				0.	1,214,072.	130,192.
(19) ANDREI BOYARSHINOV VP LEGAL AFFAIRS & CHIEF LEGAL OFFIC	40.00				X			0.	611,475.	92,362.
(20) CHAD HATFIELD VP - REGIONAL HOSPITALS	40.00				X			0.	196,560.	20,405.
(21) CHRISTOPHER PARAVATE CHIEF INFORMATION OFFICER - NGHS	40.00				X			0.	611,096.	91,771.
(22) DANIEL TUFFY PRESIDENT AND CAO - NGPG	40.00 1.00				X			0.	603,141.	90,780.
(23) HABIB SAMADY PRESIDENT - GEORGIA HEART INSTITUTE	40.00 1.00				X			0.	1,198,947.	106,846.
(24) LORIE SHOEMAKER CHIEF NURSING EXECUTIVE - CONTRACT	40.00				X			0.	368,341.	0.
(25) LUISA GUTMAN CHIEF HR OFFICER - NGHS	40.00 1.00				X			0.	476,483.	47,234.
(26) MELISSA TYMCHUK CHIEF OF STAFF	40.00 1.00				X			0.	389,539.	81,451.
1b Subtotal								0.	10,091,845.	1020539.
c Total from continuation sheets to Part VII, Section A								0.	4,791,279.	271,286.
d Total (add lines 1b and 1c)								0.	14,883,124.	1291825.

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 **284**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3 X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4 X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

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
GA EMERGENCY DEPARTMENT SERVICES 1000 COBB PLACE BLVD, KENNESAW, GA 30144	PHYSICIAN SERVICES	2,019,267.
MEDEFIS INC PO BOX 5068, NEW YORK, NY 10087	STAFFING SERVICES	1,977,071.
PARKER HUDSON RAINER & DOBBS, 303 PEACHTREE ST NE STE 3600, ATLANTA, GA	LEGAL SERVICES	1,635,889.
TRIAGE CONSULTING GROUP, 221 MAIN STREET; SUITE 1100, SAN FRANCISCO, CA 94105	REIMBURSEMENT SERVICES	1,591,806.
ACCELERATED CLAIMS, INC. PO BOX 742319, ATLANTA, GA 30374	REIMBURSEMENT SERVICES	1,273,235.

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 **132**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,171,111.				
	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			1,171,111.			
Program Service Revenue	2 a MANAGEMENT FEES	Business Code	541610	131755004.	131755004.		
	b OPERATING REVENUE		621400	122811262.	122811262.		
	c PS RENT FROM AFFILIATE		531120	10,920,460.	10920460.		
	d OTHER OPERATING REVENUE		900003	6,862,727.	6,862,727.		
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			272349453.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,814,581.		2814581.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real		1,806,680.			
		(ii) Personal					
		6b Less: rental expenses		297,808.			
	c Rental income or (loss)	6c		1,508,872.			
	d Net rental income or (loss)			1,508,872.		1508872.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities		1,915,394.	527,476.		
		(ii) Other					
		7b Less: cost or other basis and sales expenses		0.	0.		
	c Gain or (loss)	7c		1,915,394.	527,476.		
	d Net gain or (loss)			2,442,870.		2442870.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18							
	8b Less: direct expenses						
	c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19							
	9b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances							
	10b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			280286887.	272349453.	0.	6766323.	

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 X

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 ...	1,193,947.	1,193,947.		
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 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	128,415,025.	104,439,940.	23,975,085.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	14,095,497.	11,463,868.	2,631,629.	
9 Other employee benefits				
10 Payroll taxes	8,329,718.	6,774,560.	1,555,158.	
11 Fees for services (nonemployees):				
a Management				
b Legal	3,001,588.	2,441,192.	560,396.	
c Accounting	189,420.	154,055.	35,365.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	288,873.	234,940.	53,933.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	32,826,212.	26,697,558.	6,128,654.	
12 Advertising and promotion	3,331,497.	2,709,507.	621,990.	
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	5,836,890.	4,747,143.	1,089,747.	
17 Travel	1,452,418.	1,181,252.	271,166.	
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	12,256,751.	9,968,416.	2,288,335.	
23 Insurance	14,315,693.	11,642,953.	2,672,740.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a BAD DEBT	18,751,985.	18,751,985.		
b MEDICAL SUPPLIES	11,457,515.	11,457,515.		
c ADMINISTRATIVE OVERHEAD	8,855,140.	2,893,740.	5,961,400.	
d RECRUITMENT EXPENSE	3,881,691.	3,156,979.	724,712.	
e All other expenses	15,437,355.	12,555,201.	2,882,154.	
25 Total functional expenses. Add lines 1 through 24e	283,917,215.	232,464,751.	51,452,464.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	28,289.	1	12,325.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	8,735,874.	4	7,270,122.
	5 Loans and other receivables from 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	5,737,849.	5	6,013,878.
	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	1,136,587.	8	1,165,350.
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 332,253,533.		
	b Less: accumulated depreciation	10b 127,388,853.	172,641,525.	10c 204,864,680.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	2,642,939.	12	2,024,141.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	3,263,093.	14	3,263,093.
	15 Other assets. See Part IV, line 11	141,905,941.	15	189,140,545.
16 Total assets. Add lines 1 through 15 (must equal line 33)	336,092,097.	16	413,754,134.	
Liabilities	17 Accounts payable and accrued expenses	57,479,810.	17	29,637,016.
	18 Grants payable		18	
	19 Deferred revenue	8,102,697.	19	6,246,549.
	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	45,163,918.	25	37,249,462.
	26 Total liabilities. Add lines 17 through 25	110,746,425.	26	73,133,027.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	225,345,672.	27	340,621,107.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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	225,345,672.	32	340,621,107.
	33 Total liabilities and net assets/fund balances	336,092,097.	33	413,754,134.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	280,286,887.
2	Total expenses (must equal Part IX, column (A), line 25)	2	283,917,215.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,630,328.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	225,345,672.
5	Net unrealized gains (losses) on investments	5	-9,261,039.
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 on Schedule O)	9	128,166,802.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	340,621,107.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2021)

SCHEDULE A
(Form 990)

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

2021

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).)
- 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 **section 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 on 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		
NORTHEAST GEORGIA MEDICAL CENTER	58-1694098	3	X		0.	0.
Total					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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 5 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2021. 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		<input type="checkbox"/>
b 33 1/3% support test - 2020. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on 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 5 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 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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>	X	
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>		X
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		X
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 box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		X
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 lines 5b and 5c 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>		X
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>		X
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).</i>		X
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		X
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>		X
b Did one or more disqualified persons (as defined on 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>		X
c Did a disqualified person (as defined on 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>		X
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>		X
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 on lines 11b and 11c below, the governing body of a supported organization?		X
b A family member of a person described on line 11a above?		X
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		X

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>		
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>		

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>		

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?	X	
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>	X	
3 By reason of the relationship described on line 2, above, 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>	X	

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input checked="" type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b 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>		
b Did the activities described on line 2a, above, 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>		
3 Parent of Supported Organizations. Answer lines 3a and 3b 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>If "Yes" or "No" provide details in Part VI.</i>	X	
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>	X	

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):		
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 0.015 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 0.035.	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 0.85 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	<input type="checkbox"/> 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

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.)

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.

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.

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)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

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 organization: NORTHEAST GEORGIA HEALTH SYSTEM, INC. Employer identification number: 58-1694090

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures
3 Volunteer hours for political campaign activities

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?
4a Was a correction made?
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?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

Schedule C (Form 990) 2021

LHA

132041 11-03-21

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 (grassroots 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.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
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) 2018	(b) 2019	(c) 2020	(d) 2021	(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					

Schedule C (Form 990) 2021

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?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		164,518.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		153,839.
i Other activities?	X		174,944.
j Total. Add lines 1c through 1i			493,301.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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 campaign activity 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.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

NORTHEAST GEORGIA HEALTH SYSTEM, INC. PAYS MEMBERSHIP DUES TO SEVERAL

PROFESSIONAL AND TRADE ASSOCIATIONS SUCH AS:

-AMERICAN ACADEMY OF PHYSICIAN ASSISTANTS

-AMERICAN ACADEMY OF PHYSICAN ASSOCIATES

Part IV Supplemental Information (continued)

- AMERICAN ASSOCIATION OF NURSE PRACTITIONERS
- AMERICAN COLLEGE OF CARDIOLOGY
- AMERICAN COLLEGE OF HEALTH CARE EXECUTIVES
- AMERICAN COLLEGE OF PHYSICIANS
- AMERICAN HEALTH INFORMATION MANAGEMENT ASSOCIATION
- AMERICAN HOSPITAL ASSOCIATION
- AMERICAN MEDICAL ASSOCIATION
- AMERICAN ORNGAIZATION FOR NURSING LEADERSHIP
- AMERICAN SOCIETY OF ECHOCARDIOGRAPHY
- AMERICAN SOCIETY OF ECHOCARDIOLOGY
- AMGA CONSULTING, LLC
- EMERGENCY NURSES ASSOCIATION
- GEORGIA ALLIANCE OF COMMUNITY HOSPITALS
- GEORGIA ASSOCIATION OF PHYSICIAN ASSISTANTS
- GEORGIA CHAMBER OF COMMERCE
- GEORGIA HOSPITAL ASSOCIATION
- GREATER HALL CHAMBER OF COMMERCE
- SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY & INTERVENTIONS
- SOCIETY OF HUMAN RESOURCES

A PORTION OF THESE DUES IS DESIGNATED FOR LOBBYING ACTIVITIES BY THESE ORGANIZATIONS.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple sections: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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. (Includes sub-table for 2a-2d: Held at the End of the Tax Year), 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?, 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)?, 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.

Form with sections: 1a If the organization elected, as permitted under FASB 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. 1b If the organization elected, as permitted under FASB 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make 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 program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on 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 Term 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:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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		63,847,336.		63,847,336.
b Buildings		192,897,259.	84,112,087.	108,785,172.
c Leasehold improvements		3,382,240.	3,291,593.	90,647.
d Equipment		56,278,584.	39,716,332.	16,562,252.
e Other		15,848,114.	268,841.	15,579,273.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				204,864,680.

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. (Col. (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. (Col. (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	82,512,650.
(2) BOARD DESIGNATED ASSETS	89,738,980.
(3) OTHER ASSETS	9,841,479.
(4) ROU ASSET OPERATING LEASE	7,047,436.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	189,140,545.

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	27,838,581.
(3) ESTIMATED THIRD PARTY SETTLEMENTS	2,251,116.
(4) LEASES	7,159,765.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	37,249,462.

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 FASB 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.

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), AND LANIER COMMUNITY ASSURANCE, LTD. (LCA) ARE CLASSIFIED AS ORGANIZATIONS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OR PROVISIONS OF THE COMPANIES LAW OF THE CAYMAN ISLANDS. THE INCOME FOR NGMC-BARROW, NGMC-LUMPKIN, PEO, AND GHI 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 (NGHP) AND NGHP NETWORK ARE TAXABLE ENTITIES AND ACCOUNT FOR INCOME TAXES IN ACCORDANCE WITH THE FASB ASC 740, INCOME TAXES (ASC 740). AT SEPTEMBER

Part XIII Supplemental Information *(continued)*

30, 2022 AND 2021, RESPECTIVELY, MANAGEMENT DOES NOT BELIEVE THE SYSTEM
HOLDS ANY UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT
RECOGNITION OR DISCLOSURE UNDER ASC 740. IT IS THE SYSTEM'S POLICY TO
RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS AS AN
OPERATING EXPENSE.

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2021

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/Form990 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	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
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. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> 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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input checked="" type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
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"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			4606310.		4606310.	1.62%
b Medicaid (from Worksheet 3, column a)			11124645.	10617254.	507,391.	.18%
c Costs of other means-tested government programs (from Worksheet 3, column b)			7,850.		7,850.	.00%
d Total. Financial Assistance and Means-Tested Government Programs			15738805.	10617254.	5121551.	1.80%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	8	2,559	191,310.	500.	190,810.	.07%
f Health professions education (from Worksheet 5)	4	148	89,929.		89,929.	.03%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	23	39,734	269,371.	1,500.	267,871.	.09%
j Total. Other Benefits	35	42,441	550,610.	2,000.	548,610.	.19%
k Total. Add lines 7d and 7j	35	42,441	16289415.	10619254.	5670161.	1.99%

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.

Table with 7 columns: (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. Rows include Physical improvements and housing, Economic development, Community support, Environmental improvements, Leadership development and training for community members, Coalition building, Community health improvement advocacy, Workforce development, Other, and Total.

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

Table with 3 columns: Question, Yes, No. Row 1: Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? Row 2: Enter the amount of the organization's bad debt expense. Row 3: Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy.

Section B. Medicare

Table with 3 columns: Question, Yes, No. Row 5: Enter total revenue received from Medicare (including DSH and IME). Row 6: Enter Medicare allowable costs of care relating to payments on line 5. Row 7: Subtract line 6 from line 5. Row 8: Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit.

Section C. Collection Practices

Table with 3 columns: Question, Yes, No. Row 9a: Did the organization have a written debt collection policy during the tax year? Row 9b: 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?

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

Table with 5 columns: (a) Name of entity, (b) Description of primary activity of entity, (c) Organization's profit % or stock ownership %, (d) Officers, directors, trustees, or key employees' profit % or stock ownership %, (e) Physicians' profit % or stock ownership %.

Part V Facility Information

Section A. Hospital Facilities

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

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)

	Licensed hospital	Gen. 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			

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group NGMC BARROW LLC

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

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
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		X
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	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>21</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	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
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	X	
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.NGHS.COM</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>HABERSHAMMEDICAL.COM; STEPHENSCOUNTYHOSPITAL.CO</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> 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	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>21</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>WWW.NGHS.COM</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group NGMC BARROW LLC

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>150</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance status		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance?	X	
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	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.NGHS.COM/FINANCIAL-ASSISTANCE</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.NGHS.COM/FINANCIAL-ASSISTANCE</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group NGMC BARROW LLC

	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?	X	
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 <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> 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?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> 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?	X	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group NGMC BARROW LLC

	Yes	No
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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?	23	X
If "Yes," explain in Section C.		
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24	X
If "Yes," explain in Section C.		

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Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group NGMC LUMPKIN LLC

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
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		X
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	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>21</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	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
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	X	
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.NGHS.COM</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>HABERSHAMMEDICAL.COM; STEPHENSCOUNTYHOSPITAL.CO</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> 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	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>21</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>WWW.NGHS.COM</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group NGMC LUMPKIN LLC

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>150</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance status		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance?	X	
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	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.NGHS.COM/FINANCIAL-ASSISTANCE</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.NGHS.COM/FINANCIAL-ASSISTANCE</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group NGMC LUMPKIN LLC

	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?	X	
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 <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> 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?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> 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?	X	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group NGMC LUMPKIN LLC

	Yes	No
<p>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.</p> <p>a <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period</p> <p>b <input type="checkbox"/> 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</p> <p>c <input type="checkbox"/> 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</p> <p>d <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method</p>		
<p>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?</p> <p>If "Yes," explain in Section C.</p>	23	X
<p>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?</p> <p>If "Yes," explain in Section C.</p>	24	X

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Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

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

-GOOD NEWS CLINICS

-NORTHEAST GEORGIA MEDICAL CENTER GAINESVILLE

-NORTHEAST GEORGIA MEDICAL CENTER BRASELTON

-NORTHEAST GEORGIA MEDICAL CENTER BARROW

-NORTHEAST GEORGIA MEDICAL CENTER LUMPKIN

-STEPHENS COUNTY HOSPITAL

THROUGH THIS ASSESSMENT, THE CHNA PARTNERS WORKED TO BETTER UNDERSTAND LOCAL HEALTH CHALLENGES, IDENTIFY HEALTH TRENDS, DETERMINE GAPS IN THE CURRENT HEALTH DELIVERY SYSTEM, AND CRAFT A PLAN TO ADDRESS THOSE GAPS AND THE IDENTIFIED HEALTH NEEDS.

THE COMMUNITIES SERVED BY EACH OF THE PARTNERS OVERLAPPED AND COMBINED TO INCLUDE ALL OR PART OF 14 COUNTIES IN NORTHEAST GEORGIA. THESE COMMUNITIES REFLECT THE FOLLOWING SERVICE AREAS:

-HABERSHAM MEDICAL CENTER (HMC): HABERSHAM, BANKS, AND RABUN COUNTIES

-NGMC PRIMARY SERVICE AREA (PSA): HALL COUNTY

-NGMC GREATER BRASELTON SERVICE AREA (GBSA): BARROW AND JACKSON COUNTIES,

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

PARTS OF GWINNETT AND HALL COUNTIES

-NGMC SECONDARY SERVICE AREA 400 (SSA 400): DAWSON AND LUMPKIN COUNTIES

-NGMC SECONDARY SERVICE AREA NORTH (SSA NORTH): BANKS, HABERSHAM, RABUN, STEPHENS, TOWNS, UNION, AND WHITE COUNTIES

-STEPHENS COUNTY HOSPITAL (SCH): STEPHENS AND FRANKLIN COUNTIES

PUBLIC GOODS GROUP (PGG) WAS ENGAGED BY THE PARTNERS TO COLLECT AND ANALYZE QUANTITATIVE DATA FOR THE CHNA AND OVER 190 PUBLIC HEALTH INDICATORS WERE EXAMINED IN THE COMMUNITIES REPRESENTED WITHIN THE ABOVE-NAMED NORTHEAST GEORGIA COMMUNITIES.

A QUALITATIVE ASSESSMENT WAS THEN CONDUCTED TO SOLICIT THE INPUT OF MORE THAN 4,900 PEOPLE THROUGH SIX CHANNELS: FOCUS GROUPS, INTERVIEWS, IN-PERSON SURVEYS, A MULTI-LINGUAL ONLINE COMMUNITY SURVEY, AN ONLINE EMPLOYEE SURVEY, AND LISTENING SESSIONS. THE COMMUNITY SURVEY WAS OPEN TO THE PUBLIC AND THE EMPLOYEE SURVEY WAS OPEN TO ALL EMPLOYEES OF EACH PARTNER ORGANIZATION. PARTICIPANTS IN LISTENING SESSIONS, FOCUS GROUPS, AND ONE-ON-ONE INTERVIEWS WERE INDIVIDUALS OR ORGANIZATIONS SERVING AND/OR REPRESENTING THE INTERESTS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND/OR MINORITY POPULATIONS IN THE COMMUNITY.

IN FEBRUARY AND MARCH 2022, THE THOMOSS GROUP INTERVIEWED KEY STAKEHOLDERS WITH PARTICULAR EXPERTISE OR KNOWLEDGE OF THE VARIOUS SERVICE AREAS TO GAIN EACH COMMUNITY'S PERSPECTIVE. THIRTY-FIVE REPRESENTATIVES OF LOCAL AND REGIONAL PUBLIC HEALTH ENTITIES, MINORITY POPULATIONS, FAITH-BASED COMMUNITIES, LOCAL BUSINESS OWNERS, PHILANTHROPIC COMMUNITIES, MENTAL HEALTH AGENCIES, ELECTED OFFICIALS, AND INDIVIDUALS REPRESENTING OUR MOST

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

VULNERABLE PATIENTS WERE INTERVIEWED.

ADDITIONALLY, THE STAFF OF GOOD NEWS CLINICS, DISTRICT 2 PUBLIC HEALTH, AND THE HOUSING AUTHORITY CONDUCTED IN-PERSON INTERVIEWS WITH APPROXIMATELY 190 COMMUNITY MEMBERS REPRESENTING THOSE SETTINGS. THESE CONVERSATIONS WERE DESIGNED TO CAPTURE RESPONDENTS' PERCEPTIONS OF HOW WELL THEIR HEALTH CARE NEEDS WERE BEING MET AND WHAT OBSTACLES INTERFERED WITH THEIR NEEDS.

EIGHT FOCUS GROUPS WERE CONDUCTED FOR THE FOLLOWING COMMUNITIES AND GROUPS, AND THE NUMBER OF PARTICIPANTS FOR EACH ARE NOTED IN PARENTHESES.

-NGMC PRIMARY SERVICE AREA (15)

-NGMC GREATER BRASELTON SERVICE AREA (11)

-NGMC SECONDARY SERVICE AREA 400 (5)

-NGMC SECONDARY SERVICE AREA NORTH (7)

-HALL COUNTY FAMILY CONNECTION NETWORK (15)

-AFRICAN AMERICAN STAKEHOLDERS, HOSTED BY THE NEWTOWN FLORIST CLUB (13)

-GWINNETT HUMAN SERVICES DIVISION (5)

-HISPANIC AND LATINO STAKEHOLDERS, HOSTED BY THE HISPANIC ALLIANCE (26)

IN MARCH 2022, AN ELECTRONIC COMMUNITY-BASED SURVEY TO SOLICIT COMMUNITY INPUT WAS RELEASED AND WIDELY ADVERTISED TO THE COMMUNITY VIA PRESS RELEASES, PARTNER WEBSITES, AND SOCIAL MEDIA. SURVEY QUESTIONS CAN BE FOUND IN APPENDIX ELEVEN. APPROXIMATELY 4,200 COMMUNITY MEMBERS COMPLETED THE SURVEY, WHICH WAS AVAILABLE IN ENGLISH, SPANISH, AND VIETNAMESE. AN EMPLOYEE SURVEY WAS ALSO RELEASED THROUGH EACH PARTNER ORGANIZATION.

APPROXIMATELY 460 EMPLOYEES THROUGHOUT ALL CHNA PARTNER ORGANIZATIONS

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

RESPONDED.

THE OUTCOME OF THE QUANTITATIVE ANALYSIS WAS THEN COMPARED WITH THE QUALITATIVE FINDINGS TO CREATE A LIST OF HEALTH NEEDS IN THE COMMUNITY. EACH HEALTH NEED WAS ASSIGNED TO ONE OF FOUR QUADRANTS IN A HEALTH NEEDS MATRIX WHICH PRIORITIZES HEALTH NEEDS AS:

-LOW DATA + LOW QUALITATIVE: NEITHER THE BENCHMARK ANALYSIS NOR THE COMMUNITY DEMONSTRATED A PARTICULAR INDICATOR WAS A SIGNIFICANT ISSUE.

-LOW DATA + HIGH QUALITATIVE: THE BENCHMARK ANALYSIS DID NOT IDENTIFY THE INDICATOR AS A COMPARATIVELY SIGNIFICANT PROBLEM BUT THE COMMUNITY MEMBERS INTERVIEWED OR SURVEYED RELAYED IT WAS AS SIGNIFICANT ISSUE.

-HIGH DATA + LOW QUALITATIVE: THE BENCHMARK ANALYSIS SHOWS A PARTICULAR INDICATOR WAS AN ISSUE BUT IT WAS NOT MENTIONED OFTEN, IF AT ALL, BY COMMUNITY MEMBERS INTERVIEWED OR SURVEYED.

-HIGH DATA + HIGH QUALITATIVE: BOTH THE COMMUNITY AND THE BENCHMARK ANALYSIS IDENTIFIED A PARTICULAR INDICATOR AS A SIGNIFICANT ISSUE.

THIS HELPED THE CHNA PARTNERS TO IDENTIFY THE TOP HEALTH NEEDS FOR EACH COMMUNITY. NEEDS CATEGORIZED AS HIGH DATA AND HIGH QUALITATIVE WERE FURTHER ANALYZED DURING THE PRIORITIZATION PROCESS.

IN MAY 2022, THE CHNA PARTNERS AND ADVISORS CONSISTING OF BOARD MEMBERS AND COMMUNITY LEADERS HOSTED THREE PRIORITIZATION SESSIONS TO DETERMINE THE PRIORITIES EACH ENTITY WOULD ADDRESS OVER THE NEXT THREE YEARS.

CRITERIA USED TO SELECT THE PRIORITIES INCLUDED:

-ROOT CAUSE AND DISPROPORTIONATE IMPACT ON DISADVANTAGED COMMUNITY MEMBERS

MEMBERS

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

-MAGNITUDE AND EXTENT OF THE ISSUE WITHIN THE COMMUNITY

-ABILITY OF CHNA PARTNERS TO MAKE AN IMPACT ON THE ISSUE

AS A RESULT OF THIS PROCESS, THE FOLLOWING HEALTH PRIORITIES WERE IDENTIFIED FOR NGMC HOSPITALS:

-ACCESS TO CARE

-MENTAL AND BEHAVIORAL HEALTH

-HEALTHY BEHAVIORS

FOR EACH PRIORITY, NGMC WILL WORK TO ACHIEVE GREATER HEALTH EQUITY BY REDUCING THE IMPACT OF POVERTY AND OTHER SOCIOECONOMIC INDICATORS ON THAT PRIORITY BY IMPLEMENTING PROGRAMMING AND INVESTMENT IN AREAS THAT DIRECTLY ADDRESS ISSUES RELATED TO INCOME AND POVERTY AND INDIVIDUALS WHO FACE PARTICULAR CHALLENGES IN ACCESSING CARE DUE TO DISABILITY, RACE, ENGLISH PROFICIENCY, EDUCATIONAL ATTAINMENT, AND OTHER AREAS OF SOCIOECONOMIC STATUS.

THE FULL CHNA REPORT IS PUBLICLY AVAILABLE AT NGHS.COM/COMMUNITY-BENEFIT-RESOURCES.

AN INTERACTIVE DATA PLATFORM CREATED THROUGH TABLEAU IS AVAILABLE TO ALL COMMUNITY MEMBERS AT NORTHEASTGEORGIACHNA.COM. THIS PLATFORM PROVIDES ACCESS TO BOTH ZIP CODE AND COUNTY-LEVEL PUBLIC HEALTH INDICATORS FOUND THROUGHOUT THE CHNA, INCLUDING DEMOGRAPHICS, SOCIOECONOMIC INDICATORS, DISEASE PREVALENCE, INSURANCE COVERAGE, AND PREVENTABLE HOSPITALIZATIONS. ADDITIONALLY, DOWNLOADABLE DATA SHEETS FOR EACH SERVICE AREA ARE AVAILABLE THAT PROVIDE A SUMMARY OF KEY HEALTH, ECONOMIC, AND DEMOGRAPHIC

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

INDICATORS. DOWNLOADABLE DATA SHEETS RELEVANT TO THE SERVICE AREAS ARE AVAILABLE TO THE COMMUNITY AT NGHS.COM/COMMUNITY-BENEFIT-RESOURCES.

BOTH THE CHNA AND THE SUBSEQUENT IMPLEMENTATION STRATEGIES WERE DESIGNED TO FULLY MEET INTERNAL REVENUE SERVICE REGULATIONS, AS FOUND IN THE INTERNAL REVENUE CODE SECTION 501(R).

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

-GOOD NEWS CLINICS

-NORTHEAST GEORGIA MEDICAL CENTER GAINESVILLE

-NORTHEAST GEORGIA MEDICAL CENTER BRASELTON

-NORTHEAST GEORGIA MEDICAL CENTER BARROW

-NORTHEAST GEORGIA MEDICAL CENTER LUMPKIN

-STEPHENS COUNTY HOSPITAL

THROUGH THIS ASSESSMENT, THE CHNA PARTNERS WORKED TO BETTER UNDERSTAND LOCAL HEALTH CHALLENGES, IDENTIFY HEALTH TRENDS, DETERMINE GAPS IN THE CURRENT HEALTH DELIVERY SYSTEM, AND CRAFT A PLAN TO ADDRESS THOSE GAPS AND THE IDENTIFIED HEALTH NEEDS.

THE COMMUNITIES SERVED BY EACH OF THE PARTNERS OVERLAPPED AND COMBINED TO

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

INCLUDE ALL OR PART OF 14 COUNTIES IN NORTHEAST GEORGIA. THESE COMMUNITIES REFLECT THE FOLLOWING SERVICE AREAS:

- HABERSHAM MEDICAL CENTER (HMC): HABERSHAM, BANKS, AND RABUN COUNTIES
- NGMC PRIMARY SERVICE AREA (PSA): HALL COUNTY
- NGMC GREATER BRASELTON SERVICE AREA (GBSA): BARROW AND JACKSON COUNTIES, PARTS OF GWINNETT AND HALL COUNTIES
- NGMC SECONDARY SERVICE AREA 400 (SSA 400): DAWSON AND LUMPKIN COUNTIES
- NGMC SECONDARY SERVICE AREA NORTH (SSA NORTH): BANKS, HABERSHAM, RABUN, STEPHENS, TOWNS, UNION, AND WHITE COUNTIES
- STEPHENS COUNTY HOSPITAL (SCH): STEPHENS AND FRANKLIN COUNTIES

PUBLIC GOODS GROUP (PGG) WAS ENGAGED BY THE PARTNERS TO COLLECT AND ANALYZE QUANTITATIVE DATA FOR THE CHNA AND OVER 190 PUBLIC HEALTH INDICATORS WERE EXAMINED IN THE COMMUNITIES REPRESENTED WITHIN THE ABOVE-NAMED NORTHEAST GEORGIA COMMUNITIES.

A QUALITATIVE ASSESSMENT WAS THEN CONDUCTED TO SOLICIT THE INPUT OF MORE THAN 4,900 PEOPLE THROUGH SIX CHANNELS: FOCUS GROUPS, INTERVIEWS, IN-PERSON SURVEYS, A MULTI-LINGUAL ONLINE COMMUNITY SURVEY, AN ONLINE EMPLOYEE SURVEY, AND LISTENING SESSIONS. THE COMMUNITY SURVEY WAS OPEN TO THE PUBLIC AND THE EMPLOYEE SURVEY WAS OPEN TO ALL EMPLOYEES OF EACH PARTNER ORGANIZATION. PARTICIPANTS IN LISTENING SESSIONS, FOCUS GROUPS, AND ONE-ON-ONE INTERVIEWS WERE INDIVIDUALS OR ORGANIZATIONS SERVING AND/OR REPRESENTING THE INTERESTS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND/OR MINORITY POPULATIONS IN THE COMMUNITY.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

IN FEBRUARY AND MARCH 2022, THE THOMOSS GROUP INTERVIEWED KEY STAKEHOLDERS WITH PARTICULAR EXPERTISE OR KNOWLEDGE OF THE VARIOUS SERVICE AREAS TO GAIN EACH COMMUNITY'S PERSPECTIVE. THIRTY-FIVE REPRESENTATIVES OF LOCAL AND REGIONAL PUBLIC HEALTH ENTITIES, MINORITY POPULATIONS, FAITH-BASED COMMUNITIES, LOCAL BUSINESS OWNERS, PHILANTHROPIC COMMUNITIES, MENTAL HEALTH AGENCIES, ELECTED OFFICIALS, AND INDIVIDUALS REPRESENTING OUR MOST VULNERABLE PATIENTS WERE INTERVIEWED.

ADDITIONALLY, THE STAFF OF GOOD NEWS CLINICS, DISTRICT 2 PUBLIC HEALTH, AND THE HOUSING AUTHORITY CONDUCTED IN-PERSON INTERVIEWS WITH APPROXIMATELY 190 COMMUNITY MEMBERS REPRESENTING THOSE SETTINGS. THESE CONVERSATIONS WERE DESIGNED TO CAPTURE RESPONDENTS' PERCEPTIONS OF HOW WELL THEIR HEALTH CARE NEEDS WERE BEING MET AND WHAT OBSTACLES INTERFERED WITH THEIR NEEDS.

EIGHT FOCUS GROUPS WERE CONDUCTED FOR THE FOLLOWING COMMUNITIES AND GROUPS, AND THE NUMBER OF PARTICIPANTS FOR EACH ARE NOTED IN PARENTHESES.

-NGMC PRIMARY SERVICE AREA (15)

-NGMC GREATER BRASELTON SERVICE AREA (11)

-NGMC SECONDARY SERVICE AREA 400 (5)

-NGMC SECONDARY SERVICE AREA NORTH (7)

-HALL COUNTY FAMILY CONNECTION NETWORK (15)

-AFRICAN AMERICAN STAKEHOLDERS, HOSTED BY THE NEWTOWN FLORIST CLUB (13)

-GWINNETT HUMAN SERVICES DIVISION (5)

-HISPANIC AND LATINO STAKEHOLDERS, HOSTED BY THE HISPANIC ALLIANCE (26)

IN MARCH 2022, AN ELECTRONIC COMMUNITY-BASED SURVEY TO SOLICIT COMMUNITY

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

INPUT WAS RELEASED AND WIDELY ADVERTISED TO THE COMMUNITY VIA PRESS RELEASES, PARTNER WEBSITES, AND SOCIAL MEDIA. SURVEY QUESTIONS CAN BE FOUND IN APPENDIX ELEVEN. APPROXIMATELY 4,200 COMMUNITY MEMBERS COMPLETED THE SURVEY, WHICH WAS AVAILABLE IN ENGLISH, SPANISH, AND VIETNAMESE. AN EMPLOYEE SURVEY WAS ALSO RELEASED THROUGH EACH PARTNER ORGANIZATION. APPROXIMATELY 460 EMPLOYEES THROUGHOUT ALL CHNA PARTNER ORGANIZATIONS RESPONDED.

THE OUTCOME OF THE QUANTITATIVE ANALYSIS WAS THEN COMPARED WITH THE QUALITATIVE FINDINGS TO CREATE A LIST OF HEALTH NEEDS IN THE COMMUNITY. EACH HEALTH NEED WAS ASSIGNED TO ONE OF FOUR QUADRANTS IN A HEALTH NEEDS MATRIX WHICH PRIORITIZES HEALTH NEEDS AS:

-LOW DATA + LOW QUALITATIVE: NEITHER THE BENCHMARK ANALYSIS NOR THE COMMUNITY DEMONSTRATED A PARTICULAR INDICATOR WAS A SIGNIFICANT ISSUE.

-LOW DATA + HIGH QUALITATIVE: THE BENCHMARK ANALYSIS DID NOT IDENTIFY THE INDICATOR AS A COMPARATIVELY SIGNIFICANT PROBLEM BUT THE COMMUNITY MEMBERS INTERVIEWED OR SURVEYED RELAYED IT WAS AS SIGNIFICANT ISSUE.

-HIGH DATA + LOW QUALITATIVE: THE BENCHMARK ANALYSIS SHOWS A PARTICULAR INDICATOR WAS AN ISSUE BUT IT WAS NOT MENTIONED OFTEN, IF AT ALL, BY COMMUNITY MEMBERS INTERVIEWED OR SURVEYED.

-HIGH DATA + HIGH QUALITATIVE: BOTH THE COMMUNITY AND THE BENCHMARK ANALYSIS IDENTIFIED A PARTICULAR INDICATOR AS A SIGNIFICANT ISSUE.

THIS HELPED THE CHNA PARTNERS TO IDENTIFY THE TOP HEALTH NEEDS FOR EACH COMMUNITY. NEEDS CATEGORIZED AS HIGH DATA AND HIGH QUALITATIVE WERE FURTHER ANALYZED DURING THE PRIORITIZATION PROCESS.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

IN MAY 2022, THE CHNA PARTNERS AND ADVISORS CONSISTING OF BOARD MEMBERS AND COMMUNITY LEADERS HOSTED THREE PRIORITIZATION SESSIONS TO DETERMINE THE PRIORITIES EACH ENTITY WOULD ADDRESS OVER THE NEXT THREE YEARS.

CRITERIA USED TO SELECT THE PRIORITIES INCLUDED:

- ROOT CAUSE AND DISPROPORTIONATE IMPACT ON DISADVANTAGED COMMUNITY MEMBERS
- MAGNITUDE AND EXTENT OF THE ISSUE WITHIN THE COMMUNITY
- ABILITY OF CHNA PARTNERS TO MAKE AN IMPACT ON THE ISSUE

AS A RESULT OF THIS PROCESS, THE FOLLOWING HEALTH PRIORITIES WERE IDENTIFIED FOR NGMC HOSPITALS:

- ACCESS TO CARE
- MENTAL AND BEHAVIORAL HEALTH
- HEALTHY BEHAVIORS

FOR EACH PRIORITY, NGMC WILL WORK TO ACHIEVE GREATER HEALTH EQUITY BY REDUCING THE IMPACT OF POVERTY AND OTHER SOCIOECONOMIC INDICATORS ON THAT PRIORITY BY IMPLEMENTING PROGRAMMING AND INVESTMENT IN AREAS THAT DIRECTLY ADDRESS ISSUES RELATED TO INCOME AND POVERTY AND INDIVIDUALS WHO FACE PARTICULAR CHALLENGES IN ACCESSING CARE DUE TO DISABILITY, RACE, ENGLISH PROFICIENCY, EDUCATIONAL ATTAINMENT, AND OTHER AREAS OF SOCIOECONOMIC STATUS.

THE FULL CHNA REPORT IS PUBLICLY AVAILABLE AT NGHS.COM/COMMUNITY-BENEFIT-RESOURCES.

AN INTERACTIVE DATA PLATFORM CREATED THROUGH TABLEAU IS AVAILABLE TO ALL

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

COMMUNITY MEMBERS AT NORTHEASTGEORGIACHNA.COM. THIS PLATFORM PROVIDES ACCESS TO BOTH ZIP CODE AND COUNTY-LEVEL PUBLIC HEALTH INDICATORS FOUND THROUGHOUT THE CHNA, INCLUDING DEMOGRAPHICS, SOCIOECONOMIC INDICATORS, DISEASE PREVALENCE, INSURANCE COVERAGE, AND PREVENTABLE HOSPITALIZATIONS. ADDITIONALLY, DOWNLOADABLE DATA SHEETS FOR EACH SERVICE AREA ARE AVAILABLE THAT PROVIDE A SUMMARY OF KEY HEALTH, ECONOMIC, AND DEMOGRAPHIC INDICATORS. DOWNLOADABLE DATA SHEETS RELEVANT TO THE SERVICE AREAS ARE AVAILABLE TO THE COMMUNITY AT NGHS.COM/COMMUNITY-BENEFIT-RESOURCES.

BOTH THE CHNA AND THE SUBSEQUENT IMPLEMENTATION STRATEGIES WERE DESIGNED TO FULLY MEET INTERNAL REVENUE SERVICE REGULATIONS, AS FOUND IN THE INTERNAL REVENUE CODE SECTION 501(R).

NGMC BARROW LLC:

PART V, SECTION B, LINE 6A: THE FOLLOWING HOSPITAL FACILITIES WERE INCLUDED 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

NGMC LUMPKIN LLC:

PART V, SECTION B, LINE 6A: THE FOLLOWING HOSPITAL FACILITIES WERE INCLUDED IN THE CHNA:

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

-NORTHEAST GEORGIA MEDICAL CENTER GAINESVILLE

-NORTHEAST GEORGIA MEDICAL CENTER BRASELTON

-NORTHEAST GEORGIA MEDICAL CENTER BARROW

-NORTHEAST GEORGIA MEDICAL CENTER LUMPKIN

-HABERSHAM MEDICAL CENTER

- HABERSHAM MEDICAL CENTER

- STEPHENS COUNTY HOSPITAL

NGMC BARROW LLC:

PART V, SECTION B, LINE 6B: THE FOLLOWING ORGANIZATION PARTNERED AND COLLABORATED IN OUR REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

-DISTRICT 2 PUBLIC HEALTH

-GOOD NEWS CLINICS

NGMC LUMPKIN LLC:

PART V, SECTION B, LINE 6B: THE FOLLOWING ORGANIZATION PARTNERED AND COLLABORATED IN OUR REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

-DISTRICT 2 PUBLIC HEALTH

-GOOD NEWS CLINICS

NGMC BARROW LLC:

PART V, SECTION B, LINE 11: NORTHEAST GEORGIA MEDICAL CENTER DEFINED FOUR COMMUNITIES SERVED BY THEIR FOUR HOSPITAL FACILITIES: NGMC GREATER BRASELTON SERVICE AREA (GBSA), NGMC PRIMARY SERVICE AREA (PSA), NGMC SECONDARY SERVICE AREA 400 (SSA 400), AND NGMC SECONDARY SERVICE AREA

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

NORTH (SSA NORTH). BASED ON RESULTS OF THE 2022 CHNA, THE FOLLOWING THREE PRIORITIES WERE ADOPTED BY THE ORGANIZATION AND REPRESENT THOSE ON WHICH WE CAN HAVE THE MOST IMPACT BASED ON PRIORITIZATION CRITERIA:

-BEHAVIORAL AND MENTAL HEALTH (ALL NGMC SERVICE AREAS)

-ACCESS TO CARE (ALL NGMC SERVICE AREAS)

-HEALTHY BEHAVIORS (ALL NGMC 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/COMMUNITY-BENEFIT-RESOURCES](https://www.nghs.com/community-benefit-resources), GO TO INITIATIVES AND ACTIVITIES, AND CLICK ON 2023 2025 IMPLEMENTATION PLAN.

THE HEALTH NEEDS THE SYSTEM CHOSE NOT TO ADDRESS THROUGH THE PRIORITIZATION PROCESS INCLUDE THE FOLLOWING, BROKEN DOWN BY SERVICE AREA:

-NGMC PSA: FOOD ACCESS AND NUTRITION, MATERNAL AND CHILD HEALTH, SOCIAL ISOLATION.

-NGMC GBSA: MATERNAL AND CHILD HEALTH, PHYSICAL ACTIVITY, INJURY AND DEATH, VIOLENCE, CHILD ABUSE, INCOME, EDUCATION, ACCESS TO DENTAL CARE, CANCER, TRANSPORTATION.

-NGMC 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.

-NGMC SSA 400: MATERNAL AND CHILD HEALTH, SMOKING, VIOLENCE/CHILD ABUSE, INCOME, ACCESS TO DENTAL CARE, SOCIAL ISOLATION, CANCER, TRANSPORTATION.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

EVEN SO, NGMC DOES ACTIVELY WORK ON THESE ISSUES. FOR INSTANCE, ACCESS TO CARE IS A PRIORITY ACROSS THE REGION AND WHILE TRANSPORTATION WAS NOT SINGLED OUT AS A PRIORITY, WE CONSIDER TRANSPORTATION TO BE A KEY COMPONENT TO ACCESSING CARE. WHILE TRANSPORTATION ON ITS OWN DID NOT MAKE THE HEALTH PRIORITY LIST, IT WOULD BE AN ISSUE CONSIDERED IN ACCESS TO CARE ISSUES. 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.

NGMC LUMPKIN LLC:

PART V, SECTION B, LINE 11: NORTHEAST GEORGIA MEDICAL CENTER DEFINED FOUR COMMUNITIES SERVED BY THEIR FOUR HOSPITAL FACILITIES: NGMC GREATER BRASELTON SERVICE AREA (GBSA), NGMC PRIMARY SERVICE AREA (PSA), NGMC SECONDARY SERVICE AREA 400 (SSA 400), AND NGMC SECONDARY SERVICE AREA NORTH (SSA NORTH). BASED ON RESULTS OF THE 2022 CHNA, THE FOLLOWING THREE PRIORITIES WERE ADOPTED BY THE ORGANIZATION AND REPRESENT THOSE ON WHICH WE CAN HAVE THE MOST IMPACT BASED ON PRIORITIZATION CRITERIA:

-BEHAVIORAL AND MENTAL HEALTH (ALL NGMC SERVICE AREAS)

-ACCESS TO CARE (ALL NGMC SERVICE AREAS)

-HEALTHY BEHAVIORS (ALL NGMC 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/COMMUNITY-BENEFIT-RESOURCES](https://www.nghs.com/community-benefit-resources), GO TO INITIATIVES AND ACTIVITIES, AND CLICK ON 2023 2025 IMPLEMENTATION PLAN.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

THE HEALTH NEEDS THE SYSTEM CHOSE NOT TO ADDRESS THROUGH THE

PRIORITIZATION PROCESS INCLUDE THE FOLLOWING, BROKEN DOWN BY SERVICE AREA:

-NGMC PSA: FOOD ACCESS AND NUTRITION, MATERNAL AND CHILD HEALTH, SOCIAL ISOLATION.

-NGMC GBSA: MATERNAL AND CHILD HEALTH, PHYSICAL ACTIVITY, INJURY AND DEATH, VIOLENCE, CHILD ABUSE, INCOME, EDUCATION, ACCESS TO DENTAL CARE, CANCER, TRANSPORTATION.

-NGMC 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.

-NGMC SSA 400: MATERNAL AND CHILD HEALTH, SMOKING, VIOLENCE/CHILD ABUSE, INCOME, ACCESS TO DENTAL CARE, SOCIAL ISOLATION, CANCER, TRANSPORTATION.

EVEN SO, NGMC DOES ACTIVELY WORK ON THESE ISSUES. FOR INSTANCE, ACCESS TO CARE IS A PRIORITY ACROSS THE REGION AND WHILE TRANSPORTATION WAS NOT SINGLED OUT AS A PRIORITY, WE CONSIDER TRANSPORTATION TO BE A KEY COMPONENT TO ACCESSING CARE. WHILE TRANSPORTATION ON ITS OWN DID NOT MAKE THE HEALTH PRIORITY LIST, IT WOULD BE AN ISSUE CONSIDERED IN ACCESS TO CARE ISSUES. 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.

NGMC BARROW LLC

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

WWW.NGHS.COM/FINANCIAL-ASSISTANCE

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

NGMC LUMPKIN LLC

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

WWW.NGHS.COM/FINANCIAL-ASSISTANCE

NGMC BARROW LLC:

PART V, SECTION B, LINE 16J: PATIENTS MAY SUBMIT A FINANCIAL ASSISTANCE APPLICATION VIA THE ONLINE PATIENT PORTAL OR MYCHART APP.

NGMC LUMPKIN LLC:

PART V, SECTION B, LINE 16J: PATIENTS MAY SUBMIT A FINANCIAL ASSISTANCE APPLICATION VIA THE ONLINE PATIENT PORTAL OR MYCHART APP.

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? 14

Name and address	Type of Facility (describe)
1 GEORGIA HEART INSTITUTE GAINESVILLE 200 SOUTH ENOTA DRIVE, SUITE 100/SUIT GAINESVILLE, GA 30501	CARDIOLOGY
2 GEORGIA HEART INSTITUTE BLAIRSVILLE 346 DEEP SOUTH FARM ROAD, SUITE B BLAIRSVILLE, GA 30512	CARDIOLOGY
3 GEORGIA HEART INSTITUTE CUMMING 900 SANDERS ROAD, SUITE A CUMMING, GA 30041	CARDIOLOGY
4 GEORGIA HEART INSTITUTE BUFORD 4445 SOUTH LEE STREET, SUITE 300 BUFORD, GA 30518	CARDIOLOGY
5 GEORGIA HEART INSTITUTE CLAYTON 536 HIGHWAY 441 S CLAYTON, GA 30525	CARDIOLOGY
6 GEORGIA HEART INSTITUTE DAHLONEGA 70 MOUNTAIN DRIVE, SUITE C DAHLONEGA, GA 30533	CARDIOLOGY
7 GEORGIA HEART INSTITUTE TOCCOA 288 BIG A RD TOCCOA, GA 30577	CARDIOLOGY
8 GEORGIA HEART INSTITUTE DEMOREST (HAB 590 OLD HISTORIC U.S. 441 DEMOREST, GA 30535	CARDIOLOGY
9 GEORGIA HEART INSTITUTE DAWSONVILLE 108 PROMINENCE COURT, SUITE 210 DAWSONVILLE, GA 30534	CARDIOLOGY
10 GEORGIA HEART INSTITUTE HAMILTON MILL 3575 BRASELTON HWY DACULA, GA 30019	CARDIOLOGY

Schedule H (Form 990) 2021

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? 14

Name and address	Type of Facility (describe)
11 GEORGIA HEART INSTITUTE COMMERCE 170 CARDIOLOGY PLACE COMMERCE, GA 30529	CARDIOLOGY
12 GEORGIA HEART INSTITUTE BETHLEHEM 426 EXCHANGE BLVD, SUITE 600 BETHELHEM, GA 30620	CARDIOLOGY
13 GEORGIA HEART INSTITUTE OF NGMC AT NG 1240 JESSE JEWELL PARKWAY SOUTHEAST, GAINESVILLE, GA 30501	CARDIOLOGY
14 GEORGIA HEART INSTITUTE BRASELTON 1404 RIVER PLACE, SUITE 501 BRASELTON, GA 30517	CARDIOLOGY

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.

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.

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.

Part VI Supplemental Information (Continuation)

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.

IN ADDITION, NGHS HAS MULTIPLE ACTIVITIES WITHIN THE ORGANIZATION THAT DO NOT FALL UNDER THE OPERATIONS OF THE HOSPITALS, NGMC BARROW OR NGMC LUMPKIN. THE INSTRUCTIONS FOR SCHEDULE H, PART I, LINE 7, COLUMN (F) STATE THAT THE PERCENTAGE IS TO BE CALCULATED USING THE TOTAL EXPENSES FROM FORM 990, PART IX, LINE 25, COLUMN (A) LESS BAD DEBT EXPENSE. THEREFORE, THE REPORTED PERCENTAGES ARE RELATIVE TO ALL NGHS EXPENSES, NOT JUST THE EXPENSES ATTRIBUTABLE TO THE HOSPITAL OPERATIONS OF NGMC BARROW AND NGMC LUMPKIN.

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 \$9,995,910 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 \$6,909,051 FOR NGMC LUMPKIN. THE ESTIMATED PROVISION FOR BAD DEBTS IS REPORTED AS A DEDUCTION FROM PATIENT SERVICE REVENUE.

PART II, COMMUNITY BUILDING ACTIVITIES:

Part VI Supplemental Information (Continuation)

NGMC BARROW

NGMC BARROW CONDUCTED A VARIETY OF COMMUNITY BUILDING ACTIVITIES PROMOTING THE HEALTH OF ITS COMMUNITY IN FY22. SUCH PROGRAMS ACTIVATED AWARENESS AROUND CHILDREN'S SAFETY, COMMUNITY HEALTH EDUCATION, AND MENTAL HEALTH.

SAFE KIDS NORTHEAST GEORGIA: NGMC BARROW SERVED AS THE LEAD AGENCY FOR SAFE KIDS NORTHEAST GEORGIA, REDUCING UNINTENTIONAL INJURIES AND DEATH IN CHILDREN 19 AND UNDER. IN FY22, SAFE KIDS PROVIDED TWO PROGRAMS AND EVENTS IN THE BARROW AREA, WITH OUTREACH TO OVER 650 CHILDREN AND THEIR FAMILY MEMBERS, TEACHERS, AND CAREGIVERS. THESE PROGRAMS DISTRIBUTED SAFETY ITEMS TO FAMILIES WHO NEEDED THEM, INCLUDING 125 HELMETS AND \$2,549 WORTH OF BOOSTER SEATS. SAFE KIDS WAS FUNDED BY THE NGHS FOUNDATION. OVERALL SUPPORT CAME AT A COST OF \$4,844 FOR NGMC BARROW IN FY22.

STROKE EDUCATION AND OUTREACH: IN FY22, STAFF FROM THE NGMC BARROW STROKE UNIT PROVIDED EDUCATION TO THE COMMUNITY ABOUT STROKE PREVENTION, SYMPTOMS, RISK FACTORS, AND ACTIONS TO TAKE. EDUCATIONAL DEMONSTRATIONS WERE PROVIDED AT SEVERAL COMMUNITY EVENTS. THESE HEALTH EDUCATION ENGAGEMENTS CAME AT A COST OF \$320 FOR NGMC BARROW IN FY22.

QPR TRAINING FOR MENTAL HEALTH: QPR SUICIDE PREVENTION TRAINING WAS PROVIDED TO 300 INDIVIDUALS AT AN EXPENSE OF \$1,455 TO NGMC BARROW IN FY22. THIS IMPORTANT TRAINING TEACHES HOW TO: ASK THE SUICIDE QUESTION, PERSUADE THE PERSON TO STAY ALIVE, AND THEN REFER THE PERSON TO THE APPROPRIATE SUPPORT.

WE REGULARLY MONITOR THE COUNTY HEALTH RANKINGS PUBLISHED BY THE ROBERT

Part VI Supplemental Information (Continuation)

WOOD JOHNSON FOUNDATION

([HTTP://WWW.COUNTYHEALTHRANKINGS.ORG/ABOUT-PROJECT](http://www.countyhealthrankings.org/about-project)), AS WELL AS CDC WONDER AND OTHER PUBLICLY AVAILABLE INFORMATION.

NGMC ANNUALLY REPORTS ON THE PROGRESS OF CHNA OUTCOMES AND ACTIVITIES, WHICH INCLUDES QUANTITATIVE INFORMATION ON IDENTIFIED HEALTH NEEDS.

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), WHICH THE SYSTEM MAINTAINED IN FY22. 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).

NGMC LUMPKIN

NGMC LUMPKIN DIRECTOR KAY HALL SERVED ON THE BOARD OF THE LUMPKIN COUNTY COMMUNITY HELPING PLACE, WHICH PROVIDES A FREE MEDICAL CLINIC, CLOTHES

Part VI Supplemental Information (Continuation)

CLOSET, FOOD PANTRY AND OTHER TANGIBLES SUCH AS MONETARY DONATIONS FOR ELECTRICITY, TRANSPORTATION TO MD OFFICES, COMMUNITY NAVIGATION AND HAS JUST BEGUN WITH MENTAL HEALTH SERVICES. HAVING A CONNECTION ON THIS BOARD HAS SUPPORTED THE PARTNERSHIP IN PLACE TO PROVIDE MEDICAL CARE FOR LOW-INCOME COMMUNITY MEMBERS. THIS SUPPORT CAME AT A COST OF \$3,227 FOR NGMC LUMPKIN FY22.

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.

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.

PART III, LINE 9B:

Part VI Supplemental Information (Continuation)

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 AN 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.

PART VI, LINE 2:

NGMC BARROW AND NGMC LUMPKIN

- NGMC HAS PARTNERED WITH OTHER HEALTHCARE PROVIDERS IN THE COMMUNITY TO FORM THE HEALTHCARE INITIATIVE CONSORTIUM. THIS GROUP HAS WORKED WITH A LOCAL UNIVERSITY TO DEVELOP AN ONGOING DATABASE OF FIVE DATA ELEMENTS THAT WILL GIVE THE COMMUNITY UP-TO-DATE INFORMATION ON THE HEALTH ISSUES AFFECTING ITS RESIDENTS. THE FIVE DATA ELEMENTS COLLECTED ARE: BMI (HEIGHT/WEIGHT), A1C, BLOOD PRESSURE, CHOLESTEROL, LDL, AND MICROALBUMIN. THIS GIVES US INFORMATION RELATED TO THE FOLLOWING HEALTH ISSUES: OBESITY, DIABETES, CARDIOVASCULAR DISEASE, AND HYPERTENSION. THE GROUP HAS COLLECTED DATA ON BOTH ADULTS, AS WELL AS PEDIATRIC PATIENTS.

- WE REGULARLY MONITOR THE COUNTY HEALTH RANKINGS PUBLISHED BY THE ROBERT WOOD JOHNSON FOUNDATION

Part VI Supplemental Information (Continuation)

(HTTP://WWW.COUNTYHEALTHRANKINGS.ORG/ABOUT-PROJECT), AS WELL AS CDC WONDER AND OTHER PUBLICLY AVAILABLE INFORMATION.

- NGMC ANNUALLY REPORTS ON THE PROGRESS OF CHNA OUTCOMES AND ACTIVITIES, WHICH INCLUDES QUANTITATIVE INFORMATION ON IDENTIFIED HEALTH NEEDS.

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), WHICH THE SYSTEM MAINTAINED IN FY22. 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).

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

Part VI Supplemental Information (Continuation)

NEEDS OF THE COMMUNITY IT SERVES THROUGH SERVICE ON THESE COMMITTEES. FOR EXAMPLE, THE PUBLIC RELATIONS MANAGER OF NGMC BARROW SUNITA SINGH SERVES AS CO-CHAIR OF THE NGHS DIVERSITY, EQUITY, AND INCLUSION COUNCIL. SINGH ALSO SERVES AS VICE CHAIR FOR BARROW CHAMBER OF COMMERCE'S WOMEN IN BUSINESS PROGRAM AND FOR THE BARROW ARTS & SCIENCE ACADEMY'S GOVERNANCE TEAM. FOR THE PAST FOUR YEARS, SHE HAS SERVED AS THE CHAIR OF FRIENDS OF BOY SCOUTS BENEFITING BARROW COUNTY BOY SCOUTS PROGRAM AND ADDITIONALLY SERVES ON THE EXECUTIVE BOARD OF DIRECTORS FOR NEGA COUNCIL-BOY SCOUTS OF AMERICA. SINGH ALSO REPRESENTS BARROW COUNTY BY SERVING ON THE WORKFORCE DEVELOPMENT GRANT REVIEW PANELIST FOR UNITED WAY OF NORTHEAST GEORGIA AND GO RED FOR WOMEN EXECUTIVE LEADERSHIP TEAM FOR AMERICAN HEART ASSOCIATION.

PART VI, LINE 3:

NGMC BARROW AND NGMC LUMPKIN

EDUCATION BEGINS WITH OUR PLAIN LANGUAGE SUMMARY PROVIDED AT REGISTRATION. SIGNS ARE PROMINENTLY POSTED AT CHECK IN, REGISTRATION, AND WAITING AREAS. BUSINESS CARDS AND FLIERS ARE ALSO AVAILABLE. REGISTRARS PROVIDE COPIES OF OUR APPLICATION UPON REQUEST. FINANCIAL ASSISTANCE REPRESENTATIVES PROVIDE BEDSIDE SCREENING IN THE EMERGENCY DEPARTMENT, AND TO UNINSURED BEDDED PATIENTS DURING STAFFED HOURS OR VIA FOLLOW UP PHONE CALLS IF A BEDDED PATIENT IS DICHARGED PRIOR TO SCREENING. OUR NGHS WEBSITE INCLUDES OUR PLAIN LANGUAGE SUMMARY, POLICY, AND APPLICATIONS IN ENGLISH & SPANISH. OUR PATIENT PORTAL, MYCHART, INCLUDES A SELF-SERVICE ONLINE APPLICATION AND CONTACT INFORMATION FOR ASSISTANCE. OUR PATIENT BILLING CUSTOMER SERVICE TEAM IS TRAINED TO PROVIDE DETAILED SUPPORT TO PATIENTS WHO HAVE A HIGH BALANCE OR EXPRESS DIFFICULTY IN AFFORDING THEIR RESPONSIBILITY. ALL PATIENT SCREENED BY A FINANCIAL ASSISTANCE REPRESENTATIVE OR WHO SUBMIT AN

Part VI Supplemental Information (Continuation)

FINANCIAL ASSISTANCE APPLICATION MAY RECEIVE COUNSELING REGARDING
GOVERNMENTAL PROGRAMS FOR WHICH THEY MAY QUALIFY, INCLUDING BUT NOT
LIMITED TO, MEDICAID AND DISABILITY.

PART VI, LINE 4:

NGMC BARROW AND NGMC LUMPKIN

POPULATION: FROM 2010 TO 2021, THE HEALTH SYSTEM'S TOTAL SERVICE AREA
("TSA") POPULATION GREW AN ESTIMATED 1.8% PER YEAR ON AVERAGE COMPARED TO
THE STATE OF GEORGIA AT 1.0% AND THE US AT 0.6%. POPULATION FOR THE TSA
IN 2021 IS ESTIMATED TO BE 1,102,741 REPRESENTING A TOTAL GROWTH RATE OF
21.6% SINCE 2010, COMPARED TO THE STATE OF GEORGIA'S GROWTH (11.1%) AND
THE US (7.3%) OVER THE SAME TIME PERIOD. THE TSA'S POPULATION GROWTH RATE
IS PROJECTED TO OUTPACE GEORGIA AND THE US THROUGH AT LEAST 2023, 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 \$64,179 COMPARED TO THE STATE OF GEORGIA AT \$65,060. THE MEDIAN
HOME VALUE FOR THE TSA IS CURRENTLY \$215,800 COMPARED TO THE STATE OF
GEORGIA AT \$206,700. SOURCES: US CENSUS BUREAU; ESRI, INC.

EMPLOYMENT: THE UNEMPLOYMENT RATE FOR THE NGHS TOTAL SERVICE AREA WAS
2.7% IN 2021 COMPARED WITH THE STATE OF GEORGIA AT 3.9% AND THE U.S. AT
5.3%. FOR AT LEAST THE LAST 11 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.

Part VI Supplemental Information (Continuation)

PART VI, LINE 5:

NGMC BARROW AND NGMC LUMPKIN

NORTHEAST GEORGIA MEDICAL CENTER'S BOARD OF DIRECTORS IS COMPRISED OF 15 MEMBERS AND 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 NGHS AND NGMC ENTITIES UNDERGO EXTENSIVE ONBOARDING PRIOR TO BEING AFFILIATED WITH THE HEALTH SYSTEM, SECURING STANDARD OF CARE AND SAFETY TO OUR COMMUNITY. THE MEDICAL CENTER CONDUCTS PHYSICIAN MANPOWER STUDIES TO DETERMINE THE NUMBER OF PHYSICIANS NEEDED BY SPECIALTY TO MEET COMMUNITY NEED. INFORMATION FROM THESE STUDIES IS USED TO HELP GUIDE DECISIONS FOR PHYSICIAN RECRUITMENT.

ALL REVENUES MORE THAN 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 PERCENT OF THE FEDERAL POVERTY GUIDELINES QUALIFY FOR A 100 PERCENT CHARITY ADJUSTMENT, WHICH MEANS THAT THEIR QUALIFYING SERVICES ARE FREE. ADDITIONALLY, PATIENTS WITH A FAMILY INCOME OF 151 TO 300 PERCENT QUALIFY FOR DISCOUNTED CARE ON A SLIDING SCALE, WITH THE MOST THAT A PATIENT WOULD PAY IS THE MEDICARE RATE.

NGMC LUMPKIN

Part VI Supplemental Information (Continuation)

NGMC PROVIDED FINANCIAL AND STAFF SUPPORT FOR COMMUNITY HELPING PLACE, AN INDIGENT HEALTH CLINIC IN LUMPKIN COUNTY THAT PROVIDES MEDICAL AND DENTAL SERVICES FOR THE AREA'S MOST VULNERABLE POPULATIONS. NGMC DONATED \$15,000 TO HELP SUPPORT THESE EFFORTS IN FY22 NGMC LUMPKIN DIRECTOR KAY HALL SERVED ON THE BOARD OF THE LUMPKIN COUNTY COMMUNITY HELPING PLACE AND NAVIGATION TOWARD MENTAL HEALTH SERVICES. THE VALUE OF STAFF TIME IN FY22 TOTALED \$3,227.

NGMC FUNDED SUPPORT FOR THE GOOD SHEPHERD CLINIC IN FY22. THE GOOD SHEPHERD CLINIC OF DAWSON COUNTY STRIVES TO MAKE DAWSON COUNTY A BETTER PLACE BY PROVIDING HEALTH CARE FOR THOSE WHO HAVE NONE. IN FY22, NGMC PROVIDED OFFICE SPACE FREE OF CHARGE TO THE CLINIC AT A VALUE OF \$185,193 ALONG WITH AN ADDITIONAL DONATION OF \$10,000 TO THE CLINIC.

PART VI, LINE 6:

NGMC BARROW AND NGMC LUMPKIN

NORTHEAST GEORGIA MEDICAL CENTER (NGMC) IS AN AFFILIATE OF NORTHEAST GEORGIA HEALTH SYSTEM. OTHER AFFILIATES ALONG WITH NGMC GAINESVILLE AND BRASELTON INCLUDE NGMC BARROW, NGMC LUMPKIN, NORTHEAST GEORGIA PHYSICIANS GROUP, THE NORTHEAST GEORGIA HEALTH SYSTEM FOUNDATION, NORTHEAST GEORGIA HEALTH PARTNERS, RIVER PLACE MEDICAL OFFICE PLAZA I, AND GEORGIA HEART INSTITUTE, 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

Part VI Supplemental Information (Continuation)

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 400 PHYSICIANS, PHYSICIAN ASSISTANTS, NURSE PRACTITIONERS AND OTHER CLINICAL STAFF PROVIDING HEALTHCARE SERVICES AT 65 LOCATIONS THROUGHOUT

Part VI Supplemental Information (Continuation)

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 GEORGIA HEART INSTITUTE 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.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

GA

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

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.

1 (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 P.O. BOX 1685 ATLANTA, GA 30301	13-1788491	501(C)(3)	42,500.	0.			RELAY FOR LIFE SPONSORSHIP
AMERICAN HEART ASSOCIATION P.O BOX 841750 DALLAS, TX 75284	13-5613797	501(C)(3)	47,739.	0.			HEARTWALK SPONSORSHIP
CHATEAU ELAN MILITARY SUPPORT 6004 CHICKASAW LANE BRASELTON, GA 30517	84-1848145	501(C)(3)	7,500.	0.			CE MILITARY FOUNDATION FUNDRAISING EVENTS
COMMUNITY HELPING PLACE, INC. P.O. BOX 712 DAHLONEGA, GA 30533	37-1554437	501(C)(3)	15,000.	0.			TOMATO SUPPER SPONSORSHIP
DACULA HIGH SCHOOL TOUCHDOWN P.O. BOX 826 DACULA, GA 30019	46-3461731	501(C)(3)	5,500.	0.			TIMEOUT SPONSOR 2500, FIRST DOWN SPONSOR 3000
DAWSON COUNTY CHAMBER OF COMMERCE P.O BOX 299 DAWSONVILLE, GA 30534	58-1950100	115	24,400.	0.			VARIOUS SPONSORSHIPS

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) 2021**

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(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)	10,000.	0.			ANNUAL SPONSORSHIP
FORSYTH COUNTY CHAMBER OF COMMERCE 212 WEBB STREET CUMMING, GA 30040	58-1048245	501(C)(3)	15,500.	0.			VARIOUS SPONSORSHIPS
GAINESVILLE JAYCEES P.O. BOX 126 GAINESVILLE, GA 30503	31-1763149	501(C)(3)	10,000.	0.			CORPORATE SPONSORSHIP
GAINESVILLE PARKS & RECREATION 830 GREEN STREET GAINESVILLE, GA 30501	58-6000581		26,000.	0.			2 YEAR SPONSORSHIP 16K, 2022 WILSHIRE WONDERLAND OF LIGHTS SPONSOR 10K
GAINESVILLE PARKS AND GREENWAY 830 GREEN STREET GAINESVILLE, GA 30501	58-2263214	115	11,000.	0.			2021 WILSHIRE WONDERLAND OF LIGHTS 10K, BUTTERFLY RELEASE SPONSORSHIP 1K
GOERGIA CENTER FOR NURSING EXCELLENCE - 3032 BRIARCLIFF ROAD - ATLANTA, GA 30329	87-1005670	501(C)(3)	8,000.	0.			GA NURSING WORKFORCE SPONSOR
GEORGIA EMS ASSOCIATION 386 RIVER POINT DRIVE MCDONOUGH, GA 30252	58-1867952	501(C)(6)	6,000.	0.			CORPORATE SPONSORSHIP
GLORY HOPE AND LIFE INC 725 JESSE JEWELL PKWY, STE 270 GAINESVILLE, GA 30501	26-4134012	501(C)(3)	15,000.	0.			ANNUAL SPONSORSHIP
GOOD NEWS CLINICS 810 PINE STREET GAINESVILLE, GA 30501	58-1895047	501(C)(3)	160,648.	0.			25% OPERATING EXPENSE ALONG WITH INCENTIVE

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(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 SHEPARD CLINIC OF DAWSON 452 HWY 53 E #1009 DAWSONVILLE, GA 30534	27-0245804	501(C)(3)	10,000.	0.			GRITS AND GRANOLA EVENT SPONSOR
GREATER HALL CHAMBER OF COMMERCE P.O. BOX 374 GAINESVILLE, GA 30503	58-0251406	501(C)(3)	27,060.	0.			VARIOUS SPONSORSHIPS
INTERACTIVE NEIGHBORHOOD 999 CHESTNUT STREET GAINESVILLE, GA 30501	75-3077646	501(C)(3)	7,000.	0.			SPONSORSHIPS
J'A PLACE RECOVERY CENTER 664 LANIER PARK DRIVE GAINESVILLE, GA 30501	83-0897362	501(C)(3)	6,000.	0.			DONATION 1K, SPONSORSHIP 5K
JACKSON COUNTY AREA CHAMBER OF COMMERCE - P.O. BOX 629 - JEFFERSON, GA 30549	58-1238040	501(C)(3)	27,100.	0.			VARIOUS SPONSORSHIPS
JOHN JARRARD FOUNDATION 500 JESSE JEWELL PKWY, STE 300 GAINESVILLE, GA 30501	20-8879399	501(C)(3)	10,000.	0.			SPONSOR ANNUAL CONCERT
LAKE LANIER OLYMPIC PARK P.O. BOX 369 GAINESVILLE, GA 30503	58-2094780	501(C)(3)	606,500.	0.			SPONSORSHIP FOR PLAZA 600K, SPONSORSHIPS 6500
LUMPKIN COUNTY FAMILY CONNECTION 56 INDIAN DRIVE DAHLONEGA, GA 30533	74-3144389	501(C)(3)	7,500.	0.			TURKEY TROT SPONSORSHIP 2500 , TASTE OF THE MTNS 5K
NORTHEAST GEORGIA HISTORY CENTER P.O. BOX 1451 GAINESVILLE, GA 30503	58-1443900	501(C)(3)	10,000.	0.			PILLAR SPONSOR

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(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
PROFESSIONAL ASSOCIATION MGT 4850 GOLDEN PARKWAY BUFORD, GA 30518	13-5641985	501(C)(3)	8,000.	0.			SPONSORSHIPS
ROTARY CLUB OF DAWSON COUNTY P.O. BOX 1495 DAWSONVILLE, GA 30534	82-1123575	501(C)(3)	17,500.	0.			VARIOUS SPONSORSHIPS
ROTARY CLUB OF GAINESVILLE P.O. BOX 382 GAINESVILLE, GA 30503	58-6044389	501(C)(4)	10,500.	0.			VARIOUS SPONSORSHIPS
STERLING ON THE LAKE 7005 LAKE STERLING BLVD FLOWERY BRANCH, GA 30542	51-0493899		5,500.	0.			SPONSORSHIP
WOMENSOURCE INC P.O. BOX 684 GAINESVILLE, GA 30503	26-2882799	501(C)(3)	10,000.	0.			VARIOUS SPONSORSHIPS
YMCA 2455 YMCA DRIVE GAINESVILLE, GA 30501	58-2203268	501(C)(3)	21,500.	0.			VARIOUS SPONSORSHIPS
YMCA 50 BRAD AKINS DR WINDER, GA 30680	58-2203268	501(C)(3)	5,000.	0.			ANNUAL CONTRIBUTION

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

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

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

PART I, LINE 2:

THE MAJORITY OF GRANTS ARE TO 501(C)(3) ORGANIZATIONS. APPROVAL IS OBTAINED

PRIOR TO DISBURSEMENT.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization: **NORTHEAST GEORGIA HEALTH SYSTEM, INC.**
 Employer identification number: **58-1694090**

Part I Questions Regarding Compensation

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

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
1b		
2	X	
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2021

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC 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				
(1) JOHN CLIFTON HASTINGS MEMBER, PHYSICIAN-NGPG	(i)	0.	0.	0.	0.	0.	0.
	(ii)	721,715.	100,000.	25,727.	10,150.	891,720.	0.
(2) PIERPONT BROWN MEMBER, PHYSICIAN-NGPG	(i)	0.	0.	0.	0.	0.	0.
	(ii)	370,314.	123,734.	27,054.	10,150.	561,591.	0.
(3) CAROL BURRELL PRESIDENT & CEO	(i)	0.	0.	0.	0.	0.	0.
	(ii)	1,132,808.	472,030.	52,914.	75,452.	1,758,596.	0.
(4) BRIAN D. STEINES CHIEF FINANCIAL OFFICER	(i)	0.	0.	0.	0.	0.	0.
	(ii)	626,308.	298,270.	49,884.	87,593.	29,090.	1,091,145.
(5) STEPHEN KELLY CHIEF COMPLIANCE OFFICER	(i)	0.	0.	0.	0.	0.	0.
	(ii)	226,602.	80,017.	20,818.	39,957.	17,247.	384,641.
(6) MICHAEL COVERT CHIEF OPERATING OFFICER	(i)	0.	0.	0.	0.	0.	0.
	(ii)	796,904.	374,154.	43,014.	105,863.	24,329.	1,344,264.
(7) ANDREI BOYARSHINOV VP LEGAL AFFAIRS & CHIEF LEGAL OFFIC	(i)	0.	0.	0.	0.	0.	0.
	(ii)	420,579.	152,811.	38,085.	62,303.	30,059.	703,837.
(8) CHAD HATFIELD VP - REGIONAL HOSPITALS	(i)	0.	0.	0.	0.	0.	0.
	(ii)	195,831.	0.	729.	4,731.	15,674.	216,965.
(9) CHRISTOPHER PARAVATE CHIEF INFORMATION OFFICER - NGHS	(i)	0.	0.	0.	0.	0.	0.
	(ii)	416,607.	172,337.	22,152.	63,143.	28,628.	702,867.
(10) DANIEL TUFFY PRESIDENT AND CAO - NGPG	(i)	0.	0.	0.	0.	0.	0.
	(ii)	410,357.	170,181.	22,603.	61,198.	29,582.	693,921.
(11) HABIB SAMADY PRESIDENT - GEORGIA HEART INSTITUTE	(i)	0.	0.	0.	0.	0.	0.
	(ii)	972,102.	177,790.	49,055.	94,888.	11,958.	1,305,793.
(12) LORIE SHOEMAKER CHIEF NURSING EXECUTIVE - CONTRACT	(i)	0.	0.	0.	0.	0.	0.
	(ii)	368,341.	0.	0.	0.	0.	368,341.
(13) LUISA GUTMAN CHIEF HR OFFICER - NGHS	(i)	0.	0.	0.	0.	0.	0.
	(ii)	173,265.	74,219.	228,999.	38,267.	8,967.	523,717.
(14) MELISSA TYMCHUK CHIEF OF STAFF	(i)	0.	0.	0.	0.	0.	0.
	(ii)	272,797.	84,863.	31,879.	49,499.	31,952.	470,990.
(15) TRACY VARDEMAN CHIEF STRATEGY EXECUTIVE - NGHS	(i)	0.	0.	0.	0.	0.	0.
	(ii)	373,629.	178,223.	24,432.	73,507.	26,040.	675,831.
(16) JEH-WEI CHENG PHYSICIAN	(i)	0.	0.	0.	0.	0.	0.
	(ii)	580,746.	147,538.	20,556.	10,150.	14,013.	773,003.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.
 For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC 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				
(17) MITCHELL DAVIS PHYSICIAN	(i) 0. (ii) 471,539.	0. 247,828.	0. 27,054.	0. 10,150.	0. 32,069.	0. 788,640.	0. 0.
(18) NIMA GHASEMZADEH PHYSICIAN	(i) 0. (ii) 578,614.	0. 152,774.	0. 20,670.	0. 10,150.	0. 11,463.	0. 773,671.	0. 0.
(19) RYAN WHITNEY PHYSICIAN	(i) 0. (ii) 666,235.	0. 257,517.	0. 2,652.	0. 10,150.	0. 20,227.	0. 956,781.	0. 0.
(20) UGOCHUKWU EGOLUM PHYSICIAN	(i) 0. (ii) 492,665.	0. 243,571.	0. 20,556.	0. 10,150.	0. 29,896.	0. 796,838.	0. 0.
(21) BRENDA SIMPSON FORMER CHIEF NURSING EXECUTIVE - NGM	(i) 0. (ii) 100,597.	0. 3,758.	0. 829.	0. 4,244.	0. 846.	0. 110,274.	0. 3,758.
(22) LOUIS SMITH JR. FORMER PRESIDENT - NGMC - SYSTEM ACU	(i) 0. (ii) 0.	0. 0.	179,296.	0.	8,231.	187,527.	0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

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.

PART I, LINES 4A-B:

SEVERANCE PAYMENT

IN ACCORDANCE WITH AN EMPLOYMENT ARRANGEMENT, THE FOLLOWING INDIVIDUALS

RECEIVED SEVERANCE PAYMENTS:

LUISA GUTMAN \$ 225,816

LOUIS SMITH JR. \$ 179,296

EMPLOYER CONTRIBUTION TO 457(F) EXECUTIVE RETIREMENT BENEFIT PLAN

ANDREI BOYARSHINOV \$ 52,153

BRENDA SIMPSON \$ 3,758

BRIAN D. STEINES \$ 77,443

CHRISTOPHER PARAVATE \$ 52,993

DANIEL TUFFY \$ 52,330

HABIB SAMADY \$ 84,738

LUISA GUTMAN \$ 32,097

MELISSA TYMCHUK \$ 31,718

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.

MICHAEL COVERT \$ 95,713

STEPHEN KELLY \$ 29,807

TRACY M. VARDEMAN \$ 46,373

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, 2022 WAS \$6,013,878 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 \$ 3,758

BRIAN D. STEINES \$ 76,992

CHRISTOPHER PARAVATE \$ 52,025

DANIEL TUFFY \$ 51,375

LUISA GUTMAN \$ 63,083

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.

MELISSA TYMCHUK \$ 29,187

MICHAEL COVERT \$ 95,713

TRACY M. VARDEMAN \$ 42,344

STEPHEN KELLY \$ 29,262

Multiple horizontal lines for supplemental information.

SCHEDULE L
(Form 990)

Transactions With Interested Persons

OMB No. 1545-0047

2021

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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

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
CAROL BURRELL	PRESIDENT	SEE PART		X	5,600,000.	6,013,878.		X	X		X	
Total						▶ \$ 6,013,878.						

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

SEE PART V FOR CONTINUATIONS

Part IV Business Transactions Involving Interested Persons.

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

Table with 5 main columns: (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).

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: CAROL BURRELL

(B) RELATIONSHIP WITH ORGANIZATION: PRESIDENT & CEO

(C) PURPOSE OF LOAN: SEE PART V

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.

Part V Supplemental Information

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

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.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

NORTHEAST GEORGIA HEALTH SYSTEM, INC.

Employer identification number

58-1694090

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

A. NORTHEAST GEORGIA MEDICAL CENTER, INC. (GAINESVILLE AND BRASELTON
CAMPUSES)

B. NORTHEAST GEORGIA MEDICAL CENTER BARROW

C. NORTHEAST GEORGIA MEDICAL CENTER LUMPKIN

D. THE MEDICAL CENTER FOUNDATION, INC. (NGHS FOUNDATION)

E. NORTHEAST GEORGIA PHYSICIANS GROUP

F. GEORGIA HEART INSTITUTE

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

NORTHEAST GEORGIA HEALTH SYSTEM (NGHS) IS A GEORGIA NOT-FOR-PROFIT
COMMUNITY HEALTH SYSTEM WITH THE MISSION TO "IMPROVE THE HEALTH OF THE
COMMUNITY IN ALL WE DO." THE HEALTH SYSTEM SERVES MORE THAN ONE MILLION
PEOPLE IN 19 COUNTIES ACROSS NORTHEAST GEORGIA OFFERING A FULL RANGE OF
HEALTHCARE SERVICES, INCLUDING ONCOLOGY, ORTHOPEDICS, CARDIAC SURGERY,
CRITICAL CARE, SURGICAL TRAUMA, NEONATOLOGY, AND WOMEN'S CARE.

AS A NOT-FOR-PROFIT HEALTH SYSTEM, ALL REVENUE GENERATED ABOVE
OPERATING EXPENSES IS RETURNED TO THE COMMUNITY THROUGH IMPROVED
SERVICES AND INNOVATIVE PROGRAMS. IT IS LED BY VOLUNTEER BOARDS MADE UP
OF COMMUNITY LEADERS.

NGHS OPERATES THE FOLLOWING HOSPITAL CAMPUSES: NGMC BARROW, LLC: A
56-BED LICENSED HOSPITAL IN WINDER. IN JULY 2018, NGHS ACQUIRED NGMC
LUMPKIN, LLC (FORMERLY CHESTATEE REGIONAL HOSPITAL) TO INCLUDE
EMERGENCY SERVICES, TEN INPATIENT BEDS, AND OTHER SUPPORT SERVICES IN

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

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DAHLONEGA AND SURROUNDING COMMUNITIES. IN JUNE 2022, NGMC LUMPKIN BROKE GROUND ON A NEW HOSPITAL IN DAHLONEGA, GEORGIA, WHICH WILL ENHANCE ACCESS TO HEALTHCARE SERVICES FOR AREA RESIDENTS. NGHS AFFILIATE NORTHEAST GEORGIA MEDICAL CENTER (NGMC GAINESVILLE AND BRASELTON), OPERATES A 557-LICENSED BED INPATIENT FACILITY IN GAINESVILLE AND A 134-LICENSED BED INPATIENT FACILITY IN BRASELTON. OTHER AFFILIATES INCLUDE THE NGHS FOUNDATION (THE MEDICAL CENTER FOUNDATION, INC. D/B/A THE NORTHEAST GEORGIA HEALTH SYSTEM FOUNDATION), GEORGIA HEART INSTITUTE, LLC, AND NORTHEAST GEORGIA PHYSICIANS GROUP (NGPG). NGPG BRINGS TOGETHER MORE THAN 500 TALENTED PHYSICIANS, PHYSICIAN ASSISTANTS, NURSE PRACTITIONERS, MIDWIVES, AND OTHER CLINICAL STAFF AT MORE THAN 65 LOCATIONS ACROSS NORTH GEORGIA. NGPG IS THE STATE'S SIXTH-LARGEST PHYSICIAN GROUP OFFERING EXPERTISE IN MORE THAN 25 SPECIALTIES.

ECONOMIC IMPACT

NGMC SERVES AS A FINANCIAL ENGINE FOR THE LOCAL ECONOMY. IN 2021 (LATEST NUMBERS AVAILABLE), THE FOUR HOSPITALS COLLECTIVELY HAD A \$4.2 BILLION LOCAL AND STATE ECONOMIC IMPACT, ACCORDING TO A REPORT BY THE GEORGIA HOSPITAL ASSOCIATION (GHA), WHICH APPLIED AN ECONOMIC MULTIPLIER TO THE HOSPITAL'S DIRECT EXPENDITURES TO ACCOUNT FOR THE "RIPPLE" EFFECT THE HOSPITAL'S SPENDING HAS ON OTHER SECTORS OF THE LOCAL AND STATE ECONOMIES. THE REPORT FOUND THAT THROUGH ITS ECONOMIC IMPACT, NGMC SUSTAINED 15,000 FULL-TIME JOBS THROUGHOUT THE REGION AND THE STATE, IN ADDITION TO NEARLY 9,000 EMPLOYEES THE SYSTEM DIRECTLY EMPLOYED.

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CHARITY CARE

IN FY22, NGMC HOSPITALS PROVIDED CHARITY CARE IN THE COMMUNITY AT THE COST OF AN ESTIMATED \$84.2 MILLION AND RECEIVED NO LOCAL TAX REVENUE FROM HALL COUNTY OR ANY OTHER COUNTIES TO SUPPORT OPERATIONS OR CARE PROVIDED TO INDIGENT RESIDENTS. THE CHARITY CARE POLICY PROVIDES FINANCIAL ASSISTANCE UP TO 300 PERCENT OF THE POVERTY LEVEL MANY HOSPITALS PROVIDE CHARITY ADJUSTMENTS ONLY TO THE LEVEL THAT MATCHES THE STATE DEFINITION OF MEDICALLY INDIGENT BUT NOT AT THE LEVEL THAT NGMC OFFERS. NGMC'S CHARITY CARE POLICY SUPPORTS PROVIDING CARE FOR INDIGENT PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY.

AS A NOT-FOR-PROFIT HEALTH SYSTEM, ALL REVENUE GENERATED ABOVE OPERATING EXPENSES WAS RETURNED TO THE COMMUNITY THROUGH IMPROVED SERVICES AND INNOVATIVE PROGRAMS.

TOTAL ESTIMATED CHARITY CARE COST FOR EACH HOSPITAL ENTITY IN FY22:

-NGMC GAINESVILLE/BRASELTON: \$36.1 MILLION FOR HALL COUNTY RESIDENTS + \$43.5 MILLION FOR REGIONAL RESIDENTS OUTSIDE OF HALL FOR A TOTAL OF \$79.6 MILLION.

-NGMC BARROW: \$2.6 MILLION FOR BARROW COUNTY RESIDENTS + \$1.2 MILLION FOR REGIONAL RESIDENTS OUTSIDE OF BARROW FOR A TOTAL OF \$3.8 MILLION.

-NGMC LUMPKIN: \$425,000 FOR LUMPKIN COUNTY RESIDENTS + \$375,000 FOR REGIONAL RESIDENTS OUTSIDE OF LUMPKIN FOR A TOTAL OF \$800,000.

-TOTAL ESTIMATED CHARITY CARE COST FOR EACH HOSPITAL ENTITY IN FY22: \$84.2 MILLION

LOW-INCOME AND UNINSURED PATIENT PROGRAMS: NGMC HOSPITALS ARE KEY PARTICIPANTS AND FISCAL SPONSORS IN PROGRAMS AIMED AT TREATING

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LOW-INCOME AND UNINSURED PATIENTS, INCLUDING THE GOOD NEWS CLINICS, THE LARGEST FREE HEALTHCARE CLINIC IN GEORGIA, AND HEALTH ACCESS, A LOCAL SERVICE THAT MATCHES FINANCIALLY ELIGIBLE PATIENTS TO SPECIALTY PHYSICIANS AND PROVIDES ACCESS TO CARE, AMONG OTHER SERVICES. NGMC WAS THE PRIMARY HOSPITAL FOR LOW-INCOME PATIENTS IN GAINESVILLE-HALL COUNTY AND THROUGHOUT THE REGION IN COUNTIES SUCH AS BANKS, LUMPKIN, RABUN, UNION, AND WHITE, WHERE MANY KEY MEDICAL SPECIALTIES ARE UNAVAILABLE.

NGMC TAX FUNDING: SINCE 2000, NGMC GAINESVILLE HAS PROVIDED NEARLY THREE TIMES THE AMOUNT OF INDIGENT AND CHARITY CARE OUTLINED IN REQUIREMENTS BY THE GEORGIA DEPARTMENT OF COMMUNITY HEALTH TO PASS A CERTIFICATE OF NEED FOR NEW SERVICES SUCCESSFULLY. UNLIKE MANY GEORGIA NOT-FOR-PROFIT HOSPITALS HELD TO THE SAME REQUIREMENTS, NGMC DOES NOT RECEIVE TAX FUNDING FROM ITS LOCAL COUNTY TO HELP FUND INDIGENT CARE FOR AREA RESIDENTS. NGMC GAINESVILLE WAS FOURTH IN THE TOP HOSPITALS FOR NET UNCOMPENSATED CARE (\$101 M) PROVIDED IN GEORGIA BASED ON STATE FISCAL YEAR (SFY) 2022 INDIGENT CARE TRUST FUND (ICTF) TOTAL HOSPITAL SPECIFIC DISPROPORTIONATE SHARE HOSPITAL (DSH) LIMITS; MANY OF THE HOSPITALS ON THE LIST RECEIVED LOCAL TAX DOLLARS, WHILE NGMC DID NOT (SFY RUNS FROM JULY 1- JUNE 30).

IRS OBLIGATIONS

AS A NOT-FOR-PROFIT HOSPITAL, NGMC CARRIES ADDITIONAL RESPONSIBILITIES AS ESTABLISHED BY THE IRS IN 1965. THESE OBLIGATIONS ARE:

OPERATE A FULL-TIME EMERGENCY ROOM THAT IS AVAILABLE TO ALL PEOPLE, REGARDLESS OF THEIR ABILITY TO PAY:

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-NGMC GAINESVILLE AND BRASELTON HAD 147,030 ER VISITS, OPERATING THE BUSIEST EMERGENCY DEPARTMENT IN GEORGIA; NGMC BARROW AND LUMPKIN ALSO OPERATE A 24-HOUR EMERGENCY ROOM.

-IN FY22, 16% OF ALL NGMC GAINESVILLE AND BRASELTON EMERGENCY ROOM VISITS WERE MADE BY SELF-PAY PATIENTS; 19% FOR BARROW, AND 15% FOR LUMPKIN.

-PROVIDE NON-EMERGENCY SERVICES TO ANYONE UNABLE TO PAY, AND MEDICALLY NECESSARY SERVICES TO ANYONE IN THE NGHS SERVICE AREA NOT ABLE TO PAY.

-NGMC PROVIDES HIGH QUALITY, ADVANCED SPECIALTY, AND PRIMARY HEALTHCARE SERVICES TO THE NORTHEAST GEORGIA COMMUNITY, SERVING 1 MILLION PEOPLE IN MORE THAN 18 COUNTIES.

-IN FY22, NGMC'S PAYOR MIX AT GAINESVILLE AND BRASELTON WAS 60.4% MEDICARE/MEDICAID, 31.4% COMMERCIAL/OTHER INSURANCE AND 8.2% SELF-PAY.

-IN FY22, NGMC'S PAYOR MIX AT BARROW WAS 57.8% FOR MEDICARE/ MEDICAID, 28.8% FOR COMMERCIAL/OTHER INSURANCE AND 13.4% FOR SELF-PAY.

-IN FY22, NGMC'S PAYOR MIX AT LUMPKIN WAS 59.5% FOR MEDICARE/ MEDICAID, 29.2% FOR COMMERCIAL/OTHER INSURANCE AND 11.3% FOR SELF-PAY.

PARTICIPATE IN MEDICAID AND MEDICARE: 52.1% OF PATIENTS SERVED BY NGMC GAINESVILLE AND BRASELTON IN FY22 WERE MEDICAID AND MEDICARE PATIENTS; 49.5% FOR BARROW AND 49.2% FOR LUMPKIN.

CREATE A GOVERNING BOARD THAT IS REPRESENTATIVE OF THE COMMUNITY IT SERVES: MORE THAN 90 COMMUNITY MEMBERS ARE ACTIVELY INVOLVED IN GOVERNANCE THROUGH NGHS, NGMC AND OTHER SUBSIDIARY BOARDS AND COMMITTEES.

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REINVESTMENT OF SURPLUS FUNDS IN OPERATIONS: AS A NOT-FOR-PROFIT ORGANIZATION, THE REVENUE GENERATED BY NGMC AND ITS PARENT ORGANIZATION NGHS, ABOVE OPERATING EXPENSES, IS REINVESTED INTO THE COMMUNITY.

INDIGENT CARE TRUST FUND (ICTF): IN 2022, NGMC GAINESVILLE BRASELTON RECEIVED \$11.2 MILLION IN NET FUNDS ALLOCATED THROUGH THE MEDICAID DSH (ICTF) PROGRAM TO PARTIALLY OFFSET A FINANCIAL LOSS OF \$101 MILLION IN COST THE MEDICAL CENTER INCURRED TREATING UNINSURED AND MEDICAID PATIENTS. IN ADDITION, NGMC RECEIVED \$8.8 MILLION IN NET FUNDS ALLOCATED THROUGH THE MEDICAID UPL PROGRAM TO ADJUST MEDICAID PAYMENTS UPWARD TO MATCH MEDICARE PAYMENT LEVELS. ESTABLISHED IN 1990, THE ICTF EXPANDS MEDICAID ELIGIBILITY AND SERVICES. IT SUPPORTS RURAL HEALTHCARE FACILITIES THAT SERVE THE MEDICALLY INDIGENT AND FUNDS PRIMARY HEALTH CARE PROGRAMS FOR MEDICALLY INDIGENT GEORGIANS. GEORGIA'S DISPROPORTIONATE SHARE HOSPITAL (DSH) PROGRAM IS FUNDED THROUGH THE ICTF. IT ASSISTS HOSPITALS AND OTHER HEALTH PROVIDERS THAT CARE FOR HIGH PROPORTIONS OF MEDICAID, UNINSURED, AND/OR LOW-INCOME PATIENTS.

COMMUNITY HEALTH NEEDS ASSESSMENT: WITH SIGNIFICANT INPUT FROM THE COMMUNITY, THE HOSPITAL ENTITIES OF NORTHEAST GEORGIA MEDICAL SYSTEM COMPLETED A REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN 2022. 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, PLUS ONLINE SURVEYS THAT GARNERED APPROXIMATELY 4,500 RESPONSES, WELL ABOVE EXPECTED RESPONSE RATES. THE STUDY IDENTIFIED THE THREE HEALTH PRIORITIES THAT FIT HAND-IN-GLOVE WITH THE ORGANIZATION'S STRATEGIC DIRECTION: MENTAL & BEHAVIORAL HEALTH, ACCESS TO CARE, AND

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HEALTHY BEHAVIORS.

FOR DETAILS ON HOW NGMC AND ITS PARTNERS ARE ACTIVELY ADDRESSING THE SIGNIFICANT NEEDS IDENTIFIED IN ITS CHNA, GO TO WWW.NGHS.COM/COMMUNITY-BENEFIT-RESOURCES. THERE YOU WILL FIND THE CHNA EXECUTIVE SUMMARIES (BOTH IN ENGLISH AND SPANISH), THE FULL CHNA, AND DATA RESOURCES, INCLUDING THE INTERACTIVE TABLEAU DATA TOOL.

GRANTS AND COMMITMENTS

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES GRANT: IN FY22, THE NGHS FOUNDATION RECEIVED A \$1 MILLION GRANT FROM THE HEALTH RESOURCES AND SERVICES ADMINISTRATION TO FUND MATERNAL CARDIAC PROGRAM INITIATIVES TO REDUCE HIGHER MORTALITY RATES AMONG MINORITIES. THE GRANT WAS AWARDED TO ONLY NINE RECIPIENTS TO SUPPORT STATE-LED MATERNAL HEALTH INNOVATION. WOMEN AND CHILDREN'S SERVICES AND GEORGIA HEART INSTITUTE ARE USING THE FUNDING TO STUDY AND PREVENT CARDIAC DISEASE AMONG PREGNANT AND POSTPARTUM WOMEN.

TECHNOLOGY IMPROVEMENT AWARD GRANT: IN FY22, NGMC WAS AWARDED THE \$15,000 TECHNOLOGY IMPROVEMENT AWARD GRANT FROM THE NATIONAL NETWORK OF LIBRARIES OF MEDICINE (NNLM) TO ENHANCE PATIENT CARE IN UNDERSERVED COMMUNITIES. THE GRANT'S GOAL IS TO PROMOTE DIGITAL EQUITY AND TECHNOLOGICAL ADVANCEMENT IN COMMUNITIES THROUGH FUNDING FOR TECHNOLOGY AND TRAINING IN ONLINE RESOURCES. NGMC'S PROJECT GOAL IS TO IMPROVE PHYSICIAN CULTURAL COMPETENCY THROUGH SHARED PATIENT CARE EXPERIENCES. TO ACCOMPLISH THE SPECIFIC AIMS OF THE PROJECT, NGMC PROPOSED A LONGITUDINAL DIVERSITY SIMULATION CURRICULUM INCORPORATING VIRTUAL

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REALITY (VR) ENTITLED "VIRTUAL REALITY DIVERSITY EQUITY & INCLUSION: A NOVEL APPROACH TO RECOGNIZING AND MANAGING BIASES BY DEVELOPING AN INTERDISCIPLINARY LONGITUDINAL SIMULATION CURRICULUM."

CHANGE GRANT RECIPIENTS: SEVERAL NGMC EMPLOYEES SUCCESSFULLY APPLIED FOR CHANGE GRANT PROJECTS FUNDED THROUGH WE ARE TARGETING COMMUNITY HEALTH (WATCH), THE NGMC EMPLOYEE GIVING CLUB. HAYLEY WOODARD EXTENDED BOOKS FOR BABIES, A PROGRAM AIDING CASE MANAGEMENT IN PROVIDING NICU FAMILIES WITH BOOKS THROUGHOUT THE CHILD'S FIRST YEAR. JANEANE WALKER, PHD, INITIATED A RESEARCH PROJECT TRACKING THE LONG-TERM EFFECTS OF COVID-19 USING FITNESS TECHNOLOGY. RALPH ABLES IMPLEMENTED A FREE TRANSPORTATION PLAN FOR LOW-INCOME NGPG PATIENTS, ENSURING THEIR ATTENDANCE AT MEDICAL APPOINTMENTS. THESE ENDEAVORS ENHANCED THE PATIENT, VISITOR, AND STAFF EXPERIENCE, ADVANCING NGMC'S MISSION TO IMPROVE COMMUNITY HEALTH.

\$5 MILLION GIFT COMMITMENT: IN FY22, NGHS FOUNDATION RECEIVED THE LARGEST GIFT COMMITMENT IN ITS HISTORY, AS CHARLES AND DIANE STEPHENS PLEDGED A \$5 MILLION ESTATE GIFT TO SUPPORT THE CONSTRUCTION OF THE SYSTEM'S INAUGURAL FREESTANDING HOSPICE HOUSE. THE TOTAL COST OF CONSTRUCTING THE HOSPICE FACILITY IS EXPECTED TO REACH \$10 MILLION, AND TO INITIATE THE PROJECT, AN ADDITIONAL \$5 MILLION IN COMMITMENTS IS REQUIRED.

\$100K COMMITMENT TO CLINICAL PIPELINE DEVELOPMENT: IN FY22, THE FOUNDATION BOARD APPROVED AN ALLOCATION OF AN EXTRA \$100,000 TO EXPAND NGMC'S CLINICAL PIPELINE STRATEGIES AND WORKFORCE DEVELOPMENT PROGRAMS. THIS FUNDING ARRIVED AT A CRUCIAL MOMENT OF GLOBAL DEMAND FOR

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HEALTHCARE PROFESSIONALS. THE FUNDING WILL FACILITATE THE IMPLEMENTATION OF TOOLS AND RESOURCES TO ATTRACT AND RETAIN EMPLOYEES, OFFER NECESSARY EDUCATION FOR THEIR SUCCESS, ENABLE SUCCESSION PLANNING, AND ESTABLISH LEADERSHIP TRAINING OPPORTUNITIES.

NEW CHANGE GRANTS FUNDED BY EMPLOYEE GIVING: IN FY22, TWO NEW OUTDOOR SPACES OPENED BENEFITING THE MANY PATIENTS, STAFF, AND VISITORS OF NGMC: A THERAPY MOBILITY GARDEN IN GAINESVILLE AND A SERENITY GARDEN AT NGMC BARROW. BOTH PROJECTS WERE EMPLOYEE-SUBMITTED IDEAS, MADE POSSIBLE THROUGH OUR CHANGE GRANTS PROGRAM. LAUNCHED IN 2019, CHANGE GRANTS ARE FULLY FUNDED BY WATCH, THE EMPLOYEE GIVING CLUB OF THE NGHS FOUNDATION.

THE NGHS FOUNDATION: THE NGHS FOUNDATION RAISED FUNDS FOR NGMC BRASELTON'S NICU, SAFE KIDS AND THE GAINESVILLE POLICE DEPARTMENT'S CO-RESPONDER PROGRAM THROUGH MARKETPLACE, THE LAUREL CLASSIC AND THE MEDICAL CENTER OPEN. DONATIONS TOTALED \$83,500 IN FUNDING FOR SAFE KIDS NORTHEAST GEORGIA, WITH A PRESENTING SPONSORSHIP ON BEHALF OF WILLIS INVESTMENT COUNSEL. THE LAUREL CLASSIC RAISED MORE THAN \$111,000, WITH A PRESENTING SPONSORSHIP FROM JACKSON EMC, AND THE MEDICAL CENTER OPEN RAISED MORE THAN \$200,000.

ACHIEVEMENTS

ACHIEVEMENTS IN CARDIOVASCULAR CARE: IN FY22, NGMC RECEIVED FIVE AMERICAN HEART ASSOCIATION AND AMERICAN STROKE ASSOCIATION ACHIEVEMENT AWARDS FOR DEMONSTRATING COMMITMENT TO FOLLOWING UP-TO-DATE, RESEARCH-BASED GUIDELINES FOR THE TREATMENT OF HEART DISEASE AND STROKE, ULTIMATELY LEADING TO MORE LIVES SAVED, SHORTER RECOVERY TIMES

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AND FEWER READMISSIONS TO THE HOSPITAL. NGMC QUALIFIED FOR THE AWARD BY DEMONSTRATING COMMITMENT TO IMPROVING QUALITY CARE.

INPATIENT MEDICAL REHABILITATION ACCREDITATION: THE INPATIENT MEDICAL REHABILITATION PROGRAM OF NGMC ACHIEVED A THREE-YEAR ACCREDITATION FOR THE INTEGRATED INPATIENT REHAB AND STROKE SPECIALTY FROM THE COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES (CARF) IN FY22. CARF ACTS AS THE GOLD-STAR STANDARD FOR QUALITY OF CARE, SERVICE DELIVERY, FISCAL HEALTH, AND BUSINESS PRACTICES FOR REHAB UNITS. THE INPATIENT MEDICAL REHABILITATION UNIT IS ONE OF 12 CARF ACCREDITED UNITS IN GEORGIA AND ONE OF EIGHT FACILITIES WITH A STROKE SPECIALTY CERTIFICATION ACROSS THE STATE.

NGMC CARE TRAFFIC CONTROL CENTER: NGMC OPENED A NEW CARE TRAFFIC CONTROL CENTER IN 2022, WHICH IS TASKED WITH PLACING INCOMING PATIENTS IN ALL NGMC AREAS AT THE LOCATION THAT BEST SERVES THEIR NEEDS. THROUGH THESE EFFORTS, NGMC PATIENTS ARE PROVIDED MORE SEAMLESS CARE TO HELP THEM GET BACK HOME FASTER.

APEX VIRTUAL REALITY SIMULATOR: IN FY22, NGMC BECAME THE FIRST HEALTH SYSTEM IN THE NATION TO PROVIDE THE HIGHEST LEVEL OF SAFETY BY TRAINING ITS SECURITY TEAM WITH THE APEX VIRTUAL REALITY SIMULATOR. THE SIMULATOR, WHICH PROVIDES IMMERSIVE DE-ESCALATION AND CRISIS INTERVENTION TRAINING, NOW ENABLES OFFICERS TO RESPOND MORE EFFECTIVELY TO REAL-LIFE SITUATIONS.

AWARDS AND RECOGNITION

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DRUM MAJOR FOR JUSTICE AWARD: DURING A VIRTUAL CELEBRATION ON MLK DAY IN FY22, NGMC BOARD CHAIR PHILLIPPA LEWIS MOSS RECEIVED THE NEWTOWN FLORIST CLUB'S DRUM MAJOR FOR JUSTICE AWARD, WHICH RECOGNIZED HER DEDICATION TO CIVIL AND HUMAN RIGHTS. SHE WAS ONE OF THREE IN HALL COUNTY HONORED AS A DRUM MAJOR OF THE YEAR.

FAMILY EDUCATOR OF THE YEAR: MONICA NEWTON, DO, PROGRAM DIRECTOR OF OUR FAMILY MEDICINE RESIDENCY PROGRAM, WAS NAMED THE GEORGIA ACADEMY OF FAMILY PHYSICIANS (GAFP) FAMILY MEDICINE EDUCATOR OF THE YEAR. THIS AWARD IS BESTOWED UPON A DESERVING MEMBER WHO HAS BEEN A LEADER IN ACADEMIC, COMMUNITY AND PROFESSIONAL AFFAIRS, ALONG WITH MAKING OUTSTANDING CONTRIBUTIONS TO THE PROFESSION OR THE COMMUNITY.

BRONZE ANTHEM AWARD FOR COVID-19 PODCAST: IN FY22, THE SOCIETY FOR POST-ACUTE AND LONG-TERM CARE MEDICINE'S COVID-19 PODCAST SERIES FEATURING DR. SWATI GAUR, NGMC'S MEDICAL DIRECTOR OF PALLIATIVE CARE, WON A BRONZE ANTHEM AWARD, THE WEBBY'S NEW AWARD THAT HONORS INDIVIDUALS AND ORGANIZATIONS FOR THEIR SOCIAL IMPACT WORK. DR. GAUR'S PODCASTS DISCUSSED COVID-19 ISSUES AFFECTING RESIDENT SAFETY IN THE LONG-TERM-CARE SETTING.

APPRECIATION FOR DR. JAMES VARNELL: IN HONOR OF DR. VARNELL, A NON-INVASIVE CARDIOLOGIST WITH GEORGIA HEART INSTITUTE, NOVEMBER 18, 2021, WAS OFFICIALLY PROCLAIMED TO BE DR. JAMES VARNELL DAY IN UNION COUNTY, GEORGIA.

NGPG LEADER NATIONAL RECOGNITION: KELSEY KEITH, NGPG'S PATIENT-CENTERED MEDICAL HOME (PCMH) MANAGER, WAS CELEBRATED AS A PCMH CERTIFIED CONTENT

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EXPERT ONE OF JUST THREE PEOPLE ACROSS THE NATION TO WIN THIS AWARD IN FY22.

GREATER HALL CHAMBER OF COMMERCE'S 2022 HEALTHY HALL AWARDS: HEALTHY HALL AWARD WINNERS AND NOMINEES WITH TIES TO NORTHEAST GEORGIA MEDICAL CENTER WERE RECOGNIZED FOR THEIR WORK TO IMPROVE THE HEALTH OF THE COMMUNITY IN 2022. FORMER NGMC BOARD CHAIR RK WHITEHEAD WAS NAMED 2022 VISIONARY LEADER AND PHILANTHROPISTS, CHUCK AND DIANE STEPHENS, RECEIVED THE COMMUNITY IMPACT HEALTHY HALL AWARD OF EXCELLENCE. RETIRED RADIATION ONCOLOGIST AND LONGTIME NGMC DONOR, DR. FRANK G. LAKE, III, WAS HONORED WITH THE LIFETIME ACHIEVEMENT AWARD.

MEDICAL DIRECTOR OF THE YEAR: DR. SWATI GAUR, MEDICAL DIRECTOR FOR NEW HORIZONS LONG TERM CARE SERVICES, WAS NAMED THE 2022 MEDICAL DIRECTOR OF THE YEAR BY THE SOCIETY FOR POST-ACUTE AND LONG-TERM CARE MEDICINE. THIS NATIONAL AWARD IS PRESENTED TO ONLY ONE MEDICAL DIRECTOR EACH YEAR FOR SETTING AN OUTSTANDING EXAMPLE THROUGH KNOWLEDGE, EXPERIENCE, PASSION, AND TEAMWORK AS WELL AS THE ABILITY TO MULTITASK, STAY ON TOP OF CLINICAL AND QUALITY IMPROVEMENT INNOVATIONS, AND LEAD FACILITIES IN PROVIDING QUALITY CARE.

FORBES "ONE OF BEST PLACES TO WORK" IN US AND GEORGIA: NGMC WAS ONE OF JUST 262 HOSPITALS AND HEALTH SYSTEMS ACROSS THE COUNTRY TO MAKE FORBES' "AMERICA'S BEST EMPLOYERS BY STATE" LIST IN FY22. CRITERIA INCLUDED FAIR PAY, SAFE WORKING CONDITIONS, INCLUSIVE CULTURE, REMOTE WORK BENEFITS AND DIVERSITY INITIATIVES. NGMC WAS NAMED THE #15 BEST EMPLOYER IN GEORGIA, RANKING HIGHER THAN OTHER HOSPITALS WITHIN THE REGION.

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ATLANTA BUSINESS CHRONICLE CULTURE OF WELLNESS AWARD: NGMC RECEIVED THE CULTURE OF WELLNESS AWARD FROM ATLANTA BUSINESS CHRONICLE. THIS AWARD ACKNOWLEDGES NGMC'S PROACTIVE EFFORTS IN IMPROVING EMPLOYEE WELL-BEING THROUGH INNOVATIVE PROGRAMS, LEADERSHIP DEDICATION, AND PROGRAM ROI. THE ASSESSMENT ENCOMPASSED SEVEN CATEGORIES: WELLNESS PROGRAMMING, LEADERSHIP COMMITMENT, FOUNDATIONAL COMPONENTS, STRATEGIC PLANNING, COMMUNICATION AND MARKETING, PROGRAMMING AND INTERVENTIONS, AND REPORTING AND ANALYTICS.

NGMC AUXILIARY VOLUNTEER SUPPORT: IN FY22, MORE THAN 375 AUXILIARY VOLUNTEERS PROVIDED 333,000 HOURS OF SERVICE THROUGHOUT THE HEALTH SYSTEM, WHICH EQUATES TO AN APPROXIMATE \$10 MILLION VALUE.

HIGHLIGHTS OF NGMC GAINESVILLE AND BRASELTON COMMUNITY BENEFIT ACTIVITIES:

NGMC GAINESVILLE AND BRASELTON VALUE COOPERATIVE EFFORTS WITH COMMUNITY ORGANIZATIONS AND OTHER HEALTHCARE PROVIDERS TO IMPROVE THE HEALTH STATUS OF AREA RESIDENTS. THIS IS DEMONSTRATED THROUGH MANY PARTNERSHIPS RANGING FROM SERVING AS THE LEAD AGENCY OF SAFE KIDS NORTHEAST GEORGIA, TO PARTNERING WITH OTHER ORGANIZATIONS SUCH AS GOOD NEWS CLINICS AND PUBLIC HEALTH TO REACH AT-RISK POPULATIONS IN NEED OF HEALTH CARE.

HEALTH EDUCATION WAS PROVIDED THROUGH FREE COMMUNITY LECTURES, HEALTH SCREENINGS, AND VARIOUS SUPPORT GROUPS. NGMC ALSO OFFERED EDUCATION SEMINARS FOR HEALTH PROFESSIONALS IN THE COMMUNITY, REGION, AND STATE

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AND ASSISTED IN THE TRAINING OF STUDENTS PURSUING HEALTH CAREERS. IN ADDITION, NGMC HELPED SUPPORT THE WORK OF LOCAL NON-PROFIT ORGANIZATIONS THAT SERVE THE HEALTH AND SOCIAL NEEDS OF THE COMMUNITY.

CHARITY CARE: LIKE NGMC LUMPKIN AND BARROW, GAINESVILLE AND BRASELTON'S CHARITY CARE POLICY REMOVED BARRIERS FOR LOW-INCOME POPULATIONS WITHIN OUR SERVICE AREA, BEGINNING WITH FREE MEDICALLY NECESSARY CARE FOR PATIENTS WHOSE GROSS FAMILY INCOME WAS ZERO TO 150 PERCENT OF THE FEDERAL POVERTY LEVEL (FPL) ADJUSTED FOR FAMILY SIZE. PATIENTS FROM OUR SERVICE AREA WHOSE FPL IS FROM 151 TO 300 PERCENT QUALIFIED FOR AN ADJUSTMENT EQUIVALENT TO THE HOSPITAL'S MEDICARE REIMBURSEMENT RATE PLUS AN ADDITIONAL 40 PERCENT DISCOUNT TO THE MEDICARE REIMBURSEMENT RATE.

IN FY22, THE ESTIMATED COST OF INDIGENT AND CHARITY CARE THROUGH NGMC GAINESVILLE AND BRASELTON WAS \$79,565,916 FOR AN ESTIMATED 43,262 PATIENT ENCOUNTERS. IN ADDITION, NGMC INCURRED BAD DEBT EXPENSE DURING FY22 OF OVER \$93.2 MILLION AS MEASURED BY CHARGES. THIS REPRESENTS APPROXIMATELY 6% OF NET PATIENT REVENUE AS REFLECTED IN THE AUDITED FINANCIAL STATEMENTS. A SIGNIFICANT PERCENTAGE OF THIS AMOUNT IS ESTIMATED TO BE THE RESULT OF PATIENTS THAT ARE EMPLOYED BUT UNABLE TO PAY MEDICAL EXPENSES AND ARE THEREFORE CONSIDERED "MEDICALLY INDIGENT."

FINANCIAL NAVIGATORS: NGMC FINANCIAL ASSISTANCE COUNSELORS HELPED PATIENTS BECOME INSURED THROUGH MEDICAID, PEACHCARE, OR OTHER PROGRAMS. THIS TEAM FOCUSES ON ADVOCATING FOR UNINSURED AND UNDER-INSURED PATIENTS, AIDING THEM IN FINDING VIABLE MEANS TO ACCESS CARE. THEY FIND THE BEST SOLUTIONS FOR HELPING PATIENTS APPLY FOR MEDICAID OR

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DISABILITY COVERAGE, ACCESSING HEALTHCARE EXCHANGES, OR PROCESSING CHARITY APPLICATIONS WHEN APPROPRIATE.

INDIGENT PATIENT FUND: AT NGMC, FINANCIAL ASSISTANCE IS PROVIDED FOR INDIGENT PATIENTS TO OBTAIN URGENTLY NEEDED DISCHARGE MEDICATIONS AND TRANSPORTATION. INDIVIDUALS ELIGIBLE FOR THESE FUNDS ARE PATIENTS WHOSE NEEDS CANNOT BE MET THROUGH PRIMARY INSURANCE, THEIR FUNDS, GOVERNMENT PROGRAMS, OR OTHER CHARITABLE SERVICES. THIS HELPED TO ENSURE MEDICATION COMPLIANCE AND MAXIMIZE CONDITIONS FOR RECOVERY AND RECUPERATION. THE NGHS FOUNDATION PROVIDED FUNDING FOR THIS PROGRAM THAT SERVED 268 PEOPLE AT AN ESTIMATED COST OF \$22,472 IN FY22.

WHAT DRIVES NGMC'S COMMUNITY HEALTH IMPROVEMENT ACTIVITIES:

NGMC, WITH INPUT FROM THE COMMUNITY, COMPLETED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN 2022. 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, INTERVIEWS, AND ONLINE SURVEYS. THE STUDY IDENTIFIED THREE HEALTH PRIORITIES THAT FIT HAND-IN-GLOVE WITH THE ORGANIZATION'S STRATEGIC DIRECTION: BEHAVIORAL AND MENTAL HEALTH, ACCESS TO CARE, AND HEALTHY BEHAVIORS. FOR MORE INFORMATION ABOUT THE CHNA PROCESS AND THESE PRIORITIES, GO TO WWW.NGHS.COM/COMMUNITY-BENEFIT-RESOURCES.

UNITED WAY'S ONE HALL MENTAL AND BEHAVIORAL HEALTH SUBCOMMITTEE: UNDER UNITED WAY'S ONE HALL FRAMEWORK, NGMC PARTNERED WITH LIKE-MINDED PEOPLE AND ORGANIZATIONS TO IMPROVE MENTAL AND BEHAVIORAL HEALTH IN THE COMMUNITY. THIS EFFORT HELPED TO REDUCE THE STIGMA OF SEEKING HELP BY

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RAISING AWARENESS ABOUT THE ISSUE, PROVIDING UP TO DATE INFORMATION ABOUT AVAILABLE RESOURCES, AND EDUCATION ON MENTAL HEALTH FIRST AID AND OTHER EVIDENCE-BASED PROGRAMS. FOR THE 2022 YEAR-END REPORT FROM THE COLLABORATIVE, GO TO WWW.UNITEDWAYHALLCOUNTY.ORG/REACHOUT.

UNITE US: UNITE US IS A SHARED DATA PLATFORM THAT CREATES A COORDINATED CARE NETWORK WITH PARTNERS WORKING TOGETHER TO PROVIDE A BROAD RANGE OF SERVICES SUCH AS HOUSING, EMPLOYMENT, FOOD ASSISTANCE AND MORE. IT'S A SOCIAL CARE NETWORK THAT ALLOWS FOR ELECTRONIC REFERRALS AND COMMUNICATION BETWEEN OUR NON-PROFITS AND SERVICE ORGANIZATIONS TO CONNECT INDIVIDUALS AND FAMILIES TO THE SOCIAL SERVICES THEY NEED IN REAL TIME. IT HAS A CLOSED LOOP REFERRAL, SO THAT WE KNOW A REFERRAL HAS BEEN SUCCESSFUL AND COMMUNICATION WITH THE PERSON IN NEED HAS OCCURRED.

RESEARCH SUPPORTS THE IDEA THAT AS MUCH AS 80% OF A PERSON'S WELLBEING IS TIED TO THINGS LIKE PHYSICAL ENVIRONMENT, ECONOMIC FACTORS, AND HEALTH BEHAVIORS (SOCIAL DETERMINANTS OF HEALTH). ISSUES LIKE UNEMPLOYMENT, FOOD INSECURITY, POOR HOUSING AND SOCIAL ISOLATION PLAY A DETRIMENTAL ROLE IN OVERALL HEALTH. MAKING IMPROVEMENTS IN SDOH UPSTREAM CAN IMPACT BETTER HEALTH DOWNSTREAM BY MINIMIZING POOR HEALTH, UNNECESSARY SUFFERING, AND HIGHER COSTS.

IN FY22, NGMC SUPPORTED THE GROUNDWORK TO IMPLEMENT UNITE US, THE LEADING SDOH REFERRAL PLATFORM, AT A COST OF \$198,650. AGENCY COLLABORATION IS VITAL TO THE SUCCESS OF UNITE US, AND THAT IS WHY NGMC AND UNITED WAY HAVE PARTNERED WITH THE COMMUNITY ON THIS PROJECT. A WORKGROUP OF STAKEHOLDERS INCLUDING REPRESENTATIVES FROM OVER 14

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COMMUNITY-BASED ORGANIZATIONS IDENTIFIED THE FUNCTIONAL REQUIREMENTS OF THE PROGRAM AND PROVIDED DUE DILIGENCE IN THE SELECTION OF UNITE US AS THE VENDOR OF CHOICE.

PARTNERING TO REACH THE UNINSURED: NGMC WORKED WITH OTHER HEALTHCARE PROVIDERS TO CARE FOR AREA RESIDENTS, PARTICULARLY THE INDIGENT POPULATION. PARTNERS INCLUDED, BUT ARE NOT LIMITED TO, NGMC, THE NORTHEAST GEORGIA PHYSICIANS GROUP (NGPG) PRIMARY CARE CLINIC AT HALL COUNTY HEALTH DEPARTMENT, THE LONGSTREET CLINIC, MEDLINK (FEDERALLY QUALIFIED HEALTH CENTER), AREA PHYSICIANS, AND INDIGENT CLINICS SUCH AS GOOD NEWS CLINICS IN GAINESVILLE AND GOOD SHEPHERD CLINIC OF DAWSON COUNTY.

GOOD NEWS CLINICS (GNC): NGMC PROVIDES FINANCIAL SUPPORT TO GNC ANNUALLY. FOUNDED IN 1992, GNC IS A CHRISTIAN MINISTRY THAT PROVIDES MEDICAL AND DENTAL CARE TO THE INDIGENT AND UNINSURED POPULATION AT NO CHARGE. FOR MORE INFORMATION ABOUT THE LONG-TIME PARTNERSHIP BETWEEN GNC AND NGMC, GO TO PARTNERSHIP HIGHLIGHT: GOOD NEWS CLINICS AT WWW.NGHS.COM/COMMUNITY-BENEFIT-RESOURCES.

PEER SUPPORT IN NICU AND ER: NGMC AND THE GEORGIA COUNCIL ON SUBSTANCE ABUSE (GCSA) PARTNERED TO LAUNCH CARES PEER SUPPORT PROGRAM. THE PROGRAM MAKES NGMC THE FIRST AND ONLY HOSPITAL IN GEORGIA TO CONNECT PEOPLE SURVIVING OVERDOSES TO CERTIFIED ADDICTION RECOVERY EMPOWERMENT SPECIALISTS (CARES) AT ITS EDS AND NICUS. IF A PATIENT IS IDENTIFIED TO BE IN NEED OF PEER SUPPORT, A CARES IS PAIRED WITH THE INDIVIDUAL. THEY PROVIDE SUPPORT AND CONNECT THE INDIVIDUAL WITH RESOURCES WHILE AT THE HOSPITAL. THE CARES VISITS THE INDIVIDUAL 10 DAYS AFTER DISCHARGE TO

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PROVIDE CONTINUED SUPPORT AND RECOVERY RESOURCES. SINCE AUGUST 2021,
THE PROGRAM HAS SERVED A TOTAL OF 2,194.

P.I.T.C.H. PROGRAM (PARAMEDICS IMPROVING THE COMMUNITY'S HEALTH): AS A
PROGRAM OF NGMC, P.I.T.C.H. IS COMMITTED TO ENSURING THE COMMUNITY HAS
ACCESS TO THE CARE IT NEEDS. COMMUNITY PARAMEDICS HELP PATIENTS BY
MEETING THEM AT THEIR HOME TO PROVIDE AND CONNECT THEM TO PRIMARY CARE
SERVICES; SEEK OUT AVAILABLE COMMUNITY RESOURCES; COMPLETE
POST-HOSPITAL FOLLOW-UP CARE; DISCOVER EDUCATION AND HEALTH PROGRAMS;
AND DISCUSS OVERALL HEALTH AND MENTAL HAPPINESS. THIS PROGRAM BENEFITED
323 COMMUNITY MEMBERS IN FY22.

NGPG PRIMARY CARE CLINIC AT THE HALL COUNTY HEALTH DEPARTMENT: NGMC
FUNDED AND STAFFED A PRIMARY CARE CLINIC AT THE HALL COUNTY HEALTH
DEPARTMENT TO IMPROVE ACCESS TO PRIMARY HEALTHCARE SERVICES FOR
LOW-INCOME PEOPLE IN THE COMMUNITY AT A COST OF MORE THAN \$1 MILLION IN
FY22.

PRENATAL CARE PROGRAM AT THE HEALTH DEPARTMENT: NGMC, THE LONGSTREET
CLINIC, AND HALL COUNTY HEALTH DEPARTMENT PARTNERED TO IMPROVE BIRTH
OUTCOMES BY INCREASING EARLY PRENATAL CARE FOR LOW-INCOME, UNINSURED,
AND UNDER-INSURED PREGNANT WOMEN VIA THE HEALTH DEPARTMENT'S PRIMARY
CARE CLINIC. IN FY22, NGMC PROVIDED SUPPORT OF APPROXIMATELY \$200,000.

HABERSHAM MEDICAL CENTER ALLOCATION: NGHS IS A PROVEN COMMUNITY
HEALTHCARE SYSTEM LEADER AND PARTNER WHO IS ACQUIRING STRUGGLING RURAL
HOSPITAL HABERSHAM MEDICAL CENTER (AS OF JULY 1, 2023) TO MAINTAIN
ACCESS TO LOCAL HOSPITAL CARE FOR RURAL PARTS OF OUR NORTH GEORGIA

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REGION. AS PART OF AN INNOVATIVE 5-YEAR AGREEMENT, NGHS COMMITTED TO INVEST \$3 MILLION ANNUALLY TO ENHANCE AND EXPAND HMC SERVICES. THIS FUNDING WAS PROVIDED IN FY22.

J'S PLACE RECOVERY CENTER: NGMC SUPPORTED J'S PLACE, THE JEFFREY DALLAS GAY JR. RECOVERY CENTER, HELPING PEOPLE SEEKING RECOVERY AND THOSE IN LONG-TERM RECOVERY BUILD RELATIONSHIPS AND SKILLS THAT AID THEM IN THRIVING AND SUCCEEDING WITHOUT THE USE OF SUBSTANCES. THIS SUPPORT CAME AT A COST OF \$4,500 FOR NGMC IN FY22.

THE NGHS FOUNDATION RAISES FUNDS TO BENEFIT THE COMMUNITY: THE NGHS FOUNDATION IS THE FUNDRAISING ARM OF NGMC AND RAISED FUNDS TO IMPROVE THE COMMUNITY'S HEALTH. THE FOUNDATION'S OPERATING EXPENSES ARE SUPPORTED BY NGMC SO THAT DONATED FUNDS CAN BE USED TO SUPPORT NGMC PROJECTS AND COMMUNITY HEALTH IMPROVEMENT INITIATIVES.

RESPECTING CHOICES-ADVANCED CARE PLANNING EDUCATION: THE NGHS FOUNDATION FUNDS THE PROJECT RESPECTING CHOICES-ADVANCED CARE PLANNING EDUCATION. RESPECTING CHOICES IS AN EVIDENCE-BASED MODEL OF ADVANCED CARE PLANNING THAT HONORS AN INDIVIDUAL'S GOALS AND VALUES FOR CURRENT AND FUTURE HEALTH CARE. THIS PROGRAM IS DESIGNED TO CREATE AN OPEN DISCUSSION ABOUT END-OF-LIFE CARE IN NORTHEAST GEORGIA SO THAT FAMILIES ARE RELIEVED OF UNNECESSARY STRESS WHILE AVOIDING USING EXPENSIVE RESOURCES THAT PATIENTS DON'T VALUE OR BENEFIT FROM. THIS PROJECT BENEFITED 1,800 PEOPLE AT A COST OF \$166,186 FOR NGMC IN FY22.

ALZHEIMER'S ASSOCIATION SUPPORT: NGMC PROVIDED A DONATION TOWARD THE GEORGIA CHAPTER OF THE ALZHEIMER'S FOUNDATION TO ADVANCE RESEARCH,

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ENHANCE CARE AND SUPPORT, AND RAISE PUBLIC AWARENESS. THIS SUPPORT CAME AT A COST OF \$4,500 FOR NGMC IN FY22.

RESEARCH: NGMC CONDUCTED CLINICAL TRIAL RESEARCH STUDIES AVAILABLE TO PATIENTS IN THE COMMUNITY AND ENROLLED PATIENTS INTO CLINICAL TRIALS. CANCER STUDIES COVER THE SPECTRUM OF BREAST, LUNG, COLON, PROSTATE, BLADDER AND THYROID CANCERS, AND STUDIES IN CARDIOLOGY INCLUDE INNOVATIVE THERAPIES AND DEVICES FOR USE IN TREATING CARDIOVASCULAR DISEASE. RESEARCH IMPACTS THE STANDARD OF CARE, IMPROVING THE CARE THAT PATIENTS RECEIVE. IN FY22, NGMC CONTRIBUTED A NET BENEFIT OF \$632,579.

HOSPICE: HOSPICE OF NGMC PROVIDES MULTIPLE BEREAVEMENT SUPPORT GROUPS AND EDUCATION FOR THOSE GRIEVING A LOSS OR CARING FOR A LOVED ONE WITH AN ILLNESS (SUCH AS DEMENTIA), AND TWO CAMPS FOR CHILDREN DEALING WITH THE LOSS OF SOMEONE CLOSE TO THEM. IN FY22, 741 INDIVIDUALS WERE SERVED IN THIS PROGRAM.

COMMUNITY EDUCATION

SAFE KIDS COALITION WORKS TO KEEP KIDS SAFE: SAFE KIDS NORTHEAST GEORGIA, LED BY NGMC, IS PART OF SAFE KIDS WORLDWIDE, THE FIRST AND ONLY NATIONAL ORGANIZATION DEDICATED SOLELY TO PREVENTING UNINTENTIONAL CHILDHOOD INJURY, THE NATION'S NUMBER ONE KILLER OF CHILDREN AGES 19 AND UNDER. THIS PROGRAM PROVIDES SAFETY EQUIPMENT SUCH AS CAR SEATS, BIKE HELMETS, AND LIFE JACKETS TO AREA CHILDREN IN NEED. WORKING WITH A COALITION OF LAW ENFORCEMENT, AREA SCHOOLS, COMMUNITY VOLUNTEERS, AND OTHERS, SAFE KIDS PROVIDES EDUCATIONAL MATERIALS AND PROGRAMS THAT

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TEACH CHILDREN AND THEIR PARENTS HOW TO AVOID ACCIDENTS AND INJURIES.

NGMC PROVIDED PROGRAMS AND EVENTS THAT REACHED APPROXIMATELY 2,700

CHILDREN AND THEIR FAMILY MEMBERS, TEACHERS, AND CAREGIVERS. THROUGH

THESE PROGRAMS, SAFETY ITEMS WERE DISTRIBUTED TO FAMILIES NEEDING THEM.

THE COST OF THIS SUPPORT IS \$21,068 IN FY22.

SIXTH ANNUAL NORTHEAST GEORGIA REGION 2 TRAUMA SYMPOSIUM: THE SIXTH

ANNUAL NORTHEAST GEORGIA REGION 2 TRAUMA ADVISORY COMMITTEE'S TRAUMA

SYMPOSIUM WAS HELD IN OCTOBER, ONSITE AT THE RAMSEY CONFERENCE CENTER

AT LANIER TECHNICAL COLLEGE AND ONLINE. THE SYMPOSIUM IS DESIGNED TO

TEACH RURAL HOSPITALS IN THE NORTH GEORGIA REGION THAT HAVE LIMITED

ACCESS TO EVERCHANGING GUIDELINES THE BEST PRACTICE CARE PROCESSES TO

ENHANCE PATIENT OUTCOMES. IN FY22, LOCAL AND NATIONAL SPEAKERS

PRESENTED ON CRUSH SYNDROME, SURGICAL STABILIZATION OF RIB FRACTURES,

AND MORE. PHYSICIANS, ADVANCED PRACTICE PRACTITIONERS, NURSES, EMS AND

OTHER CLINICAL PROFESSIONALS BENEFITED FROM ATTENDING THIS PROGRAM.

NEGA REGIONAL INFECTION PREVENTION SYMPOSIUM: THE NORTHEAST GEORGIA

REGIONAL INFECTION PREVENTION SYMPOSIUM IS A FREE CONFERENCE OFFERED TO

ANY HEALTHCARE PROVIDER THROUGHOUT THE STATE BY NGMC'S INFECTION

PREVENTION AND CONTROL DEPARTMENT. MANY OF THE SMALL RURAL FACILITIES

THROUGHOUT GEORGIA HAVE LIMITED TO NO ACCESS TO INFECTION PREVENTION

AND CONTROL EDUCATION, MAKING THIS CONFERENCE VITAL FOR LEARNING. THE

SYMPOSIUM BENEFITED 416 HEALTHCARE PROFESSIONALS AT A COST OF \$41,195

FOR NGMC IN FY22.

REGIONAL TRAUMA ADVISORY COMMITTEE (RTAC) AND SYMPOSIUM: AS PART OF THE

STATE OF GEORGIA'S TRAUMA SYSTEM, THE RTAC DEVELOPS AND MAINTAINS THE

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REGION'S TRAUMA SYSTEM PLAN AND MONITORS SYSTEM COMPLIANCE AND IMPROVEMENT ACTIVITIES. NGMC PARTNERS WITH OTHER EMS AGENCIES, PARTICIPATING HOSPITALS, LOCAL GOVERNMENTS, AND THE PUBLIC AS A PART OF THIS COMMITTEE AND THE ANNUAL NORTHEAST GEORGIA TRAUMA SYMPOSIUM, WHICH PROVIDED EDUCATION TO OVER 480 HEALTH PROFESSIONALS IN THE REGION AT A COST OF \$236,634 IN FY22. IN ADDITION, COMMUNITY EDUCATION ON INJURY PREVENTION AND TRAUMA, SUCH AS WITH FALLS AND THE STOP THE BLEED CAMPAIGN, WAS PROVIDED TO NEARLY 1,488 PROFESSIONALS AND INDIVIDUALS AT A COST OF \$44,850 IN FY22.

GEORGIA HEART & VASCULAR SYMPOSIUM: IN FY22, THE GEORGIA HEART INSTITUTE HELD ITS INAUGURAL GEORGIA HEART & VASCULAR SYMPOSIUM IN BRASELTON, BRINGING HEALTHCARE PROFESSIONALS AND OVER 50 RENOWNED EXPERTS TOGETHER TO SHARE THEIR EXPERIENCE AND KNOWLEDGE ON CARDIOVASCULAR MEDICINE AND TREATMENT. THE EVENT INCLUDED CASE STUDIES, SEMINARS AND TWO HEART PROCEDURES LIVE-STREAMED FROM NORTHEAST GEORGIA MEDICAL CENTER GAINESVILLE FOR THE NEARLY 350 PHYSICIANS, ADVANCED PRACTICE PROVIDERS, NURSES, AND EMS STAFF IN ATTENDANCE.

HEALTH SCIENCES LIBRARY AND RESOURCE CENTER: THE HEALTH SCIENCES LIBRARY AND RESOURCE CENTER AT NGMC SERVED THE HEALTH INFORMATION NEEDS OF THE NORTHEAST GEORGIA COMMUNITY, EXPANDING TO OVER 18 COUNTIES IN FY22. THIS CENTER GIVES CONSUMERS, PATIENTS, AND THEIR FAMILY MEMBERS ACCESS TO CREDIBLE RESOURCES RELATING TO MEDICAL SYMPTOMS, CONDITIONS, AND TREATMENTS. THE RESOURCE CENTER ENCOURAGES VISITORS TO MAKE HEALTHY CHOICES AND BECOME ACTIVE, INFORMED PARTNERS IN THEIR HEALTHCARE. IT BENEFITED 9,808 PEOPLE, AND DURING FY22, THE LIBRARY HOSTED A BOOK CLUB TO EDUCATE THE COMMUNITY ON HEALTH LITERACY.

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COMMUNICARE: EACH YEAR, NGMC PRODUCES AN ANNUAL HEALTH EDUCATION MAGAZINE CALLED COMMUNICARE TO EDUCATE THE PUBLIC ON HEALTH-RELATED ISSUES AND CREATE AWARENESS OF SERVICES AVAILABLE TO THE COMMUNITY. IN FY22, 250,000 COPIES WERE PRINTED AND DISTRIBUTED, REACHING MORE THAN 180,000 HOMES.

SEPSIS COMMUNITY OUTREACH AND PROGRAM DEVELOPMENT: SEPSIS EDUCATION WAS PROVIDED TO INCREASE SEPSIS AWARENESS AT LOCAL HEALTH FAIRS AND SEMINARS. EDUCATION ABOUT WHAT SEPSIS IS, WHAT IT LOOKS LIKE, AND WHEN TO SEEK TREATMENT WAS PROVIDED. NGMC ALSO ASSISTED UNAFFILIATED HEALTHCARE ORGANIZATIONS IN DEVELOPING SEPSIS NAVIGATION PROGRAMS TO HELP PROVIDE MORE EFFICIENT SEPSIS CARE. THIS REACHED APPROXIMATELY 692 COMMUNITY MEMBERS AT A COST OF \$9,793 FOR NGMC IN FY22.

DIABETES EDUCATION AND SCREENING: NGMC WORKED THROUGHOUT THE COMMUNITY TO EDUCATE AND SCREEN COMMUNITY MEMBERS FOR DIABETES AT NO CHARGE, CREATING OPPORTUNITIES TO EDUCATE INDIVIDUALS ABOUT THE RISKS OF DIABETES WHILE CHECKING BLOOD SUGAR LEVELS AND DETERMINING WHICH INDIVIDUALS NEEDED TO SEEK FURTHER MEDICAL TESTING FROM THEIR HEALTHCARE PROVIDER. PREVENTIVE EDUCATION WAS ALSO FACILITATED THROUGH PRE-DIABETIC SEMINARS AND HEALTH FAIR PARTICIPATION. THIS SUPPORT BENEFITED 193 COMMUNITY MEMBERS AT A COST OF \$3,009 IN FY22 FOR NGMC.

DIABETES SUPPORT GROUPS: NGMC PROVIDED DIABETES SUPPORT GROUPS FOR THOSE IN THE COMMUNITY SUPPORTING PEOPLE WITH OR LIVING WITH DIABETES. THESE SUPPORT GROUPS OFFERED A PLACE FOR 30 PEOPLE TO LEARN HOW TO MANAGE THEIR DIABETES, DISCUSS PROBLEMS, SHARE EXPERIENCES, AND

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CELEBRATE ACHIEVEMENTS WITH OTHERS. IN FY22, THIS SUPPORT CAME AT A COST OF \$1,847 FOR NGMC.

JENNINGS LECTURESHIP SERIES IN MEDICAL HUMANITIES: THANKS TO A SIGNATURE GIFT TO THE NGHS FOUNDATION FROM DR. JENNINGS' FAMILY, THE GME PROGRAM OF NGMC ANNUALLY HOSTS "THE HENRY S. JENNINGS, JR. MD, VISITING LECTURESHIP IN MEDICAL HUMANITIES." THE GOAL FOR THIS LECTURESHIP SERIES IS TO GIVE RESIDENT PHYSICIANS, LOCAL MEDICAL PROFESSIONALS, AND THE COMMUNITY AT LARGE NEW OPPORTUNITIES FOR LEARNING FROM OUTSTANDING SCHOLARS IN THE BROAD AND ENCOMPASSING FIELD OF MEDICAL HUMANITIES. IN FY22, THE JENNINGS LECTURE WAS "FINDING STRUCTURE IN CHAOS: PROTECTING THE HEALTHCARE WORKFORCE IN COVID-19 AND BEYOND," LED BY DR. JOSHUA C. MORGANSTEIN. THIS LECTURE INFORMED HEALTHCARE PERSONNEL ON CRITICAL PUBLIC MENTAL HEALTH PRINCIPLES AND ADAPTATION OF PRACTICES AND PROCEDURES FROM HIGH-STRESS OCCUPATIONS TO HELP ENHANCE WELL-BEING AND OPERATIONAL SUSTAINMENT DURING THE GLOBAL PANDEMIC. THIS SUPPORT AND LECTURE CAME AT A COST OF \$5,266 FOR NGMC IN FY22.

NICU EDUCATION AND SUPPORT: NGMC CONTINUED EDUCATION FOR HEALTHCARE PROFESSIONALS CARING FOR AND WORKING IN NEONATAL CARE. SIMULATION TRAINING IS A CORE PRINCIPLE OF NICU EDUCATION AND SUPPORT, ALONG WITH NGMC LEADERS SERVING IN NICU EDUCATIONAL ROLES THROUGHOUT OUR HEALTHCARE COMMUNITY. EDUCATION OPPORTUNITIES INCLUDED NGMC HOSTING A NEONATAL RESUSCITATION PROVIDER COURSE FOR PARAMEDIC STUDENTS AT LANIER TECH, RESULTING IN AN IMPROVEMENT OF INFANT TRANSPORT CIRCUMSTANCES IN 2022. ADDITIONALLY, NEONATAL COORDINATOR AUBREY WILLIAMS WAS ASKED TO SERVE AS A NEONATAL ABSTINENCE SYNDROME AND SUBSTANCE USE DISORDER

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CONTENT EXPERT FOR UNIVERSITY OF NORTH GEORGIA'S (UNG) HRSA SET GRANT BY THE SCHOOL OF NURSING. OVER THE COURSE OF FY22, WILLIAMS PARTICIPATED IN MEETINGS, CONTENT REVIEW, SIMULATION CREATION MEETINGS, AND EVEN GAVE A LECTURE ON THE TOPIC. THIS CONTINUED SUPPORT AND EDUCATION CAME AT A COST OF \$6,507 FOR NGMC IN FY22.

PASTORAL OUTREACH PROGRAMS: CLINICAL PASTORAL EDUCATION (CPE) IS AN EXPERIENCE-BASED EDUCATIONAL LEARNING MODEL FOR THOSE WHO WANT TO EXPLORE THEIR GIFTS OF PASTORAL CARE IN AN INSTITUTIONAL SETTING. THE PROGRAM INVOLVED READINGS, CLASSROOM INSTRUCTION, WRITTEN ASSIGNMENTS, GROUP INTERACTION, INDIVIDUAL AND GROUP SUPERVISION, AND SERVING AS A CHAPLAIN AT THE HOSPITAL. NGMC'S CLINICAL PASTORAL EDUCATION PROGRAM IS ACCREDITED THROUGH THE ASSOCIATION FOR CLINICAL PASTORAL EDUCATION, INC. THE PROGRAM CAME AT A COST OF \$187,527 IN FY22, BENEFITING NEARLY 75 PEOPLE.

MENTAL HEALTH QUESTION PERSUADE REFER (QPR) TRAINING: NGMC SUPPORTED SUICIDE PREVENTION TRAINING FOR THE COMMUNITY AT A COST OF \$2,588 IN FY22.

WORKFORCE DEVELOPMENT

NGMC CONTINUES TO SERVE AS A "PIPELINE" TO HELP GET MORE QUALIFIED PEOPLE INTERESTED IN HEALTHCARE POSITIONS AND HELP PROVIDE TRAINING AND EDUCATION TO STUDENTS. THIS TRAINING AND EDUCATION ARE DONE THROUGH VARIOUS AVENUES, FROM JOB SHADOWING TO THE NURSE EXTERN PROGRAM AND PHARMACY RESIDENCY PROGRAM, AS WELL AS SIGNIFICANT SUPPORT TO FOOTHILLS AREA HEALTH EDUCATION CENTERS (AHEC).

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FOOTHILLS AHEC: FOOTHILLS AHEC IS A COMMUNITY-DRIVEN, NON-PROFIT CORPORATION SUPPORTED BY FEDERAL AND LOCAL SOURCES. THE MISSION IS TO INCREASE THE SUPPLY AND DISTRIBUTION OF HEALTHCARE PROVIDERS, ESPECIALLY IN MEDICALLY UNDERSERVED AREAS. THROUGH JOINT EFFORTS, COMMUNITIES EXPERIENCE IMPROVED SUPPLY, DISTRIBUTION, AND RETENTION OF QUALITY HEALTHCARE PROFESSIONALS. FOOTHILLS AHEC SERVES 31 COUNTIES IN THE NORTHEAST GEORGIA AREA. NGMC PROVIDED \$92,838 IN SUPPORT OF AHEC IN FY22.

ALLIED HEALTH STUDENT EDUCATION: NGMC PROVIDES CLINICAL ROTATIONS FOR ALLIED HEALTH STUDENTS. EDUCATIONAL AFFILIATION AGREEMENTS ARE MAINTAINED WITH EACH SCHOOL/PROGRAM, AND NGMC ENSURES COMPLETION OF ALL ORIENTATION AND STUDENT HEALTH REQUIREMENTS BEFORE ROTATIONS. STUDENTS WORK DIRECTLY WITH NGMC STAFF. IN FY22, 1,029 STUDENTS WERE PROVIDED EDUCATION AT A COST OF \$1,071,487.

GRADUATE MEDICAL EDUCATION (GME): NGMC'S GME PROGRAM IS DESIGNED TO TRAIN RESIDENTS TO BE LEADERS IN THE MEDICAL FIELD AND THE COMMUNITY. MEDICAL STUDENTS RECEIVE HANDS-ON TRAINING IN ONE OF SIX SPECIALTIES: INTERNAL MEDICINE, FAMILY MEDICINE, GENERAL SURGERY, OB/GYN, PSYCHIATRY, AND EMERGENCY MEDICINE. NGMC EXPECTS THIS PROGRAM TO GROW TO 200 RESIDENTS BY 2025, WHICH WOULD MAKE THIS PROGRAM ONE OF THE LARGEST IN THE STATE. THE GME PROGRAM IS ON TARGET, WITH 226 POSITIONS FILLED BY 2022. THIS CAME AT A COST OF \$1,551,922 FOR NGMC IN FY22. EACH FOUR-YEAR PROGRAM OFFERS SIX RESIDENT SLOTS PER YEAR.

HALL COUNTY HONORS MENTORSHIP PROGRAM: NGMC PARTNERS WITH THE HALL

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COUNTY SCHOOL SYSTEM TO MATCH JUNIOR AND SENIOR MENTORSHIP STUDENTS WITH A PROFESSIONAL IN THEIR SPECIFIC FIELD OF HEALTHCARE INTEREST AS PART OF REAL-LIFE CAREER EXPERIENCE IN AN HONORS LEVEL ELECTIVE. THE STUDENT SPENDS APPROXIMATELY FIVE HOURS A WEEK WITH A MENTOR DURING THE ACADEMIC YEAR AND ROTATES THROUGH MULTIPLE DEPARTMENTS. IN FY22, 17 STUDENTS PARTICIPATED IN THE PROGRAM AT A COST OF \$72,227.

PROJECT SEARCH: NGMC SUPPORTED PROJECT SEARCH, WHICH PROVIDES EMPLOYMENT AND EDUCATION OPPORTUNITIES FOR INDIVIDUALS WITH MILD TO MODERATE DISABILITIES. THE PROGRAM IS DEDICATED TO WORKFORCE DEVELOPMENT THAT BENEFITS THE INDIVIDUAL, COMMUNITY, AND WORKPLACE. THE HIGH SCHOOL TRANSITION PROGRAM IS A ONE-YEAR EDUCATIONAL PROGRAM FOR STUDENTS WITH DISABILITIES IN THEIR LAST YEAR OF HIGH SCHOOL. IT IS TARGETED FOR STUDENTS WHOSE MAIN GOAL IS COMPETITIVE EMPLOYMENT. THE STUDENTS WORK 20 HOURS PER WEEK IN EACH ASSIGNED DEPARTMENT. MENTORS ARE ASSIGNED IN EACH DEPARTMENT AND ATTEND A MONTHLY MEETING TO DISCUSS PROGRESS/NEEDS OF STUDENTS. VARIOUS NGMC EMPLOYEES, IN ADDITION TO THE MENTORS, OFFER ASSISTANCE AND EDUCATION AS NEEDS ARISE. THIS PROGRAM SUPPORT CAME AT A COST OF \$89,250.

CLINICAL SIMULATION: NGMC IS A PROUD FACILITATOR OF SIMULATION LEARNING, DESIGNED FOR PARTICIPANTS TO PRACTICE PATIENT SAFETY BY IMPROVING DETECTION AND RESPONSE TO POTENTIAL COMPLICATIONS, FACILITATING THE DEVELOPMENT OF COMMUNICATION AND COLLABORATION, AND INCORPORATING EVIDENCE-BASED PRACTICE AND STANDARDS OF PROFESSIONAL PRACTICE. HANDS-ON SIMULATION WAS PROVIDED TO STUDENTS OF UNIVERSITY OF NORTH GEORGIA, LEADERSHIP GEORGIA, BRENAU UNIVERSITY, GAINESVILLE HIGH SCHOOL, AND LANIER ACADEMY HIGHSCHOOL. THIS EDUCATION BENEFITED 210

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HEALTHCARE PROFESSIONALS AT A COST OF \$12,790 FOR NGMC IN FY22.

NURSING STUDENT EDUCATION: NGMC PROVIDES CLINICAL ROTATIONS FOR NURSING STUDENTS AT NGMC, INCLUDING FACULTY AND STUDENT ORIENTATION, THE EDUCATIONAL AFFILIATION AGREEMENT MAINTENANCE, AND COMPLETION OF ALL HEALTH AND LEGAL REQUIREMENTS BEFORE THE FIRST ROTATION. DURING FY22, THERE WERE MORE THAN 3,909 NURSING STUDENTS PARTICIPATING IN THE PROGRAM AT A COST OF APPROXIMATELY \$2 MILLION FOR NGMC.

NURSING EXCELLENCE: NGMC'S NURSING EXCELLENCE DEPARTMENT SPONSORS NURSING EDUCATION PROGRAMS FOR ASPIRING NURSES IN THE FOLLOWING FIELDS: CERTIFIED NURSING ASSISTANTS, LICENSED PRACTICAL NURSES, NURSE PRACTITIONERS, AND PATIENT CARE TECHS. NURSING EXCELLENCE FUNDS PROGRAMS AT LANIER TECH, NORTH GEORGIA TECH, AND UNIVERSITY OF NORTH GEORGIA. THIS SUPPORT CAME AT A COST OF \$1.7 MILLION FOR NGMC IN FY22.

SUPPORT OF EFFORTS TO IMPROVE COMMUNITY HEALTH

COMMUNITY HEALTH NEEDS ASSESSMENT: IN FY22, NGMC AND ITS PARTNERS CONDUCTED A REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA). NGMC'S ASSESSMENT INCLUDED COMMUNITY INPUT AND A QUANTITATIVE ASSESSMENT PERFORMED BY PUBLIC GOODS GROUP. THIS EFFORT CAME AT A COST OF \$152,789 FOR NGMC IN FY22.

COMMUNITY BENEFIT OPERATIONS: THE COMMUNITY HEALTH IMPROVEMENT DEPARTMENT COORDINATES MOST COMMUNITY BENEFIT ACTIVITIES THROUGHOUT THE HEALTH SYSTEM, INCLUDING THE TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENT, COMMUNITY PARTNERSHIPS, NONPROFIT ORGANIZATION SUPPORT, AND

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OTHER RELEVANT PROGRAMMING. THIS SUPPORT CAME AT A COST OF \$204,087 FOR NGMC IN FY22.

JUNETEENTH HEALTH FAIR: ON JUNE 11, 2022, NGMC PARTNERED WITH NEWTOWN FLORIST CLUB AND THE GAINESVILLE-HALL COUNTY BLACK HISTORY SOCIETY TO PLAN AND IMPLEMENT THE HEALTH CARE RESOURCE PORTION OF THE JUNETEENTH CELEBRATION IN GAINESVILLE. NGMC AND OTHER COMMUNITY-BASED ORGANIZATIONS PARTICIPATED IN HEALTH PANELS, HEALTH EDUCATION RESOURCE TABLES, AND FREE HEALTH SCREENINGS FOR ATTENDEES. THE PARTNERS PROVIDED RESOURCES TO IMPROVE OUTREACH AND ACCESS TO THE AFRICAN AMERICAN COMMUNITY IN HALL COUNTY. PARTNERS INCLUDED GOOD NEWS CLINICS, DEPARTMENT OF PUBLIC HEALTH DISTRICT 2, HALL COUNTY SENIOR SERVICES, GEORGIA HEART INSTITUTE, NORTHEAST GEORGIA HEALTH SYSTEM'S FINANCIAL NAVIGATOR SERVICES, NORTHEAST GEORGIA PHYSICIANS GROUP, LONGSTREET CLINIC, SAFE KIDS NORTHEAST GEORGIA, UNITED WAY OF HALL COUNTY COMPASS CENTER, AND UNITED WAY OF HALL COUNTY'S ONE HALL. NORTHEAST GEORGIA HEALTH SYSTEM HOSTED HEALTH SEMINARS. THE FINANCIAL NAVIGATORS FROM NORTHEAST GEORGIA HEALTH SYSTEM SHARED INFORMATION ABOUT FINANCIAL SUPPORT RESOURCES AT NGMC AND HOW COMMUNITY MEMBERS CAN TAKE ADVANTAGE OF PROGRAMS DESIGNED TO ASSIST THOSE WHO NEED HELP PAYING FOR HEALTHCARE. ADDITIONALLY, DR. KEVIN CHARLES, A PHYSICIAN AT NGMC, LED A SEMINAR TO TEACH AUDIENCE MEMBERS THE SIGNS AND SYMPTOMS OF PROSTATE CANCER. ANOTHER SEMINAR LED BY NGMC PHYSICIAN DR. ERIN RAYBON-ROJAS FOCUSED ON THE SMALL STEPS THAT CAN HAVE A BIG IMPACT ON A PERSON'S OVERALL HEALTH. THE SUPPORT FOR THIS EVENT COST \$12,023 FOR NGMC IN FY22.

MARCH OF DIMES' MARCH FOR BABIES: NGMC SPONSORS THE MARCH OF DIMES WALK

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IN HALL COUNTY. PROCEEDS BENEFIT THE FIGHT TO PREVENT BIRTH DEFECTS AND RELATED LOW BIRTH WEIGHT AND INFANT MORTALITY PROBLEMS. THIS ENTRY DOES NOT INCLUDE EMPLOYEE GIVING AND ONLY REFLECTS EXPENSES ASSOCIATED WITH NGMC SPONSORSHIPS AT A COST OF \$4,500 FOR NGMC IN FY22.

AMERICAN HEART ASSOCIATION SPONSORSHIPS-HALL COUNTY: NGMC SUPPORTED THE AMERICAN HEART ASSOCIATION'S HEART WALK AND GO RED FOR WOMEN LUNCHEON IN GAINESVILLE, BENEFITING RESEARCH AND LOCAL COMMUNITY EDUCATION AT A COST OF \$33,750 IN FY22.

AMERICAN CANCER SOCIETY RELAY FOR LIFE: NGMC WAS THE PRESENTING SPONSOR FOR THE AMERICAN CANCER SOCIETY'S RELAY FOR LIFE HALL COUNTY EVENT. THE WALK BENEFITS CANCER RESEARCH AND COMMUNITY EDUCATION. NGMC EMPLOYEE DONATIONS TOTALED \$13,000 AND THE REGIONAL SPONSORSHIP TOTALED NEARLY \$40,000 IN FY22. NGMC ALSO SPONSORED RELAY FOR LIFE IN THE FOLLOWING COUNTIES: HALL, DAWSON, HABERSHAM, JACKSON, LUMPKIN, GWINNETT, AND UNION.

PARTNERSHIP FOR GYNECOLOGICAL CANCER SUPPORT: NGMC PROVIDED SUPPORT TO THE PARTNERSHIP FOR GYNECOLOGICAL CANCER SUPPORT (PGCS). THE MISSION OF PGCS IS TO HELP ALLEVIATE SOME OF THE FINANCIAL BURDENS FOR THE WOMEN OF NORTHEAST GEORGIA WHO ARE UNDERGOING TREATMENT FOR GYNECOLOGICAL CANCER BY PROVIDING FUNDS FOR FOOD, GAS FOR TRANSPORTATION TO TREATMENT, AND MEDICATIONS NOT COVERED BY INSURANCE. NGMC PROVIDED THIS SUPPORT AT A COST OF \$2,700 IN FY22.

BLOOD DRIVES: IN FY22, NGMC HOSTED 18 DRIVES, WITH A TOTAL 413 PARTICIPANTS DONATING 396 PINTS OF BLOOD. THIS SUPPORT CAME AT A COST

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OF \$6,840 FOR NGMC IN FY22.

EMPLOYEE STAFF TIME FOR WATCH, NGHS FOUNDATION: THE WATCH EMPLOYEE GIVING COMMITTEE RAISES FUNDS TO SUPPORT HEALTH SYSTEM INITIATIVES IMPACTING THE GREATER COMMUNITY SUCH AS DONATIONS TOWARD CAMP BRAVEHEART RESEARCH AND COMMUNITY EDUCATION THROUGH THE AMERICAN HEART ASSOCIATION, AMERICAN CANCER SOCIETY, AND CHANGE GRANTS THAT SUPPORT PROJECTS SUCH AS BOOKS FOR BABIES. EMPLOYEES HAVE DONATED MORE THAN \$11M IN CARE SINCE THE PROGRAM'S INCEPTION IN 1999. EMPLOYEE STAFF TIME TOWARDS COMMITTEE WORK THAT SUPPORTS THESE EFFORTS TOTALED \$8,466 N FY22.

ENCOURAGING MEDICAL VOLUNTEERING: NGMC PROVIDED INFORMATION AT PHYSICIAN ORIENTATIONS TO ENCOURAGE PHYSICIANS TO STEP UP TO VOLUNTEER AT LOCAL FREE CLINICS. NGPG ALSO ENCOURAGES PHYSICIANS TO GIVE OF THEIR TIME VOLUNTEERING AT THESE LOCATIONS. NGMC PHYSICIANS ACTIVELY PARTICIPATE IN COMMUNITY OUTREACH THROUGH VARIOUS PHYSICIAN LEADERSHIP COUNCILS, INCLUDING EDUCATIONAL SEMINARS, SCREENINGS, CANCER PREVENTION, AND VOLUNTEERING IN REGIONAL INDIGENT CLINICS.

BREASTFEEDING SUPPORT GROUP: NGMC HOLDS A BREASTFEEDING SUPPORT GROUP AT ITS LOCATIONS, OFFERING MOTHERS A TIME AND PLACE TO CONNECT AND DISCUSS BREASTFEEDING RELATED ISSUES WITH THE GUIDANCE OF A BOARD-CERTIFIED LACTATION CONSULTANT. THE GROUP GOAL IS TO PROVIDE THE MOTHER AND PARENTS WITH THE TOOLS AND SUPPORT THEY NEED TO BE SUCCESSFUL BREASTFEEDING AND OR PROVIDING BREASTMILK FOR THEIR INFANT. THE ONGOING SUPPORT GROUP MET TWO TIMES EACH MONTH IN GAINESVILLE AND ONE TIME EACH MONTH IN BRASELTON. THIS SUPPORT GROUP CAME AT A COST OF

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\$10,852 FOR NGMC IN FY22.

SOUTHEASTERN BRAIN TUMOR FOUNDATION: NGMC PROVIDED SUPPORT FOR THE SOUTHEASTERN BRAIN TUMOR FOUNDATION. WHOSE PRIMARY MISSION IS TO IMPROVE THE QUALITY OF LIFE FOR BRAIN TUMOR PATIENTS AND THEIR FAMILIES. THE ORGANIZATION ALSO AIMS TO FUND RESEARCH FOR THE TREATMENT AND CURE OF THIS CONDITION. THIS SUPPORT CAME AT A DONATION OF \$450 FOR NGMC IN FY22.

GLORY, HOPE, AND LIFE SPONSORSHIP: NGMC SUPPORTED GLORY, HOPE, AND LIFE TO HELP IMPROVE THE LIVES OF INDIVIDUALS, THEIR FAMILIES, AND CAREGIVERS IN THE COMMUNITY WHO HAVE BEEN TOUCHED BY CANCER. THIS SUPPORT CAME AT AN ESTIMATED COST OF \$15,000 FOR NGMC IN FY22.

KEATON FRANKLIN COKER FOUNDATION THUMBS UP MISSION: NGMC HELPED SUPPORT THIS ORGANIZATION WHOSE MISSION IS TO FORTIFY FAMILIES IN WHICH A PARENT OR CHILD IS FIGHTING CANCER. THIS SUPPORT CAME AT A COST OF \$2,500.

CANCER PATIENT NAVIGATOR: NGMC'S PATIENT NAVIGATION PROGRAM PROVIDES CANCER PATIENTS WITH GUIDANCE THROUGHOUT THEIR CANCER JOURNEY AND ACTS AS A "LIVING RESOURCE DIRECTORY" FOR PATIENTS. SERVICES INCLUDE CONNECTING WITH COMMUNITY RESOURCES, PROVIDING EMOTIONAL SUPPORT, HELPING PATIENTS UNDERSTAND THEIR DIAGNOSIS, COMMUNICATING WITH HEALTHCARE STAFF AND PROVIDERS, ADDRESSING LOGISTICAL ISSUES SUCH AS TRANSPORTATION NEEDS, AND HELPING PATIENTS UNDERSTAND MEDICAL TERMS AND TREATMENT OPTIONS. THESE EFFORTS SUPPORTED 13,019 PEOPLE AT A TOTAL ESTIMATED COST OF \$521,086 IN FY22.

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CANCER SCREENINGS: IN FY22, NGMC GAINESVILLE AND BRASELTON CONDUCTED FREE CANCER SCREENINGS AT A COST OF \$6,339.

UNITED WAY TOP CORPORATE FUNDRAISER: AT THE FY22 UNITED WAY OF HALL COUNTY CAMPAIGN KICKOFF, NGMC GAINESVILLE WAS NAMED AS ONE OF THE TOP THREE COMPANY FUNDRAISERS.

YOUTH DEVELOPMENT

PARTNERS IN EDUCATION: NGMC IS A PARTNER IN EDUCATION WITH LOCAL HIGH SCHOOLS. AS SUCH, NGMC SUPPORTS EACH SCHOOL IN VARIOUS PROJECTS RELATED TO HEALTHCARE AND THE EARLY PREPARATION OF STUDENTS FOR CAREERS IN THIS FIELD, INCLUDING THE REWARDING OF SCHOLARSHIPS, FACILITATING NGMC CAMPUS TOURS, AND PARTICIPATION IN EDUCATIONAL PARTNERS ADVISORY BOARD AND EDUCATION AFFILIATION MEETINGS. THIS SUPPORT CAME AT A COST OF \$2,273 IN FY22.

READ LEARN SUCCEED INITIATIVE: IN AN EFFORT TO IMPROVE SCHOOL READINESS AND LITERACY FOR THE COMMUNITY'S CHILDREN, NGMC PARTNERED WITH THE UNITED WAY OF HALL COUNTY'S READ LEARN SUCCEED INITIATIVE TO PRODUCE A CHILDREN'S BOOK TO BE GIVEN TO ALL BABIES BORN AT NGMC GAINESVILLE AND BRASELTON. PRINTED IN ENGLISH AND SPANISH, WELCOME TO THE WORLD PROVIDES EDUCATION ABOUT THE IMPORTANCE OF READING TO CHILDREN EVERY DAY, FOR AT LEAST 15 MINUTES, STARTING AT BIRTH. THIS BOOK IS GIVEN TO BABIES BORN AT NGMC. NGMC COVERED THE FULL COST OF THE BOOKS, TOTALING \$15,810 IN FY22.

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HALL COUNTY PROJECT AWARE: NGMC GAINESVILLE PROVIDED A DONATION TOWARD HALL COUNTY SCHOOL DISTRICT'S PROJECT AWARE. THE PURPOSE OF PROJECT AWARE IS TO INCREASE AWARENESS OF MENTAL HEALTH ISSUES AMONG SCHOOL-AGED YOUTH. THE FY22 DONATION WAS UTILIZED TO PAY THE SPEAKER PER DIEM FOR KEVIN HINES, A MENTAL AND BEHAVIORAL HEALTH KEYNOTE SPEAKER, AT A COST OF \$5,000 FOR NGMC IN FY22.

BOY SCOUTS OF AMERICA: NGMC SUPPORTS BOY SCOUTS OF AMERICA, HELPING FUND PROGRAMS THAT TEACH CHILDREN THE VALUES OF CITIZENSHIP, CHARACTER DEVELOPMENT, AND PERSONAL FITNESS. SUPPORT FOR BOY SCOUTS OF AMERICA CAME AT THE COST OF \$4,500 FOR NGMC IN FY22.

GIRL SCOUTS OF HISTORIC GEORGIA SUPPORT: NGMC SUPPORTED THE GIRL SCOUTS OF HISTORIC GEORGIA, AN ORGANIZATION SERVING OVER 5,000 GIRLS AGES 5-17 IN 25 COUNTIES ANNUALLY IN NORTHEAST GEORGIA. THIS SUPPORT CAME AT THE COST OF \$3,000 TO NGMC IN FY22.

EDMONDSON-TELFORD CENTER FOR CHILDREN: NGMC HELPED SUPPORT THE EDMONDSON-TELFORD CENTER FOR CHILDREN, A CHILD ADVOCACY CENTER PROVIDING A SAFE, CHILD-FRIENDLY PLACE FOR FORENSIC INTERVIEWS OF CHILD ABUSE VICTIMS. FURTHERING THIS SUPPORT, AN NGMC STAFF MEMBER SITS ON THE BOARD OF DIRECTORS. THIS DONATION CAME AT A COST OF APPROXIMATELY \$4,000 TO NGMC IN FY22.

INTERACTIVE NEIGHBORHOOD FOR KIDS, INC. (INK): NGMC SPONSORED A HOSPITAL EXHIBIT IN THE INTERACTIVE CHILDREN'S MUSEUM, A MUSEUM DESIGNED TO ENCOURAGE CHILDREN OF ALL AGES TO DEVELOP THEIR FULL POTENTIAL THROUGH EXCITING HANDS-ON LEARNING EXPERIENCES AND TO PROMOTE

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THE IDEA OF CAREERS IN HEALTH SERVICES. THIS SUPPORT FOR INK CAME AT A COST OF \$6,300 IN FY22.

EAGLE RANCH SUPPORT: NGMC DONATED TOWARD EAGLE RANCH, WHICH PROVIDES A CHRIST-CENTERED HOME FOR YOUTH AGED 6 TO 18 WHO ARE IN NEED OF A STRONGER FAMILY SUPPORT SYSTEM. THEIR GOAL IS THE SPIRITUAL, INTELLECTUAL, EMOTIONAL, SOCIAL, AND PHYSICAL DEVELOPMENT OF CHILDREN AND THE EVENTUAL REUNIFICATION WITH THEIR NATURAL FAMILIES WHENEVER POSSIBLE. THIS SUPPORT CAME AT A COST OF \$1,000 FOR NGMC IN FY22.

DONATIONS/COMMUNITY SUPPORT

NORTHEAST GEORGIA HISTORY CENTER SUPPORT: NGMC PROVIDED FUNDS TO SUPPORT AN EVENT TO HONOR A COMMUNITY LEADER WITH PROCEEDS GOING TO SUPPORT THE CENTER IN FULFILLING ITS MISSION OF EDUCATION, HISTORIC PRESERVATION, AND COMMUNITY OUTREACH. E.E. BUTLER, THE FIRST AFRICAN AMERICAN DOCTOR TO RECEIVE PRIVILEGES TO PRACTICE MEDICINE IN HALL COUNTY, WAS HONORED. THIS SUPPORT CAME AT A COST OF \$9,000 FOR NGMC IN FY22.

JOHN JARRARD FOUNDATION SUPPORT: NGMC DONATED TOWARD THE JOHN JARRARD FOUNDATION, AN ORGANIZATION SUPPORTING THE BOYS AND GIRLS CLUB OF HALL COUNTY, GOOD NEWS CLINICS, GOOD NEWS AT NOON SHELTER, AND THE GEORGIA MOUNTAIN FOOD BANK. THIS DONATION CAME AT A COST OF \$9,000 TO NGMC IN FY22.

OFFICE SPACE PROVIDED TO AMERICAN RED CROSS: NGMC PROVIDED OFFICE SPACE TO THE AMERICAN RED CROSS IN FY22 AT A VALUE OF \$105,765.

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OFFICE SPACE PROVIDED FOR USMC TOYS 4 TOTS: NGMC PROVIDED OFFICE SPACE FOR THE USMC TOYS 4 TOTS FOR FY22 AT A VALUE OF APPROXIMATELY \$60,072.

CENTER POINT SUPPORT: NGMC SUPPORTED CENTER POINT BY PROVIDING A CASH DONATION. CENTER POINT TRAINS AND PAIRS MENTORS WITH AT-RISK YOUTH IN GAINESVILLE AND HALL COUNTY. ADDITIONALLY, CENTER POINT PROVIDES CLASSES AND OTHER PROGRAMS FOR TEENS AND THEIR FAMILIES. THIS SUPPORT CAME AT A TOTAL COST OF \$4,500 FOR NGMC IN FY22.

GATEWAY DOMESTIC VIOLENCE CENTER: THROUGH CRISIS INTERVENTION, COMPREHENSIVE SUPPORT, AND COMMUNITY COLLABORATION, GATEWAY DOMESTIC VIOLENCE CENTER HELPS CREATE AN ENVIRONMENT FOR CLIENTS THAT OFFERS SAFE, HEALTHY, SELF-SUFFICIENT GROWTH AND VIOLENCE PREVENTION. THE NGMC CHIEF OF STAFF IS A BOARD MEMBER. NGMC PROVIDED A \$1,500 DONATION TO GATEWAY DOMESTIC VIOLENCE CENTER IN FY22.

SALVATION ARMY SUPPORT: NGMC HELPED SUPPORT THE SALVATION ARMY, WHICH SERVES PEOPLE IN NEED THROUGH FOOD DISTRIBUTION, EMERGENCY ASSISTANCE, AND ASSISTANCE FOR THE UNHOUSED COMMUNITY. THIS SUPPORT CAME AT A COST OF \$1,350 FOR NGMC IN FY22.

ROTARY CLUB OF SOUTH HALL SUPPORT: NGMC SPONSORED THE ROTARY CLUB OF SOUTH HALL COUNTY'S FUNDRAISER TO BENEFIT COMMUNITY PROGRAMS SUCH AS FOSTER CHILDREN'S PROGRAMS, UNG FOOD PANTRY PROGRAM AND SCHOLARSHIP FUND, AND MORE. THIS SUPPORT CAME AT A COST OF \$900 TO NGMC IN FY22.

ROTARY CLUB OF GAINESVILLE: NGMC WAS A SPONSOR FOR THE ROTARY CLUB OF

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GAINESVILLE'S ANNUAL GOLF TOURNAMENT BENEFITING THE HART JOINER FUND FOR CHILDREN AND YOUTH. THIS SUPPORT CAME AT A COST OF \$450 TO NGMC IN FY22.

ROTARY CLUB OF DAWSON: NGMC SPONSORED THE ROTARY CLUB OF DAWSON FOOD DISTRIBUTION PROGRAM, WHICH SERVED OVER 600 MEALS TO ELDERLY AND FOOD INSECURE RESIDENTS OF DAWSON COUNTY. THIS SUPPORT CAME AT A COST OF \$2,250 TO NGMC IN FY22.

ROTARY CLUB OF BUFORD: NGMC PROVIDED A CASH DONATION TOWARD THE ROTARY CLUB OF BUFORD'S COMMUNITY EVENT, WITH PROCEEDS GOING TO THE NORTH GWINNETT CO-OP WHICH PROVIDES HEALTHY FOOD AND UTILITY SUPPORT TO FAMILIES IN NEED IN BUFORD AND THE SURROUNDING AREA. THIS SUPPORT CAME AT A COST OF \$900 TO NGMC IN FY22.

SPECIAL KNEADS AND TREATS: NGMC PROVIDED A DONATION TO SPECIAL KNEADS AND TREATS, AN ORGANIZATION THAT PROVIDES SPECIAL NEEDS ADULTS WITH AN OPPORTUNITY TO RECEIVE GAINFUL EMPLOYMENT IN A SAFE AND REWARDING ENVIRONMENT. THIS SUPPORT CAME AT A COST OF \$500 IN FY22.

SPORTS MEDICINE ATHLETIC CARE: THE SPORTS MEDICINE ATHLETIC TRAINING DEPARTMENT PROVIDED MEDICAL CARE TO 16 LOCAL HIGH SCHOOLS, THREE LOCAL UNIVERSITIES, AND MANY OTHER LOCAL SPORTS VENUES, PROGRAMS, AND DEPARTMENTS. THE TRAINERS PROVIDE THIS CARE DURING PRACTICES AND GAMES THROUGHOUT THE YEAR. THEY PROVIDE INJURY ASSESSMENT, REHABILITATION, TAPING/BRACING, EXERCISE PRESCRIPTION, ENVIRONMENTAL AWARENESS (HEAT AND LIGHTNING), CONCUSSION MANAGEMENT, CPR TRAINING, NUTRITIONAL SPEECHES, AND EMERGENCY COVERAGE AT COMMUNITY EVENTS. THIS SUPPORT CAME AT A COST OF OVER \$277,000 IN FY22.

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HISPANIC ALLIANCE: NGMC PARTNERED WITH THE LOCAL HISPANIC ALLIANCE, SPONSORING SCHOLARSHIPS AT A COST OF \$4,500 TO NGMC IN FY22.

GEORGIA MOUNTAIN FOOD BANK SPONSORSHIP: NGMC WAS A SPONSOR OF THE EMPTY BOWL EVENT IN SUPPORT OF THE GEORGIA MOUNTAIN FOOD BANK. THIS ORGANIZATION PROVIDES A VITAL LINK BETWEEN SOURCES OF FOOD SUPPLIES AND HARDWORKING COMMUNITY-BASED PARTNER AGENCIES THAT HELP GET THE FOOD INTO THE HANDS OF FAMILIES AND INDIVIDUALS WHO NEED IT. THIS SPONSORSHIP CAME AT A COST OF \$3,150 IN FY22.

ELACHEE NATURE CENTER SUPPORT: NGMC SUPPORTED THE ELACHEE NATURE SCIENCE CENTER, WHICH IS AN ENVIRONMENTAL EDUCATION FACILITY IN GAINESVILLE. ELACHEE PROVIDES ENVIRONMENTAL LITERACY THROUGH QUALITY EDUCATIONAL FIELD TRIP EXPERIENCES, MUSEUM EXHIBITS, PROGRAMS FOR FAMILIES AND CHILDREN AND RESOURCES FOR SCHOOLS, SCOUTS, GROUPS, AND THE PUBLIC. THIS CENTER ALSO PROVIDES GREEN SPACE AND WALKING TRAILS. AS A PRIORITY IN THE GREATER HALL CHAMBER OF COMMERCE VISION 2030, NGMC SUPPORTS THIS INITIATIVE TO ENCOURAGE A HEALTHIER QUALITY OF LIFE THROUGH IMPROVING ENVIRONMENTAL HEALTH AND PHYSICAL ACTIVITY. THIS SUPPORT CAME AT A COST OF \$9,000 FOR NGMC IN FY22.

CHILDREN'S CENTER FOR HOPE AND HEALING: NGMC PROVIDED A SPONSORSHIP FOR THE CHILDREN'S CENTER FOR HOPE AND HEALING NORTHEAST GEORGIA TRAUMA CONFERENCE. THIS ORGANIZATION IS A COMMUNITY NONPROFIT PROVIDING COUNSELING SERVICES TO CHILDREN AFFECTED BY SEXUAL ABUSE. THIS SUPPORT TOTALED A COST OF \$1,350 FOR NGMC IN FY22.

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WOMEN'S SUPPORT

JUNIOR LEAGUE OF GAINESVILLE AND HALL COUNTY: NGMC SUPPORTED THE JUNIOR LEAGUE OF GAINESVILLE AND HALL COUNTY. SERVING AN EXCLUSIVELY EDUCATIONAL AND CHARITABLE PURPOSE, THIS ORGANIZATION OF WOMEN PROMOTES VOLUNTEERISM, DEVELOPS THE POTENTIAL OF WOMEN, AND IMPROVES THE COMMUNITY THROUGH THE EFFECTIVE ACTION AND LEADERSHIP OF TRAINED VOLUNTEERS. THIS SUPPORT CAME AT A COST OF \$2,250 TO NGMC IN FY22.

WOMENSOURCE SPONSORSHIP: NGMC PROVIDED SUPPORT FOR WOMENSOURCE, A NON-PROFIT ORGANIZATION DESIGNED TO HELP WOMEN SUCCEED PROFESSIONALLY AND PERSONALLY WITH EDUCATION ON HEALTH AND FINANCES. THIS SPONSORSHIP CAME AT A COST OF \$4,500 TO NGMC IN FY22.

ACCREDITATIONS, AWARDS AND RECOGNITION

COMPREHENSIVE CENTER WITH OBESITY MEDICINE QUALIFICATIONS ACCREDITATION: IN FY22, NGMC ACHIEVED ACCREDITATION AS A COMPREHENSIVE CENTER WITH OBESITY MEDICINE QUALIFICATIONS UNDER THE METABOLIC AND BARIATRIC SURGERY ACCREDITATION AND QUALITY IMPROVEMENT PROGRAM (MBSAQIP). THIS DESIGNATION HIGHLIGHTED THE HOSPITAL'S COMMITMENT TO QUALITY PATIENT CARE IN THE FIELD AND HIGH-QUALITY MEDICAL WEIGHT-LOSS SERVICES.

CANCER SERVICES ACCREDITATION: IN FY22, NGMC'S CANCER SERVICES RECEIVED RENEWED ACCREDITATION BY THE AMERICAN COLLEGE OF SURGEONS (ACS) A DESIGNATION NGMC HAS MAINTAINED SINCE 1958. THE ACCREDITATION RECOGNIZES NGMC COMMITMENT TO COMPREHENSIVE, HIGH-QUALITY, AND MULTIDISCIPLINARY PATIENT-CENTERED CARE, ITS ONGOING QUALITY

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IMPROVEMENT EFFORTS AND ITS CONTRIBUTIONS TO CANCER PREVENTION AND EARLY DETECTION.

DUAL CENTER OF EXCELLENCE ACCREDITATIONS: IN EARLY 2022, NGMC BRASELTON EARNED ACCREDITATION AS A CENTER OF EXCELLENCE IN MINIMALLY INVASIVE GYNECOLOGY AND ROBOTIC SURGERY FROM THE SURGICAL REVIEW CORPORATION (SRC), AN INTERNATIONALLY RECOGNIZED PATIENT SAFETY ORGANIZATION. ADDITIONALLY, TWO NGMC NURSES WERE RECOGNIZED AS CARE SPECIALISTS FOR THEIR EXPERTISE CLAIRE NICHOLS, RN, IN MINIMALLY INVASIVE GYNECOLOGY, AND LESLIE EVAN, RN, IN ROBOTIC SURGERY.

COMPREHENSIVE STROKE CENTER CERTIFICATION: NGMC GAINESVILLE RECEIVED THE COMPREHENSIVE STROKE CENTER CERTIFICATION FROM DET NORSKE VERITAS (DNV), THE HIGHEST CERTIFICATION AWARDED TO HOSPITALS FOR THEIR TREATMENT OF SERIOUS STROKE EVENTS. NGMC GAINESVILLE IS THE ONLY HOSPITAL NORTH OF METRO ATLANTA TO RECEIVE THIS CERTIFICATION. ADDITIONALLY, NGMC BRASELTON AND NGMC BARROW WERE RECERTIFIED AS PRIMARY STROKE CENTERS.

COVID-19 CARE LEADER: NGMC GAINESVILLE WAS RECOGNIZED AS ONE OF THE NATION'S TOP 24 HOSPITALS FOR PROVIDING EXCEPTIONAL COVID-19 CARE DURING THE EARLY MONTHS OF THE PANDEMIC BY HEALTHGRADES, A THIRD-PARTY ONLINE RESOURCE FOR COMPREHENSIVE INFORMATION ABOUT PHYSICIANS AND HOSPITALS. THE LIST WAS CHOSEN BY ANALYZING CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) DATA FROM JANUARY THROUGH SEPTEMBER OF 2020.

HOSPICE HONORS ELITE RECIPIENT: IN FY22, HOSPICE OF NGMC WAS THE ONLY HOSPICE PROVIDER IN THE REGION TO RECEIVE THE 2021 HOSPICE HONORS ELITE

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AWARD, WHICH RECOGNIZES AGENCIES THAT PROVIDE THE HIGHEST QUALITY HOSPICE CARE.

MOST WIRED LEVEL 9 AWARD: NGMC IS ONE OF ONLY TWO HOSPITALS IN GEORGIA TO RECEIVE MOST WIRED LEVEL 9, ONE OF THE HIGHEST LEVELS OF RECOGNITION FOR USING TECHNOLOGY TO IMPROVE HEALTHCARE QUALITY AND COST. THE COLLEGE OF HEALTHCARE INFORMATION MANAGEMENT EXECUTIVES (CHIME) INCLUDED NGMC ON ITS ANNUAL LIST OF HEALTHCARE'S MOST WIRED FOR 2021, MAKING IT THE EIGHTH YEAR NGMC HAS MADE THE LIST. THE MOST WIRED PROGRAM CONDUCTS AN ANNUAL SURVEY TO ASSESS HOW EFFECTIVELY HEALTHCARE ORGANIZATIONS APPLY INFORMATION TECHNOLOGIES INTO THEIR CLINICAL AND BUSINESS PROGRAMS TO IMPROVE PATIENT SAFETY AND OUTCOMES IN THEIR COMMUNITIES. LEVEL 9 ORGANIZATIONS ARE SEEN AS LEADERS IN HEALTHCARE TECHNOLOGY THAT ACTIVELY PUSH THE INDUSTRY FORWARD. NOT ONLY HAVE THEY DEPLOYED ADVANCED TECHNOLOGIES, BUT THEY ENCOURAGE DIGITAL ADOPTION ACROSS THEIR ORGANIZATIONS.

INTERVENTIONAL CARDIOLOGY PROGRAM MILESTONE: IN FY22, NGMC GAINESVILLE CELEBRATED THE 20TH ANNIVERSARY OF THE INTERVENTIONAL PROGRAM AND THE OPENING OF THE CATHETERIZATION LAB AT THE HOSPITAL. SINCE THEN, NGMC HAS PERFORMED OVER 50,000 PROCEDURES.

NATIONAL NURSING LEADERSHIP AWARD: IN SPRING 2022, JESSE GIBSON, TRAUMA PROGRAM DIRECTOR AT NGMC, WAS NAMED THE 2022 SOCIETY OF TRAUMA NURSES (STN) LEADERSHIP AWARD RECIPIENT, AN AWARD PRESENTED ANNUALLY TO AN INDIVIDUAL WHO HAS DEMONSTRATED OUTSTANDING LEADERSHIP IN TRAUMA AT THE LOCAL, STATE, AND NATIONAL LEVEL.

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UGA COLLEGE OF PHARMACY PRECEPTOR OF THE YEAR: AMY KNAUSS, PHARMD, BCPS WHO SERVES AS THE CLINICAL COORDINATOR FOR THE INPATIENT PHARMACY AT NGMC WAS RECOGNIZED BY THE UNIVERSITY OF GEORGIA COLLEGE OF PHARMACY AS 2021-22 PRECEPTOR OF THE YEAR FOR THE NORTH GEORGIA AREA. WITH THE NORTH GEORGIA AREA CONSISTING OF NORTHEAST GEORGIA AND ALL OF ATLANTA, THE RECOGNITION IS EVEN MORE SIGNIFICANT DUE TO THE LARGE GROUP OF TALENTED PRECEPTORS FROM WHICH AMY WAS SELECTED. OF NOTE, NGMC AND NGPG PHARMACY TEAMS PRECEPT UP TO FOUR SECOND-YEAR PHARMACY STUDENTS AND UP TO 20 FOURTH-YEAR PHARMACY STUDENTS EACH YEAR.

NGMC BARROW

HIGHLIGHTS OF NGMC BARROW COMMUNITY BENEFIT ACTIVITIES:

NGMC BARROW VALUES COOPERATIVE EFFORTS WITH COMMUNITY ORGANIZATIONS AND OTHER HEALTHCARE PROVIDERS TO IMPROVE THE HEALTH STATUS OF AREA RESIDENTS. THE ORGANIZATION DEMONSTRATES THIS THROUGH COMMUNITY PARTNERSHIPS AND SUPPORT.

NGMC BARROW SUPPORTED THE COMMUNITY IN A VARIETY OF WAYS DURING FY22, FROM MENTAL HEALTH AWARENESS PROGRAMS AND SUICIDE PREVENTION, TO FACILITATING YOUTH APPRENTICESHIP PROGRAMS. IN ADDITION, BARROW PROVIDED SUPPORT TO OTHER LOCAL NON-PROFIT ORGANIZATIONS THAT SERVE THE COMMUNITY.

CHARITY CARE: LIKE NGMC GAINESVILLE, BRASELTON, AND LUMPKIN, NGMC BARROW'S CHARITY CARE POLICY REMOVED BARRIERS FOR LOW-INCOME POPULATIONS WITHIN OUR SERVICE AREA, BEGINNING WITH THE FREE, MEDICALLY

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NECESSARY CARE FOR PATIENTS WHOSE GROSS FAMILY INCOME IS 0 TO 150 PERCENT OF THE FEDERAL POVERTY LEVEL (FPL) ADJUSTED FOR FAMILY SIZE. PATIENTS FROM OUR SERVICE AREA WHOSE FPL IS FROM 151 TO 300 PERCENT MAY QUALIFY FOR AN ADJUSTMENT EQUIVALENT TO THE HOSPITAL'S MEDICARE REIMBURSEMENT RATE PLUS AN ADDITIONAL 40 PERCENT DISCOUNT TO THE MEDICARE REIMBURSEMENT RATE.

IN FY22, THE ESTIMATED COST OF INDIGENT AND CHARITY CARE THROUGH NGMC BARROW WAS \$3.8 MILLION BASED ON 3,966 PATIENT ENCOUNTERS. IN ADDITION, NGMC BARROW INCURRED BAD DEBT EXPENSE DURING 2022 OF APPROXIMATELY \$10.0 MILLION AS MEASURED BY CHARGES. THIS REPRESENTS APPROXIMATELY 21.8 PERCENT OF NET PATIENT REVENUE AS REFLECTED IN THE AUDITED FINANCIAL STATEMENTS. A SIGNIFICANT PERCENTAGE OF THIS AMOUNT IS ESTIMATED TO BE THE RESULT OF PATIENTS THAT ARE EMPLOYED BY UNABLE TO PAY MEDICAL EXPENSES AND ARE THEREFORE CONSIDERED "MEDICALLY INDIGENT."

FINANCIAL NAVIGATORS: NGMC BARROW FINANCIAL ASSISTANCE COUNSELORS HELP PATIENTS BECOME INSURED THROUGH MEDICAID, PEACHCARE, OR OTHER PROGRAMS. THIS TEAM ADVOCATES FOR UNINSURED AND UNDER-INSURED PATIENTS, AIDING THEM IN FINDING VIABLE MEANS TO ACCESS CARE. THEY FIND THE BEST SOLUTIONS BY HELPING PATIENTS APPLY FOR MEDICAID OR DISABILITY, ACCESSING HEALTHCARE EXCHANGES, OR PROCESSING CHARITY APPLICATIONS WHEN APPROPRIATE.

CANCER PATIENT NAVIGATION: NGMC'S PATIENT NAVIGATION PROGRAM PROVIDED CANCER PATIENTS WITH GUIDANCE THROUGHOUT THEIR CANCER JOURNEY AND ACTED AS A "LIVING RESOURCE DIRECTORY" FOR PATIENTS. SERVICES INCLUDED: CONNECTING WITH COMMUNITY RESOURCES, PROVIDING EMOTIONAL SUPPORT,

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HELPING PATIENTS UNDERSTAND THEIR DIAGNOSIS, COMMUNICATING WITH HEALTHCARE STAFF AND PROVIDERS, ADDRESSING LOGISTICAL ISSUES SUCH AS TRANSPORTATION NEEDS, AND HELPING PATIENTS UNDERSTAND MEDICAL TERMS AND TREATMENT OPTIONS. THESE EFFORTS CAME AT A TOTAL ESTIMATED COST OF \$119,650 FOR 1,593 PEOPLE FOR NGMC BARROW IN FY22.

WHAT DRIVES NGMC'S COMMUNITY HEALTH IMPROVEMENT ACTIVITIES? NGMC WITH INPUT FROM THE COMMUNITY, COMPLETED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN 2022. 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 IDENTIFIED THREE HEALTH PRIORITIES THAT FIT HAND-IN-GLOVE WITH THE ORGANIZATION'S STRATEGIC DIRECTION: MENTAL & BEHAVIORAL HEALTH, ACCESS TO CARE, AND HEALTHY BEHAVIORS. FOR MORE INFORMATION ABOUT THE CHNA PROCESS AND THESE PRIORITIES, GO TO WWW.NGHS.COM/COMMUNITY-BENEFIT-RESOURCES.

PARTNERING IN THE COMMUNITY

COMMUNITY LEADERSHIP: IN FY22, NGMC BARROW AND SYSTEM LEADERSHIP ACTIVELY SUPPORTED THE LOCAL COMMUNITY THROUGH BOARD LEADERSHIP, VOLUNTEER OPPORTUNITIES, AND COMMUNITY INVOLVEMENT. THE PUBLIC RELATIONS MANAGER OF NGMC BARROW, ACTIVELY SUPPORTED THE LOCAL COMMUNITY THROUGH BOARD LEADERSHIP, INCLUDING: CO-CHAIR OF THE NGHS DIVERSITY, EQUITY, AND INCLUSION COUNCIL; BOARD MEMBER, AND FINANCE COMMITTEE MEMBER ON THE BARROW CHAMBER OF COMMERCE; VICE CHAIR OF THE BARROW CHAMBER OF COMMERCE'S WOMEN IN BUSINESS PROGRAM; MEMBER OF THE NEGA COUNCIL EXECUTIVE BOARD OF DIRECTORS AND STRATEGIC PLANNING

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COMMITTEE OF BOYS SCOUTS OF AMERICA; CHAIR OF FRIENDS OF BOY SCOUTS;
 VICE CHAIR OF BARROW ARTS AND SCIENCES ACADEMY (BASA) SCHOOL GOVERNANCE
 TEAM; SELECTION COMMITTEE MEMBER OF BASA PRINCIPAL; GRANT REVIEW
 COMMITTEE MEMBER OF THE UNITED WAY AND DEJERBE GRANT; AND READER OF
 BOOKS TO STATHAM ELEMENTARY FIRST AND THIRD GRADERS.

NGMC'S VICE PRESIDENT OF POST-ACUTE SERVICES ACTIVELY SUPPORTED THE
 LOCAL COMMUNITY THROUGH BOARD LEADERSHIP, INCLUDING ACTING AS AN
 ADVISORY COMMITTEE MEMBER OF WIMBERLY ROOTS AND A YOUTH COACH AND
 MENTOR OF YMCA PIEDMONT. THE NURSING LEADER AT NGMC BARROW IS A NATIVE
 OF THE AREA AND ACTIVELY SUPPORTED THE LOCAL COMMUNITY THROUGH BOARD
 LEADERSHIP ON THE ADVISORY COMMITTEE OF WIMBERLY ROOTS. FINALLY, CAROL
 BURRELL, NGHS CEO, ACTIVELY SUPPORTED THE LOCAL COMMUNITY THROUGH BOARD
 LEADERSHIP, INCLUDING SERVING AS CO-CHAIR ON THE CFIT PARK PROJECT,
 "BUILDING THE FUTURE CAMPAIGN." THE VALUE OF STAFF TIME TOWARD
 COMMUNITY LEADERSHIP TOTALED \$13,344 FOR NGMC BARROW IN FY22.

THE GEORGIA CLUB FOUNDATION PARTNERSHIP: NGMC PARTNERS WITH THE GEORGIA
 CLUB FOUNDATION, PROVIDING MEDICAL AWARENESS EVENTS TO SERVE THE
 COMMUNITY. THE GEORGIA CLUB FOUNDATION IS SERVES UNMET EDUCATIONAL,
 SPIRITUAL, AND BASIC HUMAN NEEDS OF PERSONS PRIMARILY WITHIN THE
 SURROUNDING COUNTIES OF BARROW, OCONEE, AND CLARKE COUNTIES. THROUGH
 PARTNERSHIPS, VOLUNTEER EFFORTS, AND FUNDRAISING, THE FOUNDATION ACTS
 AS THE HELPING HAND THAT IMPROVES AND STRENGTHENS LIFE IN OUR
 COMMUNITY. FY22 EVENTS INCLUDED A PRE-DIABETES HEALTH SEMINAR AND A
 CARDIOVASCULAR HEALTH PRESENTATION AND PREVENTIVE HEALTH CHECKUP. THIS
 CONTINUED COLLABORATION CAME AT A COST OF \$1,664 FOR NGMC BARROW IN
 FY22.

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FRIENDS OF ADVANTAGE: IN FY22, NGMC BARROW DONATED TO FRIENDS OF ADVANTAGE (FOA), A 501C3 NON-PROFIT THAT DIRECTLY ASSISTS ADVANTAGE BEHAVIORAL HEALTH SYSTEMS BY BRIDGING GAPS IN FUNDING FOR INDIVIDUALS WITH MENTAL ILLNESS, DEVELOPMENTAL DISABILITIES, AND ADDICTIVE DISEASE RECOVERY. THE ORGANIZATION'S MISSION IS TO ENHANCE THE LIVES OF PEOPLE SERVED BY EXPANDING KNOWLEDGE AND RESOURCES BEYOND THOSE PROVIDED BY FAMILIES, GOVERNMENT, OR INSURANCE. THIS CASH DONATION CAME AT A COST OF \$500 FOR NGMC BARROW IN FY22.

AMERICAN FOUNDATION FOR SUICIDE PREVENTION: NGMC BARROW PROVIDED FINANCIAL SUPPORT FOR THE OUT OF THE DARKNESS WALK WHICH RAISED FUNDS FOR THE AMERICAN FOUNDATION FOR SUICIDE PREVENTION FOR RESEARCH, PROGRAMS, EDUCATION, AND ADVOCACY. THIS SUPPORT CAME AT A COST OF \$500 FOR NGMC BARROW IN FY22.

MERCY HEALTH CENTER: NGMC BARROW DONATED TO THE MERCY HEALTH CENTER, WHOSE MISSION ALIGNS WITH NGMC GOALS TO TREAT MENTAL AND BEHAVIORAL HEALTH NEEDS OF THOSE WHO NEED IT MOST. AS A NON-PROFIT FREE HEALTH CLINIC THAT ONLY SERVES THE LOW-INCOME UNINSURED POPULATION, MERCY ENCOUNTERS PATIENTS AT HIGHER RISK OF SUICIDAL IDEATION THAN THE PUBLIC. AS A RESULT, MERCY IS UNIQUELY POSITIONED TO INTERVENE AND MAKE AN ETERNAL DIFFERENCE IN THE LIVES OF OUR PATIENTS AND THEIR FAMILIES. IN FY22, NGMC BARROW SUPPORTED MERCY HEALTH CENTER WITH A DONATION OF \$5,000.

QPR TRAINING FOR MENTAL HEALTH: QPR SUICIDE PREVENTION TRAINING WAS PROVIDED TO 300 INDIVIDUALS AT AN EXPENSE OF \$1,455 TO NGMC BARROW IN

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FY22.THIS IMPORTANT TRAINING TEACHES HOW TO: ASK THE SUICIDE QUESTION, PERSUADE THE PERSON TO STAY ALIVE, AND THEN REFER THE PERSON TO THE APPROPRIATE SUPPORT.

BARROW COUNTY FARMERS MARKET SUPPORT: NGMC PROVIDED A CASH DONATION TO THE BARROW COUNTY FARMERS MARKET, WHICH ENHANCES AND SUPPORTS HEALTHY LIFESTYLES AND DIETS IN OUR COMMUNITY. THIS SUPPORT CAME AT A COST OF \$1,000 FOR NGMC BARROW IN FY22.

ADVENTURE BAGS INC.: NGMC BARROW SPONSORED ADVENTURE BAGS INC., A LOCAL NONPROFIT THAT SERVES CHILDREN WHO HAVE BEEN DISPLACED DUE TO HOMELESSNESS, DISASTER, OR ENTERING FOSTER CARE. THE ORGANIZATION PROVIDES BAGS THAT INCLUDE CLOTHES, OVERNIGHT ESSENTIALS, AND PERSONAL CARE ITEMS. THIS SUPPORT CAME AT A COST OF \$500 FOR NGMC BARROW IN FY22.

CHILD ADVOCACY, PROTECTION, AND WELLNESS: NGMC BARROW PROVIDED FINANCIAL SUPPORT FOR 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 RESPONSIBLE FOR ENSURING THE CHILD'S NEEDS ARE MET AND THE CHILD'S BEST INTEREST IS HEARD. THIS SUPPORT CAME AT A COST OF \$1,000 FOR NGMC BARROW IN FY22.

SAFE KIDS NORTHEAST GEORGIA: NGMC BARROW SERVED AS THE LEAD AGENCY FOR SAFE KIDS NORTHEAST GEORGIA, REDUCING UNINTENTIONAL INJURIES AND DEATH IN CHILDREN 19 AND UNDER. IN FY22, SAFE KIDS PROVIDED TWO PROGRAMS AND EVENTS IN THE BARROW AREA, WITH OUTREACH TO OVER 650 CHILDREN AND THEIR FAMILY MEMBERS, TEACHERS, AND CAREGIVERS. THESE PROGRAMS DISTRIBUTED

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SAFETY ITEMS TO FAMILIES WHO NEEDED THEM, INCLUDING 125 HELMETS AND \$2,549 WORTH OF BOOSTER SEATS. SAFE KIDS WAS FUNDED BY THE NGHS FOUNDATION. OVERALL SUPPORT CAME AT A COST OF \$4,844 FOR NGMC BARROW IN FY22.

THE TREE HOUSE, INC. SUPPORT: NGMC DONATED 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. NGMC BARROW'S EMERGENCY DEPARTMENT MANAGER SERVES ON THE FOUNDATION'S BOARD OF DIRECTORS. THIS SUPPORT CAME AT A COST OF \$1,000 FOR NGMC BARROW IN FY22.

BOYS & GIRLS CLUB OF WINDER SUPPORT: NGMC BARROW DONATED 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. THIS SUPPORT CAME AT A COST OF \$2,000 FOR NGMC BARROW IN FY22.

NORTHEAST GEORGIA COUNCIL FRIENDS OF SCOUTING: IN FY22, NGMC BARROW PROVIDED SUPPORT TO THE BOY SCOUTS OF AMERICA, HELPING TEACH CHILDREN THE VALUES OF CITIZENSHIP, CHARACTER DEVELOPMENT, AND PERSONAL FITNESS THROUGH COMMUNITY SERVICE, CAMP, AND OTHER ACTIVITIES. THIS SUPPORT CAME AT A COST OF \$5,000.

THE CANCER FOUNDATION SUPPORT: A DONATION WAS PROVIDED TO SUPPORT THE CANCER FOUNDATION, WHOSE MISSION IS TO HELP ALLEVIATE THE FINANCIAL BURDEN OF CANCER PATIENTS LIVING IN NORTHEAST GEORGIA WHO ARE EXPERIENCING AN IMMEDIATE FINANCIAL CRISIS AND ARE CURRENTLY RECEIVING TREATMENT OR ARE SIX MONTHS POST-TREATMENT. THIS SUPPORT CAME AT A COST

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OF \$3,000 FOR NGMC BARROW IN FY22.

STROKE EDUCATION AND OUTREACH: STAFF FROM THE NGMC BARROW STROKE UNIT PROVIDED EDUCATION TO THE COMMUNITY ABOUT STROKE PREVENTION, SYMPTOMS, RISK FACTORS, AND ACTIONS TO TAKE. EDUCATIONAL DEMONSTRATIONS WERE PROVIDED AT SEVERAL COMMUNITY EVENTS. THESE HEALTH EDUCATION ENGAGEMENTS CAME AT A COST OF \$320 FOR NGMC BARROW IN FY22.

EDUCATION AND WORKFORCE DEVELOPMENT

ALLIED HEALTH STUDENT EDUCATION: NGMC PROVIDED CLINICAL ROTATIONS FOR ALLIED HEALTH STUDENTS. EDUCATIONAL AFFILIATION AGREEMENTS ARE MAINTAINED WITH EACH SCHOOL/PROGRAM. NGMC'S EDUCATION SERVICES DEPARTMENT ENSURES COMPLETION OF ALL ORIENTATION AND STUDENT HEALTH REQUIREMENTS BEFORE ROTATIONS. STUDENTS WORK DIRECTLY WITH NGMC STAFF. AT NGMC BARROW, 19 STUDENTS BENEFITED FROM THIS PROGRAM AT A COST OF \$17,765 IN FY22.

NURSING STUDENT EDUCATION: NGMC COORDINATES CLINICAL ROTATIONS FOR NURSING STUDENTS AT NGMC BARROW, INCLUDING FACULTY AND STUDENT ORIENTATION, EDUCATIONAL AFFILIATION AGREEMENT MAINTENANCE, AND COMPLETION OF ALL HEALTH AND LEGAL REQUIREMENTS BEFORE FIRST ROTATIONS. AT NGMC BARROW, 20 STUDENTS BENEFITED FROM THIS PROGRAM AT A COST OF \$19,011 FOR NGMC BARROW IN FY22.

YOUTH DEVELOPMENT

BARROW COUNTY SCHOOLS: NGMC PARTNERED WITH BARROW COUNTY SCHOOLS TO

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IMPLEMENT "TAR WARS" FOR 1,655 FOURTH AND FIFTH-GRADE STUDENTS. "TAR WARS" IS A TOBACCO-FREE EDUCATION PROGRAM 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. IN FY22, NGMC'S FOURTH CONSECUTIVE YEAR OF "TAR WARS" WAS MARKED WITH A POSTER CONTEST, INSPIRING STUDENTS TO SUBMIT DESIGNS DISCOURAGING THE USE OF TOBACCO. THE BARROW STUDENTS SELECTED WENT ON TO PLACE IN THE TOP THREE ON THE STATE LEVEL. THIS PROGRAM SUPPORT CAME AT A COST OF NEARLY \$800 FOR NGMC BARROW IN FY22.

UGA FOOTHILLS 2022 HEALTH CAREERS CONFERENCE SUPPORT: NGMC BARROW PARTICIPATED IN THE UGA FOOTHILLS 2022 HEALTH CAREERS CONFERENCE, A UNIQUE OPPORTUNITY FOR HIGH SCHOOL STUDENTS TO GET ON THE PATH TO A SUCCESSFUL CAREER IN THE HEALTHCARE INDUSTRY. DURING THIS THREE-DAY CONFERENCE, STUDENTS ARE EXPOSED TO HEALTH CAREERS AND OPPORTUNITIES THROUGH A VARIETY OF HANDS-ON ACTIVITIES AND FACILITY TOURS. NGMC BARROW CONTRIBUTED TO THIS CONFERENCE WITH A SUTURING TEACHING EVENT LED BY RESIDENT DR. DEVIN SMITH. THIS INVOLVEMENT CAME AT A COST OF \$123 FOR NGMC BARROW IN FY22.

YOUTH APPRENTICESHIP PROGRAM: THE YOUTH APPRENTICESHIP PROGRAM PROVIDES AN OPPORTUNITY FOR HIGH SCHOOL STUDENTS COME INTO THE HOSPITAL AND WORK FOR ONE CLASS PERIOD IN THEIR DAY. THIS PROGRAM PROVIDES HANDS-ON EXPOSURE TO MANY DIFFERENT HEALTHCARE CAREERS AND SERVES AS A RECRUITMENT TOOL TO ENCOURAGE STUDENT ENROLLMENT IN POST-SECONDARY HEALTHCARE PROGRAMS OF STUDY. EIGHT STUDENTS PARTICIPATED WITH NGMC BARROW, WORKING APPROXIMATELY 7.5 HOURS EACH WEEK.

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NGMC LUMPKIN

HIGHLIGHTS OF NGMC LUMPKIN'S FY22 COMMUNITY BENEFIT ACTIVITIES:

NGMC LUMPKIN, LLC VALUES COOPERATIVE EFFORTS WITH COMMUNITY ORGANIZATIONS AND OTHER HEALTHCARE PROVIDERS TO IMPROVE THE HEALTH STATUS OF AREA RESIDENTS. THE ORGANIZATION DEMONSTRATES THIS BY PROVIDING FINANCIAL AND STAFF SUPPORT TO LOCAL NONPROFIT AGENCIES, DEVELOPING PARTNERSHIPS WITH SCHOOLS ON HEALTH PROFESSIONS EDUCATION, AND FOSTERING PARTNERSHIPS WITH ESTABLISHED INDIGENT CLINICS THAT SERVE THE UNDER-SERVED POPULATION.

CHARITY CARE: LIKE NGMC GAINESVILLE, BRASELTON, AND BARROW, LUMPKIN'S CHARITY CARE POLICY REMOVED BARRIERS FOR LOW-INCOME POPULATIONS WITHIN OUR SERVICE AREA, BEGINNING WITH FREE MEDICALLY NECESSARY CARE FOR PATIENTS WHOSE GROSS FAMILY INCOME WAS ZERO TO 150 PERCENT OF THE FEDERAL POVERTY LEVEL (FPL) ADJUSTED FOR FAMILY SIZE. PATIENTS FROM OUR SERVICE AREA WHOSE FPL IS FROM 151 TO 300 PERCENT QUALIFIED FOR AN ADJUSTMENT EQUIVALENT TO THE HOSPITAL'S MEDICARE REIMBURSEMENT RATE PLUS AN ADDITIONAL 40 PERCENT DISCOUNT TO THE MEDICARE REIMBURSEMENT RATE.

IN FY22, THE ESTIMATED COST OF INDIGENT AND CHARITY CARE THROUGH NGMC LUMPKIN WAS APPROXIMATELY \$800,000 BASED ON 1,167 PATIENT ENCOUNTERS. IN ADDITION, NGMC INCURRED BAD DEBT EXPENSE DURING 2022 OF OVER \$6.9 MILLION AS MEASURED BY CHARGES. THIS REPRESENTS APPROXIMATELY 25.6 PERCENT OF NET PATIENT REVENUE AS REFLECTED IN THE AUDITED FINANCIAL

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STATEMENTS. A SIGNIFICANT PERCENTAGE OF THIS AMOUNT IS ESTIMATED TO BE THE RESULT OF PATIENTS THAT ARE EMPLOYED BY UNABLE TO PAY MEDICAL EXPENSES AND ARE THEREFORE CONSIDERED "MEDICALLY INDIGENT."

WHAT DRIVES NGMC'S COMMUNITY HEALTH IMPROVEMENT ACTIVITIES?

NORTHEAST GEORGIA MEDICAL, WITH INPUT FROM THE COMMUNITY, COMPLETED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN FY22. 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 THREE FOLLOWING HEALTH PRIORITIES THAT FIT HAND-IN-GLOVE WITH THE STRATEGIC DIRECTION OF THE ORGANIZATION: BEHAVIORAL AND MENTAL HEALTH, ACCESS TO CARE, AND HEALTHY BEHAVIORS. FOR MORE INFORMATION ABOUT THESE PRIORITIES, GO TO WWW.NGHS.COM/COMMUNITY-BENEFIT-RESOURCES.

LEADERSHIP LUMPKIN COUNTY: IN FY22, THREE NGMC STAFF MEMBERS WERE INVITED TO PARTICIPATE IN LEADERSHIP LUMPKIN COUNTY, SPONSORED BY THE LUMPKIN CHAMBER OF COMMERCE. THIS NINE-MONTH PROGRAM BRINGS TOGETHER LEADERS OF LUMPKIN COUNTY BUSINESSES, STRENGTHENING RELATIONSHIPS AND OFFERING OPPORTUNITIES FOR COLLABORATION. THE EFFORTS TOWARD THIS PROGRAM CAME AT A COST OF \$734 TO NGMC LUMPKIN IN FY22.

ROTARY CLUB SUPPORT: MEMBERS OF NGMC LUMPKIN ATTENDED THE WEEKLY NOON MEETING OF THE ROTARY CLUB OF LUMPKIN COUNTY, WHICH SUPPORTS LOCAL CHARITIES AND SERVICES, AND IN TURN PROVIDES CONNECTIONS WITHIN THE LUMPKIN COUNTY COMMUNITY WITH OTHER LEADERS. THE SUPPORT CAME AT A COST

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OF \$3,396 FOR FY22.

ALLIED HEALTH STUDENT EDUCATION: NGMC PROVIDED CLINICAL ROTATIONS FOR ALLIED HEALTH STUDENTS. EDUCATIONAL AFFILIATION AGREEMENTS ARE MAINTAINED WITH EACH SCHOOL/PROGRAM. NGMC'S EDUCATION SERVICES DEPARTMENT ENSURES COMPLETION OF ALL ORIENTATION AND STUDENT HEALTH REQUIREMENTS BEFORE ROTATIONS. STUDENTS WORK DIRECTLY WITH NGMC STAFF.

BEHAVIORAL HEALTH YOUTH EDUCATION: NGMC LUMPKIN PROVIDED A DONATION TO THE LUMPKIN COUNTY SHERIFF'S OFFICE TO DEVELOP AND PRODUCE CRIME PREVENTION, SAFETY EDUCATION AND SUBSTANCE ABUSE EDUCATION MATERIALS. THE MATERIALS WERE USED AS PART OF "THE FIGHT AGAINST DRUGS, ALCOHOL & VIOLENCE IN OUR COMMUNITY" PROGRAM AND HELP EDUCATE YOUTH IN LUMPKIN COUNTY SCHOOLS ON MAKING SAFE AND RESPONSIBLE CHOICES. THIS SUPPORT COST \$999 FOR NGMC LUMPKIN IN FY22.

PARTNERING TO REACH THE UNINSURED: NGMC WORKED COOPERATIVELY WITH OTHER HEALTHCARE PROVIDERS TO CARE FOR AREA RESIDENTS, PARTICULARLY THE INDIGENT POPULATION.

SUPPORT OF COMMUNITY HELPING PLACE: NGMC PROVIDED FINANCIAL AND STAFF SUPPORT FOR COMMUNITY HELPING PLACE, AN INDIGENT HEALTH CLINIC IN LUMPKIN COUNTY THAT PROVIDES MEDICAL AND DENTAL SERVICES FOR THE AREA'S MOST VULNERABLE POPULATIONS. NGMC DONATED \$15,000 TO HELP SUPPORT THESE EFFORTS IN FY22 NGMC LUMPKIN DIRECTOR KAY HALL SERVED ON THE BOARD OF THE LUMPKIN COUNTY COMMUNITY HELPING PLACE AND NAVIGATION TOWARD MENTAL HEALTH SERVICES. THE VALUE OF STAFF TIME IN FY22 TOTALED \$3,227.

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SUPPORT OF GOOD SHEPHERD CLINIC: GOOD SHEPHERD CLINIC OF DAWSON COUNTY STRIVES TO MAKE DAWSON COUNTY A BETTER PLACE BY PROVIDING HEALTH CARE FOR THOSE WHO HAVE NONE. IN FY22, NGMC PROVIDED OFFICE SPACE FREE OF CHARGE TO THE CLINIC AT A VALUE OF \$185,193 ALONG WITH AN ADDITIONAL DONATION OF \$10,000 TO THE CLINIC.

LUMPKIN COUNTY FAMILY CONNECTION: NGMC SUPPORTED LUMPKIN COUNTY FAMILY CONNECTION, A PARTNERSHIP OF ORGANIZATIONS WORKING TO HELP MEET THE NEEDS OF CHILDREN AND FAMILIES OF THE COMMUNITY. THE GOALS ARE TO PREVENT CHILD ABUSE AND NEGLECT AND TO GIVE ALL CHILDREN AN EQUAL OPPORTUNITY TO SUCCEED IN SCHOOL AND IN LIFE. THE COLLABORATIVE PROVIDED SHOES AND CLOTHING TO NEEDY CHILDREN, OVER 47,000 POUNDS OF FOOD, SCHOOL SUPPLIES AND 597 MENTORING HOURS. NGMC LUMPKIN SUPPORTED AT THE \$7,500 LEVEL IN FY22.

SOUTH ENOTAH CHILD ADVOCACY CENTER, INC.: NGMC SPONSORED THE SOUTH ENOTAH CHILD ADVOCACY CENTER, WHICH SUPPORTS CHILDREN WHO HAVE SURVIVED ABUSE AND NEGLECT IN LUMPKIN AND WHITE COUNTY. THIS DONATION CAME AT A COST OF \$500 FOR NGMC LUMPKIN IN FY22.

LUMPKIN LITERACY SUPPORT: THE LUMPKIN COUNTY LITERACY COALITION'S MISSION IS TO INCREASE ADULT AND CHILDHOOD LITERACY IN LUMPKIN COUNTY. IN FY22, NGMC LUMPKIN DONATED \$750 TO THESE EFFORTS.

LUMPKIN COUNTY EDUCATION FOUNDATION: NGMC SUPPORTED THE LUMPKIN COUNTY EDUCATION FOUNDATION AT A COST OF \$1,000 IN FY22.

NURSING STUDENT EDUCATION: NGMC LUMPKIN PROVIDED CLINICAL ROTATIONS FOR

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NURSING STUDENTS AT NGMC LUMPKIN'S CAMPUS, INCLUDING FACULTY AND STUDENT ORIENTATION, EDUCATIONAL AFFILIATION AGREEMENT MAINTENANCE, AND COMPLETION OF ALL HEALTH AND LEGAL REQUIREMENTS BEFORE FIRST ROTATIONS. AT NGMC LUMPKIN CAMPUS, 106 STUDENTS BENEFITED FROM THIS PROGRAM AT A COST OF \$437,182 FOR NGMC LUMPKIN FOR FY22.

NEW NGMC LUMPKIN: IN JUNE 2022, NGMC LUMPKIN BROKE GROUND ON A NEW HOSPITAL IN DAHLONEGA, GEORGIA, WHICH WILL ENHANCE ACCESS TO HEALTHCARE SERVICES FOR AREA RESIDENTS.

REMOTE TREATMENT STROKE CENTER: IN EARLY 2022, NGMC LUMPKIN WAS DESIGNATED A REMOTE TREATMENT STROKE CENTER BY THE GEORGIA DEPARTMENT OF PUBLIC HEALTH FOR ITS ADVANCEMENTS IN STROKE CARE. TO EARN THIS DESIGNATION, THE HOSPITAL'S STROKE TEAM DEMONSTRATED THE ABILITY TO EVALUATE, STABILIZE AND PROVIDE EVIDENCE-BASED TREATMENT TO PATIENTS WITH ACUTE STROKE SYMPTOMS. NGMC'S ESTABLISHED POLICIES, PROTOCOLS, DATA COLLECTION, RESOURCES, COMMUNITY RELATIONS AND QUALITY IMPROVEMENT WERE ALSO IMPORTANT FACTORS THE STATE CONSIDERED FOR THIS STROKE DESIGNATION.

SPECIAL NOTES ABOUT COMMUNITY BENEFIT REPORTING

NGMC USED THE PRECEPTS OUTLINED IN "A GUIDE FOR PLANNING AND REPORTING COMMUNITY BENEFIT," PROVIDED BY THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES AND VIZIENT FOR ITS COMMUNITY BENEFIT REPORTING WITHIN THE ORGANIZATION'S IRS 990 SCHEDULE H. THE GUIDE'S PURPOSE IS TO HELP NOT-FOR-PROFIT MISSION-DRIVEN HEALTHCARE ORGANIZATIONS DEVELOP, ENHANCE AND REPORT ON THEIR COMMUNITY BENEFIT PROGRAMS.

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COMMUNITY BENEFIT DEFINITION: THE PROGRAM OR ACTIVITY MUST ADDRESS A DEMONSTRATED COMMUNITY NEED AND SEEK TO ADDRESS AT LEAST ONE OF THE FOLLOWING:

- IMPROVING ACCESS
- ENHANCING POPULATION HEALTH
- ADVANCING GENERALIZABLE KNOWLEDGE
- RELIEVING THE GOVERNMENT BURDEN ON IMPROVING 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.

ADDITIONAL INFORMATION HAS BEEN INCLUDED IN THE SCHEDULE O TO GIVE THE BROADEST VIEW OF COMMUNITY IMPACT OF NGHS HOSPITALS.

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

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

PREPARED, IT WAS REVIEWED BY SENIOR FINANCIAL MANAGEMENT. THE FORM 990 IS MADE AVAILABLE TO MEMBERS OF THE BOARD PRIOR TO FILING.

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.

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

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

FORM 990, PART VI, SECTION C, LINE 19:

FINANCIAL STATEMENTS AND STATISTICS ARE FILED QUARTERLY WITH DIGITAL

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

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING FEES:

PROGRAM SERVICE EXPENSES	1,461,888.
MANAGEMENT AND GENERAL EXPENSES	335,589.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,797,477.

CONTRACT SERVICE FEES:

PROGRAM SERVICE EXPENSES	16,651,943.
MANAGEMENT AND GENERAL EXPENSES	3,822,597.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	20,474,540.

OUTSIDE SERVICE FEES:

PROGRAM SERVICE EXPENSES	3,726,777.
MANAGEMENT AND GENERAL EXPENSES	855,514.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,582,291.

FEES FOR SERVICES - OTHER:

PROGRAM SERVICE EXPENSES	4,856,950.
MANAGEMENT AND GENERAL EXPENSES	1,114,954.
FUNDRAISING EXPENSES	0.

Name of the organization NORTHEAST GEORGIA HEALTH SYSTEM, INC.	Employer identification number 58-1694090
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TOTAL EXPENSES 5,971,904.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 32,826,212.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

INTERCOMPANY FORGIVENESS 67,072,417.

PARTNERSHIP INCOME NOT ON BOOKS 76,902.

PENSION ADJUSTMENT 61,017,446.

OTHER ADJUSTMENT 37.

TOTAL TO FORM 990, PART XI, LINE 9 128,166,802.

AMENDED RETURN

AN OFFICER WAS INADVERTENTLY INCLUDED IN THE COMPENSATION THAT DID NOT RECIEVE CEMPENSATION FROM THE ENTITY IN THE FISCAL YEAR. THIS AMENDED RETURN CORRECTS THAT INFORAMTION.

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

2021

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.

(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. - 58-1694090, 743 SPRING STREET, GAINESVILLE, GA 30501	RENTAL	GEORGIA	3,518,292.	13,392,409.	NORTHEAST GEORGIA HEALTH SYSTEM, INC.
GEORGIA HEART INSTITUTE, LLC - 46-4354068 743 SPRING STREET GAINESVILLE, GA 30501	HEALTHCARE	GEORGIA	35,008,519.	2,454,582.	NORTHEAST GEORGIA HEALTH SYSTEM, INC.
HEALTHCONNECTIONS, LLC - 58-1694098 743 SPRING STREET GAINESVILLE, GA 30501	HEALTHCARE	GEORGIA	0.	0.	NORTHEAST GEORGIA MEDICAL CENTER, INC.
NGMC BARRON, LLC - 81-4015190 743 SPRING STREET GAINESVILLE, GA 30501	HEALTHCARE	GEORGIA	56,523,543.	8,130,833.	NORTHEAST GEORGIA HEALTH SYSTEM, INC.

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
NORTHEAST GEORGIA MEDICAL CENTER, INC. - 58-1694098, 743 SPRING STREET, GAINESVILLE, GA 30501	HEALTHCARE - HOSPITAL	GEORGIA	501(C)(3)	LINE 3	NORTHEAST GEORGIA HEALTH SYSTEM, INC.		X
NORTHEAST GEORGIA PHYSICIANS GROUP, INC. - 58-2078064, 743 SPRING STREET, GAINESVILLE, GA 30501	HEALTHCARE	GEORGIA	501(C)(3)	LINE 12B, II	NORTHEAST GEORGIA HEALTH SYSTEM, INC.		X
THE MEDICAL CENTER FOUNDATION DBA NGH FOUNDATION - 58-1694820, 743 SPRING STREET, GAINESVILLE, GA 30501	FUNDRAISING AND SUPPORT	GEORGIA	501(C)(3)	LINE 7	NORTHEAST GEORGIA HEALTH SYSTEM, INC.		X
THE MEDICAL CENTER AUXILIARY, INC. - 58-1550576, 743 SPRING STREET, GAINESVILLE, GA 30501	FUNDRAISING AND SUPPORT	GEORGIA	501(C)(3)	LINE 10	NORTHEAST GEORGIA HEALTH SYSTEM, INC.		X

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

Schedule R (Form 990) 2021

Schedule R (Form 990)

NORTHEAST GEORGIA HEALTH SYSTEM, INC.

58-1694090

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN 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
NGMC LUMPKIN, LLC - 83-1294232 743 SPRING STREET GAINESVILLE, GA 30501	HEALTHCARE	GEORGIA	34,386,100.	1,651,307.	NORTHEAST GEORGIA HEALTH SYSTEM, INC.
NORTHEAST GEORGIA PHYSICIANS GROUP URGENT CARE, LLC - 20-5064238, 743 SPRING STREET, GAINESVILLE, GA 30501	MEDICAL	GEORGIA	32,539,509.	654,073.	NORTHEAST GEORGIA PHYSICIANS GROUP, INC.
NORTHEAST GEORGIA HEALTH RESOURCES, LLC - 85-3221091, 743 SPRING STREET, GAINESVILLE, GA 30501	HEALTHCARE	GEORGIA	0.	0.	NORTHEAST GEORGIA HEALTH SYSTEM, INC.
NORTHEAST GEORGIA PEO, LLC - 85-3939319 743 SPRING STREET GAINESVILLE, GA 30501	HEALTHCARE	GEORGIA	3,012,156.	0.	NORTHEAST GEORGIA HEALTH SYSTEM, INC.
NORTHEAST GEORGIA HEALTH VENTURES - 88-3268162, 743 SPRING STREET, GAINESVILLE, GA 30501	HEALTHCARE	GEORGIA	0.	0.	NORTHEAST GEORGIA HEALTH SYSTEM, INC.

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	X	
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)	X	
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NORTHEAST GEORGIA MEDICAL CENTER, INC.	L	131,755,004. COST	
(2) NORTHEAST GEORGIA PHYSICIAN GROUP, INC.	C	33,858,768. COST	
(3) NORTHEAST GEORGIA MEDICAL CENTER, INC.	B	105,628,852. COST	
(4) NORTHEAST GEORGIA HEALTH SYSTEM, INC.	C	67,072,417. COST	
(5) NORTHEAST GEORGIA HEALTH PARTNERS, LLC	C	3,742,182. COST	
(6) NGHNS FOUNDATION	C	2,081,131. COST	

Schedule R (Form 990) **NORTHEAST GEORGIA HEALTH SYSTEM, INC.** 58-1694090

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7)	NORTHEAST GEORGIA MEDICAL CENTER, INC.	B	2,081,131.COST	
(8)	NORTHEAST GEORGIA MEDICAL CENTER, INC.	D	365,986.COST	
(9)	NGHS FOUNDATION	E	365,986.COST	
(10)	NGHS FOUNDATION	C	128,228.COST	
(11)	THE MEDICAL CENTER AUXILIARY, INC.	B	128,228.COST	
(12)				
(13)				
(14)				
(15)				
(16)				
(17)				
(18)				
(19)				
(20)				
(21)				
(22)				
(23)				
(24)				

Form **5471**

Information Return of U.S. Persons With Respect to Certain Foreign Corporations

OMB No. 1545-0123

(Rev. December 2021)

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning **OCT 1, 2021**, and ending **SEP 30, 2022**

Attachment
Sequence No. **121**

Name of person filing this return NORTHEAST GEORGIA HEALTH SYSTEM, INC. <small>Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)</small> 743 SPRING STREET City or town, state, and ZIP code GAINESVILLE, GA 30501-3899	A Identifying number 58-1694090 B Category of filer (See instructions. Check applicable box(es).): 1a <input type="checkbox"/> 1b <input type="checkbox"/> 1c <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5a <input checked="" type="checkbox"/> 5b <input type="checkbox"/> 5c <input type="checkbox"/> C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period 100.00 %
Filer's tax year beginning OCT 1, 2021 , and ending SEP 30, 2022	

D Check box if this is a final Form 5471 for the foreign corporation

E Check if any excepted specified foreign financial assets are reported on this form (see instructions)

F Check the box if this Form 5471 has been completed using "Alternative Information" under Rev. Proc. 2019-40

G If the box on line F is checked, enter the corresponding code for "Alternative Information" (see instructions) ▶

H Person(s) on whose behalf this information return is filed:

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director
NORTHEAST GEORGIA HEALTH SYSTEM	743 SPRING STREET GAINESVILLE GA 30501-3899	58-1694090	X		

Important: Fill in all applicable lines and schedules. All information must be in English. All amounts must be stated in U.S. dollars unless otherwise indicated.

1a Name and address of foreign corporation LANIER COMMUNITY ASSURANCE, LTD 62 FORUM LANE 3RD FLOOR PO BOX 30600 CAMANA BAY KY1-1203 CAYMAN ISLANDS		b(1) Employer identification number, if any 00-000000 b(2) Reference ID number (see instructions) CAPTIVE000 c Country under whose laws incorporated CAYMAN ISLANDS		
d Date of incorporation 08/10/20	e Principal place of business CAYMAN ISLANDS	f Principal business activity code number 524290	g Principal business activity INSURANCE	h Functional currency code USD

2 Provide the following information for the foreign corporation's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States	b If a U.S. income tax return was filed, enter: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">(i) Taxable income or (loss)</td> <td style="width:50%; text-align: center;">(ii) U.S. income tax paid (after all credits)</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)		
(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)				
c Name and address of foreign corporation's statutory or resident agent in country of incorporation WILLIS MANAGEMENT (CAYMAN), LTD. 62 FORUM LANE, 3RD FLOOR, BOX 30600 GRAND CAYMAN KY1-1203 CAYMAN ISLANDS	d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different				

Schedule A Stock of the Foreign Corporation		
(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period
COMMON	100,000	100,000

Schedule C Income Statement

Important: Report all information in functional currency in accordance with U.S. generally accepted accounting principles (GAAP). Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for dollar approximate separate transactions method (DASTM) corporations.

		Functional Currency	U.S. Dollars
Income	1a Gross receipts or sales	1a	16,999,183.
	b Returns and allowances	1b	
	c Subtract line 1b from line 1a	1c	16,999,183.
	2 Cost of goods sold	2	
	3 Gross profit (subtract line 2 from line 1c)	3	16,999,183.
	4 Dividends	4	496,801.
	5 Interest	5	1,082,124.
	6a Gross rents	6a	
	b Gross royalties and license fees	6b	
	7 Net gain or (loss) on sale of capital assets	7	
Deductions	8a Foreign currency transaction gain or loss - unrealized	8a	
	b Foreign currency transaction gain or loss - realized	8b	
	9 Other income (attach statement) SEE STATEMENT 1	9	-7,809,005.
	10 Total income (add lines 3 through 9)	10	10,769,103.
Net Income	11 Compensation not deducted elsewhere	11	
	12a Rents	12a	
	b Royalties and license fees	12b	
	13 Interest	13	
	14 Depreciation not deducted elsewhere	14	
	15 Depletion	15	
	16 Taxes (exclude income tax expense (benefit))	16	
	17 Other deductions (attach statement - exclude income tax expense (benefit)) SEE STATEMENT 2	17	10,769,103.
18 Total deductions (add lines 11 through 17)	18	10,769,103.	
Other Comprehensive Income	19 Net income or (loss) before unusual or infrequently occurring items, and income tax expense (benefit) (subtract line 18 from line 10)	19	
	20 Unusual or infrequently occurring items	20	
	21a Income tax expense (benefit) - current	21a	
	b Income tax expense (benefit) - deferred	21b	
22 Current year net income or (loss) per books (combine lines 19 through 21b)	22		
Other Comprehensive Income	23a Foreign currency translation adjustments	23a	
	b Other	23b	
	c Income tax expense (benefit) related to other comprehensive income	23c	
	24 Other comprehensive income (loss), net of tax (line 23a plus line 23b less line 23c)	24	

Form 5471 (Rev. 12-2021)

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1 Cash	1	3,600,000.	1,099,999.
2a Trade notes and accounts receivable	2a		
b Less allowance for bad debts	2b	()	()
3 Derivatives	3		
4 Inventories	4		
5 Other current assets (attach statement)	5		
6 Loans to shareholders and other related persons	6		
7 Investment in subsidiaries (attach statement)	7		
8 Other investments (attach statement) SEE STATEMENT 3	8	63,268,897.	70,489,270.
9a Buildings and other depreciable assets	9a		
b Less accumulated depreciation	9b	()	()
10a Depletable assets	10a		
b Less accumulated depletion	10b	()	()
11 Land (net of any amortization)	11		
12 Intangible assets:			
a Goodwill	12a		
b Organization costs	12b		
c Patents, trademarks, and other intangible assets	12c		
d Less accumulated amortization for lines 12a, 12b, and 12c	12d	()	()
13 Other assets (attach statement) SEE STATEMENT 4	13	648,638.	330,512.
14 Total assets	14	67,517,535.	71,919,781.
Liabilities and Shareholders' Equity			
15 Accounts payable	15	95,000.	48,734.
16 Other current liabilities (attach statement) SEE STATEMENT 5	16	2,630,618.	
17 Derivatives	17		
18 Loans from shareholders and other related persons	18		
19 Other liabilities (attach statement) SEE STATEMENT 6	19	64,691,917.	71,771,047.
20 Capital stock:			
a Preferred stock	20a		
b Common stock	20b	100,000.	100,000.
21 Paid-in or capital surplus (attach reconciliation)	21		
22 Retained earnings	22		
23 Less cost of treasury stock	23	()	()
24 Total liabilities and shareholders' equity	24	67,517,535.	71,919,781.

Schedule G Other Information

	Yes	No
1 During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership? If "Yes," see the instructions for required statement.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During the tax year, did the foreign corporation own an interest in any trust?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During the tax year, did the foreign corporation own any foreign entities that were disregarded as separate from their owner under Regulations sections 301.7701-2 and 301.7701-3 or did the foreign corporation own any foreign branches (see instructions)? If "Yes," you are generally required to attach Form 8858 for each entity or branch (see instructions).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4a During the tax year, did the filer pay or accrue any base erosion payment under section 59A(d) to the foreign corporation or did the filer have a base erosion tax benefit under section 59A(c)(2) with respect to a base erosion payment made or accrued to the foreign corporation (see instructions)? If "Yes," complete lines 4b and 4c.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Enter the total amount of the base erosion payments ▶ \$ _____		
c Enter the total amount of the base erosion tax benefit ▶ \$ _____		
5a During the tax year, did the foreign corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? If "Yes," complete line 5b.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Enter the total amount of the disallowed deductions (see instructions) ▶ \$ _____		

NORTHEAST GEORGIA HEALTH SYSTEM, INC.

58-1694090

FORM 5471	OTHER INCOME		STATEMENT 1
DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
UNREALIZED GAIN OR LOSS	-7,996,635.		-7,996,635.
REALIZED GAIN OR LOSS ON INVESTMENT	187,630.		187,630.
TOTAL TO 5471, SCHEDULE C, LINE 9	-7,809,005.		-7,809,005.

FORM 5471	OTHER DEDUCTIONS		STATEMENT 2
DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
LOSSES AND LAE PAID	6,801,400.		6,801,400.
MOVEMENT IN OUTSTANDING LOSS RESERV	10,973,810.		10,973,810.
MOVEMENT IN INCURRED BUT NOT RESERV	-7,487,948.		-7,487,948.
GENERAL AND ADMINISTRATIVE EXPENSES	164,775.		164,775.
WITHHOLDING TAXES	122,378.		122,378.
INVESTMENT MANAGEMENT FEES	194,688.		194,688.
TOTAL TO 5471, SCHEDULE C, LINE 17	10,769,103.		10,769,103.

FORM 5471	OTHER INVESTMENTS		STATEMENT 3
DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD	
INVESTMENTS	63,268,897.	70,489,270.	
TOTAL TO 5471, PAGE 4, SCHEDULE F, LINE 8	63,268,897.	70,489,270.	

NORTHEAST GEORGIA HEALTH SYSTEM, INC.

58-1694090

FORM 5471

OTHER ASSETS

STATEMENT 4

DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
ACCRUED INTEREST	248,870.	327,707.
PREMIUMS RECEIVABLE	396,963.	0.
PREPAID EXPENSES	2,805.	2,805.
TOTAL TO 5471, PAGE 4, SCHEDULE F, LINE 13	<u>648,638.</u>	<u>330,512.</u>

FORM 5471

OTHER CURRENT LIABILITIES

STATEMENT 5

DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
CLAIMS PAYABLE	2,630,618.	0.
TOTAL TO 5471, PAGE 4, SCHEDULE F, LINE 16	<u>2,630,618.</u>	<u>0.</u>

FORM 5471

OTHER LIABILITIES

STATEMENT 6

DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
PROVISION FOR RETROSPECTIVE PREMIUM CREDIT	5,817,214.	9,410,482.
OUTSTANDING LOSS RESERVES	28,250,683.	39,224,493.
INCURRED BUT NOT REPORTED RESERVES	30,624,020.	23,136,072.
TOTAL TO 5471, PAGE 4, SCHEDULE F, LINE 19	<u>64,691,917.</u>	<u>71,771,047.</u>

Schedule G Other Information (continued)

		Yes	No
6a	Is the filer of this Form 5471 claiming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule M? If "Yes," complete lines 6b, 6c, and 6d.		X
b	Enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with the foreign corporation that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) (see instructions) ▶ \$ _____		
c	Enter the amount of gross income derived from a license of property to the foreign corporation that the filer included in its computation of FDDEI (see instructions) ▶ \$ _____		
d	Enter the amount of gross income derived from services provided to the foreign corporation that the filer included in its computation of FDDEI (see instructions) ▶ \$ _____		
7	During the tax year, was the foreign corporation a participant in any cost-sharing arrangement? If the answer to question 7 is "Yes," complete a separate Schedule G-1 for each cost sharing arrangement in which the foreign corporation was a participant during the tax year.		X
8	From April 25, 2014, to December 31, 2017, did the foreign corporation purchase stock or securities of a shareholder of the foreign corporation for use in a triangular reorganization (within the meaning of Regulations section 1.358-6(b)(2))?		X
9a	Did the foreign corporation receive any intangible property in a prior year or the current tax year for which the U.S. transferor is required to report a section 367(d) annual income inclusion for the tax year? If "Yes," go to line 9b.		X
b	Enter in functional currency the amount of the earnings and profits reduction pursuant to section 367(d) (2)(B) for the tax year ▶ _____		
10	During the tax year, was the foreign corporation an expatriated foreign subsidiary under Regulations section 1.7874-12(a)(9)? If "Yes," see instructions and attach statement.		X
11	During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4? If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).		X
12	During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section 901(m)?		X
13	During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?		X
14	Did you answer "Yes" to any of the questions in the instructions for line 14? If "Yes," enter the corresponding code(s) from the instructions and attach statement ▶ _____		X
15	Does the foreign corporation have interest expense disallowed under section 163(j) (see instructions)? If "Yes," enter the amount ▶ \$ _____		X
16	Does the foreign corporation have previously disallowed interest expense under section 163(j) carried forward to the current tax year (see instructions)? If "Yes," enter the amount ▶ \$ _____		X
17a	Did any extraordinary reduction with respect to a controlling section 245A shareholder occur during the tax year (see instructions)?		X
b	If the answer to question 17a is "Yes," was an election made to close the tax year such that no amount is treated as an extraordinary reduction amount or tiered extraordinary reduction amount (see instructions)?		
18	Does the reporting corporation have any loan to or from the related party to which the safe-haven rate rules of Regulations section 1.482-2(a)(2)(iii)(B) are applicable, and for which the reporting corporation used a rate of interest within the safe-haven range of Regulations section 1.482-2(a)(2)(iii)(B)(1) (100% to 130% of the AFR for the relevant term)?		X
19a	Did the reporting corporation make at least one distribution or acquisition (as defined by Regulations section 1.385-3) during the period including the tax year and the preceding three tax years, or, during the period beginning 36 months before the date of the respective distribution or acquisition and ending 36 months afterward, did the reporting corporation issue or refinance indebtedness owed to a related party?		X
b	If the answer to question 19a is "Yes," provide the following. (1) The amount of such distribution(s) and acquisition(s) ▶ \$ _____ (2) The amount of such related party indebtedness ▶ \$ _____		

Schedule I Summary of Shareholder's Income From Foreign Corporation

If item H on page 1 is completed, a separate Schedule I must be filed for each Category 4, 5a, or 5b filer for whom reporting is furnished on this Form 5471. This Schedule I is being completed for:

Name of U.S. shareholder	Identifying number
1 a Section 964(e)(4) Subpart F dividend income from the sale of stock of a lower-tier foreign corporation (see instructions)	1 a
b Section 245A(e)(2) Subpart F income from hybrid dividends of tiered corporations (see instructions)	1 b
c Subpart F income from tiered extraordinary disposition amounts not eligible for subpart F exception under section 954(c)(6)	1 c
d Subpart F income from tiered extraordinary reduction amounts not eligible for subpart F exception under section 954(c)(6)	1 d
e Section 954(c) Subpart F Foreign Personal Holding Company Income (enter result from Worksheet A)	1 e
f Section 954(d) Subpart F Foreign Base Company Sales Income (enter result from Worksheet A)	1 f
g Section 954(e) Subpart F Foreign Base Company Services Income (enter result from Worksheet A)	1 g
h Other subpart F income (enter result from Worksheet A)	1 h
2 Earnings invested in U.S. property (enter the result from Worksheet B)	2
3 Reserved for future use	3
4 Factoring income See instructions for reporting amounts on lines 1, 2, and 4 on your income tax return.	4
5 a Section 245A eligible dividends (see instructions)	5 a
b Extraordinary disposition amounts (see instructions)	5 b
c Extraordinary reduction amounts (see instructions)	5 c
d Section 245A(e) dividends (see instructions)	5 d
e Dividends not reported on line 5a, 5b, 5c, or 5d	5 e
6 Exchange gain or (loss) on a distribution of previously taxed earnings and profits	6

	Yes	No
7 a Was any income of the foreign corporation blocked?		
b Did any such income become unblocked during the tax year (see section 964(b))?		
If the answer to either question is "Yes," attach an explanation.		
8 a Did this U.S. shareholder have an extraordinary disposition (ED) account with respect to the foreign corporation at any time during the tax year (see instructions)?		X
b If the answer to question 8a is "Yes," enter the U.S. shareholder's ED account balance at the beginning of the CFC year \$ _____ and at the end of the tax year \$ _____. Provide an attachment detailing any changes from the beginning to the ending balances.		
c Enter the CFC's aggregate ED account balance with respect to all U.S. shareholders at the beginning of the CFC year \$ _____ and at the end of the tax year \$ _____. Provide an attachment detailing any changes from the beginning to the ending balances.		
9 Enter the sum of the hybrid deduction accounts with respect to stock of the foreign corporation (see instructions) \$ _____		

**SCHEDULE M
(Form 5471)**

(Rev. December 2021)
Department of the Treasury
Internal Revenue Service

**Transactions Between Controlled Foreign Corporation
and Shareholders or Other Related Persons**

OMB No. 1545-0123

▶ Attach to Form 5471.

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

Name of person filing Form 5471	Identifying number
NORTHEAST GEORGIA HEALTH SYSTEM, INC.	58-1694090

Name of foreign corporation	EIN (if any)	Reference ID number
LANIER COMMUNITY ASSURANCE, LTD	00-0000000	CAPTIVE000

Important: Complete a separate Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶ **UNITED STATES, DOLLAR**

(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
1 Sales of stock in trade (inventory) ...					
2 Sales of tangible property other than stock in trade					
3 Sales of property rights (patents, trademarks, etc.)					
4 Platform contribution transaction payments received					
5 Cost sharing transaction payments received					
6 Compensation received for technical, managerial, engineering, construction, or like services					
7 Commissions received					
8 Rents, royalties, and license fees received					
9 Hybrid dividends received (see instr.)					
10 Dividends received (exclude hybrid dividends, deemed distributions under subpart F, and distributions of previously taxed income)					
11 Interest received					
12 Premiums received for insurance or reinsurance					
13 Loan guarantee fees received					
14 Other amounts received (att. statement)					
15 Add lines 1 through 14					
16 Purchases of stock in trade (inventory)					
17 Purchases of tangible property other than stock in trade					
18 Purchases of property rights (patents, trademarks, etc.)					
19 Platform contribution transaction payments paid					
20 Cost sharing transaction payments paid					
21 Compensation paid for technical, managerial, engineering, construction, or like services					
22 Commissions paid					
23 Rents, royalties, and license fees paid					
24 Hybrid dividends paid (see instructions)					
25 Dividends paid (exclude hybrid dividends paid)					
26 Interest paid					
27 Premiums paid for insurance or reinsurance	20,592,451.				
28 Loan guarantee fees paid					
29 Other amounts paid (attach statement)					
30 Add lines 16 through 29	20,592,451.				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule M (Form 5471) (Rev. 12-2021)

Name of person filing Form 5471

Identifying number

NORTHEAST GEORGIA HEALTH SYSTEM, INC.

58-1694090

(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
31 Accounts Payable					
32 Amounts borrowed (enter the maximum loan balance during the year) - see instr.					
33 Accounts Receivable					
34 Amounts loaned (enter the maximum loan balance during the year) - see instr.					

Schedule M (Form 5471) (Rev. 12-2021)